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The Effect of Promoting Social Competence Based on Flanner Model on Clinical Performance Self-Efficacy of Nursing Students: a Quasi-Experimental Study

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Abstract

Background: Due to the nature of their carrier, nurses need to effectively communicate with patients, their families, physicians, and hospital managers at different levels. Therefore, they should acquire effective social communication skills to enhance teamwork and promote patients' health.
Objectives: This study was conducted to determine the effect of promoting social competence based on the Flenner model on nursing students' self-efficacy.
Methods: This semi-experimental study was conducted on 60 final-year nursing students of Urmia Azad University in 2019. The samples were randomly assigned to intervention and control groups. The data collection tool was a two-part questionnaire including demographic information and a functional self-efficacy questionnaire. In the intervention group, the educational program was conducted during six sessions of virtual education consisting of lectures and three sessions of group discussion. In the control group, no educational intervention was performed. Data were analyzed in SPSS16 software using paired t-tests and independent t-tests.
***Results*:** The findings showed that the average scores of clinical self-efficacy and its domains in the intervention group, before and after the implementation of the social competence promotion training program, were significantly different ($p<0.05$). Moreover, there was a statistically significant difference between the intervention and control groups in the overall clinical performance self-efficacy scores after the intervention ($t=5.21$, $p=0.006$).
Conclusion: The results demonstrated that the teaching social competence promotion program based on the Flanner model could effectively promote nursing students' self-efficacy and clinical competence. This program can potentially teach communication and adaptability skills for better teamwork performance, interdisciplinary activities, and model-oriented nursing.

Keywords: social competence, nursing students, self-efficacy

Introduction

Identifying the factors affecting nursing students' learning and performance is very important in nursing education [1]. Clinical experience for students is not limited to learning knowledge or practical skills. This learning experience increases students' confidence in their professional skills with the primary objective of achieving the highest level of learning [2]. One of the influential factors in this field is self-efficacy, which can improve students' academic and practical skills [1].

Self-efficacy is very important in educational environments because, according to Bandura, educational settings are effective in developing self-efficacy [2]. According to this theory, self-efficacy is one of the personal elements that people need for success, and it can indicate a person's way of thinking and acting. Failure to succeed in performance is not necessarily due to performance weakness, but low self-efficacy leads to ineffective use of learned skills [3].

High self-efficacy indicates an understanding of own power in managing the tasks and challenges of this profession and can promote important goals and manage work stress. Professional self-efficacy includes examining one's capacities, which for nursing students may consist of their sense of self-confidence when performing day-to-day nursing duties [4]. Clinical performance self-efficacy is a person's belief about their abilities to conduct a clinical skill. The higher the clinical performance self-efficacy of an individual, the better the clinical performance will be. The importance of bedside self-efficacy is related to its impact on future performance. Self-efficacy in clinical skills is effective in a person's ability to manage patients independently [5].

People with low self-efficacy have low social adaptation, and instead of facing obstacles, they avoid them, surrender, do not show resistance, and cannot solve problems realistically. On the other hand, people with high self-efficacy can better adapt to environmental conditions and successfully communicate with others [6].

Nurses need training to improve their social skills, communicate effectively, and adapt to the hospital environment [7]. Social competence, which has personal and social dimensions, means effective interaction with others and is essential in facilitating and forging friendly relationships [8]. Improving social competence as a way to enhance adaptation has been the focus of researchers and is directly related to improving social skills, solving behavioral problems, and improving social adaptation [3]. Social competence is in personal independence and social responsibility and includes cognitive, behavioral, emotional, and motivational skills [8].

Due to the nature of their job, nurses need to communicate effectively with patients, patients' families, and other healthcare personnel to play an influential role in patient care and treatment. Literature shows that promoting social competence is influential in the successful implementation of educational programs. In this case, Birami et al. (2016), in their research on the social adaptation of students who were victims of bullying, found that teaching the social competence model based on the Flanner model effectively increased the adaptation of the victims [9].

