



## "SOCIAL COMPETENCE AND SELF EFFICACY AMONG YOUNG ADULTS"

Aswathy Binu<sup>1\*</sup>, Dr. Rinu Chaturvedi<sup>2</sup>

### Abstract

This study review article aims to provide an overview of Social competence and self-efficacy among young adults. The specimen of this research consisted of 80 young adults both male and female chosen randomly. The researcher used social competence scale by Dr. Lutika Sharma and Dr. Punita Rani, which tends to assess the personal adequacy, interpersonal adequacy and communication skills and Selfefficacy scale by Dr. Arun Kumar Singh and Dr. Shruti Narain, intends to assess the level of belief in one's ability or competency to perform a task, reach a goal. Inorder to come to come to conclusion the researcher has followed certain procedures of which he analyzing the articles of tests, reliability and validity. After application of the research tools and the responses, suitable statistical aids were used for reaching the conclusion.

**Keywords;** social competence, self-efficacy, young adults, social skills

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<sup>1\*</sup>Student, Department of Psychology, "Lovely Professional University, Phagwara", Punjab, India,  
Email: aswathybinu777@gmail.com

<sup>2</sup>Assistant professor, Psychology, Lovely Professional University, Phagwara, Punjab,  
Email: rinu.28446@lpu.co.in

**\*Corresponding Author:** Aswathy Binu

<sup>\*</sup>Student, Department of Psychology, "Lovely Professional University, Phagwara", Punjab, India,  
Email: aswathybinu777@gmail.com

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## INTRODUCTION

According to Albert Bandura, self-efficacy is "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." Self-efficacy is a person's belief in his or her ability to succeed in a particular situation. Bandura described these beliefs as determinants of how people think, behave, and feel. Self-efficacy denotes people's beliefs about their ability to perform in different situations. It functions as a multilevel and multifaceted set of beliefs that influences how people feel, think, motivate themselves, and behave during various tasks. Self-efficacy beliefs are informed by enactive attainment, vicarious experience, imaginary experiences, and social persuasion as well as physical and emotional states. These beliefs are mediated by cognitive, motivational, affective, and selection processes to generate actual performance. Self-efficacy development is closely intertwined with a person's experiences, competencies, and developmental tasks in different domains at different stages in life. Self-efficacy refers to your beliefs about your ability to effectively perform the tasks needed to attain a valued goal and it affects your daily life in many ways. Self-efficacious adolescents perform better at school and self-efficacious adults perform better at work. These individuals have happier romantic relationships and work better in teams. People with strong self-efficacies have better health than those with weak self-efficacies; they are more likely to engage in behaviors that prevent health problems and actually increase their health. They are more likely to begin and continue exercise, have safer sex, and eat better foods. Higher self-efficacy is also useful for getting out of bad habits. People with strong self-efficacies are able to lose weight, quit smoking, and cut down on alcohol consumption more successfully than can people with low self-efficacies.

Social competence is defined as the ability to handle social interactions effectively. In other words, social competence refers to getting along well with others, being able to form and maintain close relationships, and responding in adaptive ways in social settings. Given the complexity of social interactions, social competence is the product of a wide range of cognitive abilities, emotional processes, behavioral skills, social awareness, and personal and cultural values related to interpersonal relationships important components of social competence. A person's ability to successfully navigate and engage with people in social circumstances is referred to as having social competence. It includes a variety of

social interactional skills, such as effective communication, empathy, self-awareness, and the capacity to create and preserve enduring relationships.

1. Effective communication requires both verbal and nonverbal abilities, including the ability to listen, talk properly, read body language, and express oneself correctly in various social settings.
2. Empathy: The capacity to comprehend and share the thoughts and feelings of others. It enables people to be kind to others, help them when they need it, and form deep relationships.
3. Self-awareness: People who are socially adept are aware of their own feelings, abilities, and limitations. They can control their emotions and actions because they are conscious of how their behaviour impacts other people.
4. Relationship building: A key component of social competence is the ability to establish and sustain healthy relationships. It calls for abilities like collaboration, negotiation, and the capacity to build rapport and trust with people.

Gaining social skills is essential for success on both a personal and professional level. It enables people to establish and preserve wholesome relationships, work together with others, and adjust to varied social settings. People who are socially adept frequently exhibit greater self-assurance, higher self-esteem, and reduced social anxiety.

Through a variety of techniques, including socialisation, role-playing, social skills instruction, and exposure to a variety of social situations, social competence can be fostered and developed. It is a lifelong process that keeps improving and expanding with use and expertise.

