What’s Missing from the Current Social Skills Literature

Social deficits are believed to account for a substantial amount of job loss for people with disabilities (Elksnin & Elksnin, 2001; Greenspan & Shoulz, 1981). For rehabilitation professionals to facilitate employment of people with physical and other disabilities, they must not only be able to identify the absence of social skills but also what factors are critical to demonstrating workplace social effectiveness. A review of rehabilitation counseling and rehabilitation psychology literature indicated that workplace social effectiveness research, although prevalent, offered very little in the way of overarching frameworks or shared understanding of factors influencing workplace social effectiveness (Phillips, Deiches, Morrison, & Kaseroff, 2015; Phillips, Kaseroff, Fleming, & Huck, 2014). Despite shared acceptance for the importance of interacting and getting along with others at work little attention has been given to understanding how workplace social effectiveness is achieved in a labor market that continues to marginalize people with disabilities.

In research outside of rehabilitation counseling and rehabilitation psychology, social effectiveness has been reduced to the ability to shape and control interpersonal relations (Ferris, Perrewé, Anthony, & Gilmore, 2000; Solga, Betz, Düsenberg, & Ostermann, 2015). While important, this conceptualization of workplace social effectiveness does not do enough to capture the emotion and warmth in healthy relations. Carl Buehner is credited with saying, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel”.

The purpose of this study was to evaluate a new model of workplace social effectiveness that emphasized warmth and positivity over technical skills and connecting over performance in predicting workplace social effectiveness.

Method

Participants for this study consisted of 330 people with disabilities, many of whom had a physical disability. Participants were recruited using a combination of the crowdsourcing data collection tools Amazon Mechanical Turk (MTurk) and TurkPrime. Participants were administered an online survey via Qualtrics; those who completed the survey received a $4.00 incentive payment.

Results

A modified structural equation model suggested a good fit of the tested model. Figure 1 shows the completed model. All estimates are statistically significant at the $p < .001$ level except for the relationship between ability to connect and workplace social effectiveness, which was significant at $p < .05$. Both a communal and positive social approach predicted workplace social effectiveness in this sample, with the ability to connect with others partially mediating those relationships.
Conclusions: Given the relational nature of work, gaining a better understanding of the social dimensions of the workplace might be key to addressing employment disparities between people with and without disabilities. Overall, results suggest that connecting with others at an emotional level can influence perceptions of workplace social effectiveness. This new model of workplace social effectiveness offers new insights to guide further research and practice aimed at helping people with disabilities gain and keep employment. This study highlights commonly understood factors that rehabilitation professionals can emphasize to promote workplace social effectiveness. It is possible that clients may benefit more from the identification and development of strengths than the identification and remediation of deficits in short-term interventions.

References:


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