Teaching social competence is essential in education and improves nursing students' efficiency and academic competence [10]. The entry of students into the hospital's clinical environment from the university causes many changes in social relations and student roles. New roles and expectations can be stressful for nursing students. Therefore, promoting social competence during education significantly improves students' performance [11]. The working environment of nurses is regularly changing. Issues such as critical patients, emotional reactions of patients' families, the addition of unplanned patients to daily work, and work conflicts with colleagues and allied personnel need adaptation of students to the environmental changes. [12] Social competence leads to behaviors that result in positive psychological and social consequences, such as effective relationships with others and peer acceptance. These nurses can understand the emotional and emotional states of others and have higher emotion regulation skills. In contrast, a lack of necessary social skills leads to psychological problems such as unsuccessful communication with peers, failure to participate in social activities, isolation, rejection by others, anxiety, depression, and aggression [13]. The success of nursing students is directly related to learning social competence, which can lead to adapting to patients, patient's families, hospital personnel, and all clinical staff. If nursing students cannot establish proper communication with other nurses or patients, they cause anxiety in themselves and their patients [14].

Literature shows that nursing researchers and faculty have conducted many studies on improving nursing students' clinical self-efficacy. For example, Franklin et al.'s (2014) study showed that using a simulation program effectively improved nursing students' self-efficacy [15]. Also, the results of an investigation by Su et al. (2015) showed that simulated

scenarios effectively enhanced communication skills and self-efficacy of nursing students [16]. In addition, the simulated method has been effective in cases such as increasing nursing students' knowledge and skills in cardiopulmonary resuscitation [17]. It should be emphasized that no specific model was used in the previously mentioned methods to improve self-efficacy. In contrast, Flanner et al.'s model provide a transparent model that, in addition to including the behavioral dimension of social skills, emphasizes the importance of other cognitive, emotional, and motivational dimensions in establishing successful social interactions and promoting mental health and its consequences such as adaptability with others [18]. Moreover, we found no study on the effect of improving social skills on nursing students' self-efficacy. This study was conducted to determine the effect of promoting social competence based on the Flanner model on the self-efficacy of final-year nursing students at Urmia Azad University.

Methods

This study was semi-experimental with a pre-test-post-test design and included a control group. The study population included all final-year nursing students (64 people) at Urmia Azad University in 2019. Complete count sampling was conducted, and the students were randomly divided into intervention and control groups through a coin toss. After obtaining informed consent, 60 students entered the study and were divided into control and intervention groups, each consisting of 30 students. Four students were excluded due to their unwillingness to sign the informed consent form. The inclusion criterion was a willingness to participate in the study.

The data collection instrument used was a two-part questionnaire; the first part included demographic information such as age, sex, marital status, grade point average, and academic semester. The second part had the clinical competence and self-efficacy instrument.

The clinical self-efficacy instrument includes 37 items on a 5-point Likert scale of 0-100 (completely disagree, disagree, have no opinion, somewhat agree, agree). This instrument includes the following subscales: patient examination (12 items), nursing diagnoses and planning (9 items), care plan implementation (10 items), and care plan evaluation (6 items). This questionnaire was designed and psychometrically evaluated by Chiraghi et al. Its validity was confirmed through content and face validity, and its reliability was confirmed with Cronbach's alpha coefficient of 0.96 (2). In the present study, the reliability of the self-efficacy instrument was confirmed (Cronbach's alpha = 0.93).

The research design was that the researcher received the list of all the final year students (in the nursing internship stage) from the nursing faculty and randomly assigned them to two intervention and control groups through a coin toss. At the beginning of the study, the students of both groups completed the demographic information questionnaire and clinical self-efficacy questionnaire.

As for the training program, the dimensions of the social competence model were listed, and the educational intervention protocol was designed based on the background literature review. The content of the educational intervention skills was extracted from the Bayrami et al. [19]. These Hisari et al. [20] studies included teaching social competence elements based on the Flanner model and delivered to the intervention group. The intervention group received the necessary training in two weekly sessions, six sessions in the form of lectures (for five groups for 15 weeks), and three sessions in the form of group discussions (15 sessions). Due to corona disease restrictions, the training were conducted through lectures and group discussions using as online classes on the Skype platform. Meetings were held in small groups of 6 or 7 people to improve learning and provide ample opportunities to answer questions. Several activities were designed to teach each skill. Educational methods included lectures, group discussions, and brainstorming. The activities conducted and the educational intervention protocol are presented in Protocol 1.