## METHODS OBJECTIVES

1. To analyse the gender differences in social competence and self efficacy of young people.
2. To analyse the psychological correlation between social competence and self efficacy among young people.

## HYPOTHESIS

1. There will be a significant difference among the social competence and self efficacy of young people based on gender.
2. There will be a significant relationship between social competence and self efficacy in young people.

## SAMPLE

The present research was descriptive in nature. The research topic was Social competence and

self-efficacy among young people. Data from 80 participants were collected (40 male and 40 female) through offline and online survey method.

#### Inclusion criteria

- The participants must be young people
- Literate people were considered
- Participants can be both male and female
- Age ranging from 16-24 include

#### Exclusion criteria

- Illiterate people are excluded
- People below 16 are excluded
- People above 24 are excluded

### TOOLS USED

The primary measures used in the study are questionnaire measures such as social competence scale and self-efficacy scale. In addition to these primary measures socio-demographic data sheet were used to collect personal information.

#### 1. Self Efficacy scale

The Self-Efficacy Scale was created by Dr. Arun Kumar Singh and Dr. Shruti Narain (2014). The Self-efficacy scale intends to assess the level of belief in one's ability or competency to perform a task, reach a goal or overcome an obstacle of persons in the age range of 12 years and above. It is a scale having 5 response options where 5 stands for „strongly agree“, 4 for „agree“, 3 for „neutral“, 2 for „disagree“ and 1 for „strongly disagree“. Finally, a set of 20 items were retained for SES scale. There were 16 positive items and 4 negative items. The scoring of the positive items was done by giving a score of 5, 4, 3, 2, and 1 for strongly agree, agree, neutral, disagree and strongly disagree respectively, and negative items are scored as 1, 2, 3, 4, and 5 respectively.

#### 2. Social Competence scale

The social competence scale was created by Dr. Lutika Sharma and Dr. Punita Rani. The social competence scale intends to assess the personal adequacy, interpersonal adequacy and communication skills of persons in the age range of 16 and above. There are both positive and negative scoring pattern for this scale. It is a scale having 4 response options which are Always, Mostly, Sometime, Never. There are 25 positive items and 22 negative items and total items was 47. The scoring of positive items was done by giving a score of 4, 3, 2, 1 and 4 for Always, 3 for Mostly, 2 for Sometime and 1 for Never. The scoring of negative items was done by giving a score of 1, 2, 3, 4 and 1 for Always, 2 for Mostly, and 4 for Never.

### PROCEDURE

The research topic was Social competence and self-efficacy among young people. Data from 80 participants were collected (40 male and 40 female) through online survey method by creating Google forms and the link was shared through various social networking sites. The form was circulated among friends and their connections. The questionnaire contained sociodemographic data and 47 questions which were related to social competence and 20 questions related to self-efficacy. Then they were asked to fill the questionnaire personally. The samples were instructed as follows, "you have to select the statement which suits you best, there is no right or wrong answers, when you answer, mark the answer which comes first to your mind, do not think too much about your answers, answer each question honestly, start answering after understanding the instructions, your answers will be kept confidential". It took 2 days for the data collection.

### RESULT

The collected data were analyzed using appropriate statistical techniques which included

- Mean and Standard deviation
- t Test
- correlation

**Table 1 Breakup of sample based on gender**

Gender	Frequency	Percentage
Male	40	50.0
Female	40	50.0
Total	80	100.0

Table 1 shows the breakup of sample on the basis of gender. The sample contain 40 male and 40

**Table 2 Breakup of sample based on occupation**

Occupation	Frequency	Percentage
Working	13	16.3
Studying	67	83.8
Total	80	100.0

As per the above table majority of samples (N=67) are studying and it is 83.8 percentage of the total sample. Remaining samples (N=13) are working and it is 16.3 percentage of total sample.

**Table 3 Mean, standard deviation, and corresponding „t“ values obtained on the basis of social competence and self-efficacy for males.**

Variables	Mean	SD	t value
SC	140.46	14.91	-.046
SE	76.55	9.44	1.308

Mean, standard deviation and corresponding „t“ vales obtained on the basis of social competence and self efficacy for females.