Protocol 1: Educational Intervention Protocol Based on the Flenner Model

Session	Flener model dimensions	Contents of the sessions	Activities	Form of delivery	Venue	Session durations	Trainer
First	Cognitive dimension	Defining the importance of self-efficacy and social skills expressing group rules, helping to identify ineffective thoughts and replacing them with positive thoughts	Group introduction, describing group rules, explaining communication skills, social adaptation, and their importance Definition of self-worth and self-esteem, abilities of correct perception and self-knowledge, the importance of recognizing skills and disabilities	lecture (virtual)	Skype platform	90 minutes	PhD assistant professor of nursing and MSc nursing
Second		Explanation of problem-solving skills and their steps	It is defining problem-solving skills and its processes, sharing colleagues' experiences of difficulties in communication skills and social adaptation, and solving them through problem-solving steps				
Third		Explanation of decision-making skills and their steps	Information processing and acquisition skills, decision-making skills, and summarizing topics related to the cognitive field				
Fourth	Behavioral dimensions	I am highlighting the three stages of interpersonal communication skills, emphasizing negotiation and conversation etiquette and listing common conversation mistakes	Conversation skills, different social helping behaviors, self-righteous behavior, skill areas, and summary of topics related to the behavioral area				
Fifth	Emotional Dimensions	Asking for help, teaching the behavior of asking for help and its methods, and introducing strategies to deal with stress and relaxation techniques	Emotion regulation skills, practical communication skills (such as creating positive emotions), feelings related to self-worth mental health (satisfaction with life), the definition of stress and its types, the introduction of coping strategies, relaxation techniques training classification of topics related to the emotional field				

Sixth	Motivational field	Teaching the skills of controlling negative emotions and creating motivation through the source of success in performance, verbal persuasion, and promoting self-efficacy	Motivational skills, including a sense of optimism or hope, moral development, and the concept of sufficiency and control of the processes of formation and maintenance of self-esteem, standards and goals, value structure, the entirely related concept of possible self, and summary of topic related to the motivational field, final summary and answers to the questions of the participants

It should be noted that the control group received regular training according to their instructors' curriculum and nursing education topics. At the end of the intervention, both groups completed the clinical self-efficacy questionnaires.

SPSS version 16 software was used to analyze the data. Descriptive statistics were used to describe demographic characteristics, including mean (standard deviation) and frequency (percentage). The Smirnov–Kolmogorov test was used to examine the normal distribution of quantitative data. For comparison of the clinical self-efficacy scores of the students before and after the intervention, the paired t-test was used. An Independent t-test was used to compare clinical self-efficacy scores between control and intervention groups. The significance level was set at $p<0.05$.

As for ethical considerations, the ethics code (IR.IAU.TABRIZ.REC.1399.058) was registered, and informed consent was obtained from all participants.

Results

The results demonstrated that most (70%) participants were female, and the majority (50%) were in the age group of 21 to 25 years. The majority of students (80%) were single. The two groups were homogeneous in terms of sex, age, and marital status ($p>0.05$) (Table 1).

Table 1: Frequency Distribution of Demographic Characteristics of Intervention and Control Group Students

Group	Variable	Intervention Number (%)	Control Number (%)	P value
Gender	Male	7 (46.6)	8 (53.33)	0.43
	Female	22 (48.8)	23 (51.1)	
Marital status	Single	23 (47.9)	25 (52)	0.40
	Married	7 (58.3)	5 (41.6)	
Age group	Under 20	14 (53.8)	12 (46.1)	0.60
	21-25	14 (46.6)	16 (53.3)	
	Above 25	2 (50)	2 (50)	

The independent t-test showed that before the intervention, there was no statistically significant difference between the control and intervention groups in terms of students' functional self-efficacy scores in the areas of examination, nursing diagnoses, implementation of the care plan, and evaluation of the care plan ($p>0.05$) (Table 2).

Table 2: Comparison of Self-Efficacy Scores of Final-Year Nursing Students before Intervention in the Areas of Investigation, Nursing Diagnoses, Implementation of Care Plan, and Evaluation of care Plans

Clinical self-sufficiency	Group	Mean	Sd	t statistic	Significance
Patient evaluation	Control	47.32	10.7	65.0	0.432
	Intervention	33.04	5.48		
Nursing diagnoses	Control	48.25	15.5	24.1	0.543
	Intervention	24.79	4.96		
Implementing care plan	Control	34.27	47.5	-4.031	0.082
	Intervention	28.11	5.65		
Evaluation of the care plan	Control	26.17	60.4	2.63	0.093
	Intervention	16.45	5.71		

*Independent sample T-test

However, the independent t-test showed that after the intervention, there was a statistically significant difference between the control and intervention groups in terms of functional self-efficacy scores in the field of patient examination, nursing diagnoses, and implementation of the treatment plan ($p<0.05$), but this difference was not significant in the area of evaluation ($p>0.05$) (Table 3).

Table 3: Comparison of Functional Self-Efficacy Scores of Final Year Nursing Students after Intervention in the Areas of Investigation, Nursing Diagnoses, Implementation of Care Plan, and Evaluation of Care Plan

Clinical self-efficiency	Group	Mean	SD	t statistic	Significance
Patient evaluation	Control	34.74	6.37	3.34	0.029
	Intervention	39.34	6.58		
Nursing diagnoses	Control	26.75	6.13	2.31	0.042
	Intervention	30.32	5.91		
Implementing care plan	Control	31.42	5.41	5.019	0.01
	Intervention	36.44	6.93		
Evaluation of care plan	Control	23.46	5.13	0.73	0.069
	Intervention	23.35	6.14		

*Independent sample T-test

Moreover, the paired t-test demonstrated that the average scores of clinical self-efficacy and its subscales (patient examination, nursing diagnoses, care plan implementation, care plan evaluation) in the intervention group before and after the implementation of the social skills improvement training program was significantly different ($p<0.05$) (Table 4).

Table 4: Comparison of the Average Scores of the Clinical Self-Efficacy Domains Before and After the Social Skills Training Program in the Two Control and Intervention Groups

Variable		Control group		t statistics	Significane	Intervention group		t statistics	Significance
		Mean	SD			Mean	SD		
Patient assessment domain	Before intervention	32.47	7.10	-4.26	4.03	33.04	5.48	5.47	0.042
	After intervention	34.74	6.37			39.34	6.58		
Nursing diagnoses	Before intervention	25.48	5.15	0.75	0.17	24.79	4.96	6.13	0.044
	After intervention	26.75	6.13			30.32	5.91		
Implementing care plan	Before intervention	27.34	5.47	-3.57	0.164	28.11	5.65	12.07	0.017
	After intervention	31.42	5.41			36.44	6.93		
Evaluation of care plan	Before intervention	17.26	4.60	9.71	0.03	16.45	5.71	21.18	0.012
	After intervention	20.46	5.13			23.35	6.14		
Total scores of clinical self-efficiency	Before intervention	106.83	17.59	10.26	0.67	107.14	18.2	5.21	0.006
	After intervention	107.44	14.22			111.39	16.05		

*Paired sample T-test

Discussion

The study's results demonstrated that the social competence training based on Flanner's model was influential in promoting the clinical self-efficacy of Urmia Azad University nursing students. This finding is in line with the results of the study of Laktarash et al. In that study, researchers concluded that social competence training based on the Flanner model increased social adaptation. However, it should be mentioned that the effect of social competence on self-efficacy was not directly investigated in the study. But in this study, the fourth dimension of social competence was related to motivational skills, which include a person's values structure, the level of moral maturity, a sense of effectiveness and control of a person, and a sense of self-efficacy [18]. Therefore, it can be concluded that as a component of motivational skills, the sense of self-efficacy is influential in forming social adaptation, and the results of these two studies are aligned [7]. In other words, nursing students who are successful in social communication consider themselves efficient and feel less helpless. Also, in explaining the results of this study, it seems that improving students' social competence can empower them to ask for assistance and guidance from experienced nurses or their trainers in the clinical environment. These people can receive better social support and have superior self-efficacy. Regarding the effect of social competence on social adaptation, it seems that social competence also emphasizes the behavioral dimension of social skills. This approach emphasizes the importance of other cognitive, emotional, and motivational dimensions in establishing successful social interactions and promoting mental health and its consequences, including adaptation [18].