Variables	Mean	SD	t value
SC	140.63	14.21	-.046
SE	73.93	8.49	1.308

The above table shows the mean, standard deviation, and „t“ values obtained for social competence and self-efficacy respectively. From the statistical finding the p value obtained are .963 and .195. The p value for social competence is .963 which is greater than 0.05 thus the alternate hypothesis there will be significant difference in social competence on the basis of gender is rejected. The p value for self-efficacy is .195 which is greater than 0.05 thus the alternate hypothesis there will be significant difference in self efficacy on the basis of gender is rejected..

**Table 4 Correlation matrix for social competence and self-efficacy.**

Variables	1	2
SE	.064**	-
SC	-	.064**

\*\*Significant at 0.01 level

The second hypothesis was “there significant relationship between social competence and selfefficacy among young people”. The results indicate that correlation between social competence and the selfefficacy was significant and this next hypothesis was accepted.

## DISCUSSION

The aim of this study was to find out the relationship between social competency and the self efficacy among young people. Currently this study has wide range of relevance today’s context. As we discussed in the earlier above result shows that there is significant relationship between social competence and self-efficacy. The socio demographic characteristics included gender and occupation. The participants were equally distributed based on gender. Based on gender there is no significant difference for variable social competence and self-efficacy. On analysing the occupation status majority of participants were studying and minority wear working. In table three, when comparing the mean values of both male and female, there is no much significance difference between social competence and self-efficacy. The p value obtained in this study is more than 0.05 which indicates that there is no significant difference in both social competence and self-

efficacy among male and female hence the hypothesis is accepted. In table four the correlation is positive, here social competence increases self-efficacy also increases viceversa. There are several factors that influenced social competence and self-efficacy. Positive selfefficacy, or the belief that one can do what is necessary to achieve his/her goals is a major factor. It may have provided a sense of accomplishment when they have faced a challenge in their lives. Positive, vicarious experiences that occur when a person see others succeed and feel an increased sense of their own ability to succeed. Our present mental and physical states influence self-efficacy to a great extent. Negative experiences and stress make us vulnerable whereas positive experiences and happiness make us feel good about ourselves. A positive school life enhances social competence that functions as a cornerstone of social competence in future academic and occupational life. Positive reinforcement from society and peer groups has played a major role in enhancing every aspects of social competence. These reviews of literature also suggest that there exists a relationship between social competence and self-efficacy. Connolly, J. researched social self-efficacy in adolescence: Relationships with self-concept, social adjustment, and mental health (1989).

The results of a study of social selfefficacy in 163 high school students (ages 13–19) and 79 emotionally troubled adolescents (ages 12–18) are presented. The Adolescent Social Self-Efficacy Scale was developed, which is a 25- item scale that elicits self-ratings of behavioural effectiveness in challenging peer situations. The samples analysed showed scale homogeneity and test–retest reliability.

Correlations with indices of social self-concept and ratings of social adjustment revealed the validity of the social self efficacy construct. The scale’s clinical utility was also apparent. Emotionally troubled teenagers had lower self-esteem than their well-adjusted peers. The findings back up the idea of social self-efficacy as an aspect of social competence and a factor in mental wellbeing. Confidence and previous accomplishments are also factoring that might have helped the participants in gaining social competency and self-efficacy.

Ali Abdul-Raheem Salih conducted a study on social competence and its relationship to selfefficacy for university students (2017). There were 200 university students of both genders who were chosen at random. To draw a conclusion, the researcher used both a social competence and a

self-efficacy scale, as well as appropriate statistical aids. The findings indicate that students have high levels of social competence and self-efficacy, and that there is a positive relationship between the two.

### Tenability of hypotheses

The following hypothesis were stated and tested in the present study:

#### Hypothesis 1

There will be significant relationship between social competence and self-efficacy among gender. Results indicate that there is no significant relationship between social competence and self-efficacy among gender so hypothesis is rejected.

#### Hypothesis 2

There is significant relationship between social competency and self-efficacy among young people. Results Indicate that there is significant relationship between social competence and self-efficacy among young people so that the hypothesis is accepted.

### CONCLUSION

The relationship between social competence and self efficacy was found among young adults. High self-efficacy and social competency in individuals improved better social life in society. Self-efficacy can be increased via social competency. People are more confident in their capacity to handle social situations in the future when they are successful in social interactions, receive good feedback from others, and successfully navigate social challenges. They become more socially motivated and continue to hone their social skills as a result of their increased self-efficacy. In conclusion, social competence and self-efficacy are intertwined and supportive of one another. Self-efficacy can be raised through developing social skills, and social skills can be developed and improved by having more self-efficacy. Both elements are crucial for normal social interaction and general wellbeing.

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