Birami et al. (2015), in a study titled "Effectiveness of social competence training based on Flanner's model on the social adjustment of students who were victims of bullying" according to the orientation of social goals, concluded that social competence training increased social skills and functionalism of the victims of bullying. Still, it did not affect increasing the social adaptation of the group of social non-functionalism [19]. The sense of self-efficacy as a component of motivational skills is

effective in social adaptation. Therefore, it can be concluded that the results of these two studies are consistent. Also, the present study's results align with Rokni et al.'s (2015) entitled "Investigation of the effect of social competence training on improving the behavioral performance of children with learning disabilities." In that study, the educational program based on social competence effectively improved students' behavioral performance in social skills, behavioral problems, social competence, and social adaptation [21]. Although most studies conducted on the promotion of social competence using the Flanner model have been on school children, in a few studies on students, the results showed that the Flanner model leads to positive outcomes such as creating positive beliefs in health and promoting awareness. For example, Talebi Amrei et al. (1400), in a study titled "Modeling social competence based on resilience through academic adaptation of students of Mazandaran University of Medical Sciences," concluded that the resilience-based social competence through academic adaptation of students Mazandaran University of Medical Sciences had a good fit [22]. Moreover, Laktrash et al. (2018), in a study titled "Investigation of the effect of social competence training based on the Flanner model on controlling communication problems and social adaptation of nurses in the mental department of selected AJA hospitals" concluded that Flanner social competence training was effective in improving the communication skills and social adaptation of psychiatric ward nurses. In interpreting this result, it can be claimed that social competence skills give a person a sense of importance, competence or self-efficacy, influence, autonomy, and trust [23]. Therefore, learning and using these skills can lead to the management of emotions leading to a work conflict, which is essential in maintaining and improving the professional communication of nurses and nursing students. Besides, these skills can foster the ability to express feelings and respect the values of colleagues, patients, and their families. Therefore, they play an essential role in the career development of nurses and nursing students.

Moreover, the results of this study are comparable with the results of a study by Vahedi et al. entitled "social competence training in decreasing aggression of male preschoolers. This study showed that children's aggressive behavior significantly decreased after participating in the training course, and the acquired skills were successfully applied in home and kindergarten environments [24].

It should be noted that the results of this study demonstrated that social competence training based on Flanner's model had no significant effect on self-efficacy in the evaluation field of nursing students of Urmia Azad University. In the interpretation of this outcome, it can be mentioned that self-efficacy in the area of program evaluation indicates students' confidence in success in treatment goals, identifying deficiencies, and determining care priorities. Since the implementation of the evaluation requires holding a practical exam at the end of the department courses and requires educational aids, it seems that due to the unavailability of the students, the effect of the implementation of the Flanner model in improving the self-efficacy of the students in the field of care program evaluation was not significant.

It should be noted that no study has been conducted to investigate the effect of social competence on nursing students' self-efficacy. The impact of social competence training on other groups, especially students, has been approved by researchers. Therefore, the author's opinion in interpreting the results is that social skills are learnable, and students learn behaviors appropriate to the educational environment in the college environment. On the other hand, the hospital environment requires learning new behaviors and skills by the routines and rules of the clinical setting. In other words, students realize their need to learn social skills by the norms and practices of clinical departments and acquire enough motivation to learn social competence and its components.

In summary, it can be claimed that teaching social competence is necessary for the socialization of nursing students, and the components of social competence, such as communication skills, are more effective than technical skills in the progress of these students [25]. The results of this study showed that the social competence educational protocol was influential in the nursing students' clinical performance self-efficacy.

Since the students were in contact with each other in the university and the dormitory, it was impossible to eliminate the communication between the control and intervention groups. In addition, the answers to the questionnaire were self-reported, and it is possible that the mental and emotional states of the subjects may have influenced the completion of the questionnaire and may not have reflected the students' performance. This research was conducted on final-year nursing students at the Azad University of Urmia, and the results may not be generalizable to other University of Medical Sciences students. The results of our study strengthened the view that the emphasis on implementing the program to promote social competence in nursing students can be influential in teaching the content of communication skills and adaptability. These skills can lead to better teamwork, interdisciplinary activities, and exemplary nursing in hospitals and clinical departments.

Conclusion

This study demonstrated that promoting social competence based on the Flanner model can increase the self-efficacy of nursing students' clinical performance. This model can improve the communication and adaptation skills of nursing students to promote performance in intra- and interdisciplinary teams in hospitals and clinical departments.

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Conflict of interest

The authors have declared no conflict of interest.

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