

Building a Proposed Training Program to Develop Social Skills among a Sample of Nurses" Theoretical Study.

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Abstract

The social skills are the tool that enables the nurse working in the health sector to provide quality socio-psychological therapeutic health services to the citizen while maintaining his psychological, professional and social compatibility, And so the researchers did this study, which would achieve the above by building a training program that contributes to the development of social skills among a sample of nurses.

keywords: training program, social skills, nurses.

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Introduction:

Nursing is as old as history, it is older than medicine itself, as nursing began at the dawn of history as a social service that arose from the natural instinctive sense of protecting and caring for the family, When a person researches the history of Nursing, he finds that nursing skills are very old, The mother was considered the first nurse known to mankind. she took care of the newborn from birth. she also took care of the sick, the wounded and the elderly in the family, women also helped each other during the birth process, some women excelled in the field and some women inherited skills in obstetrics and patient care.

The nursing profession is considered one of the most important and most difficult professions at the same time and it has unique features that are not like other professions, it connects the

human, social, psychological and professional side, and the nurse is exposed to professional and psychological pressures and under the weight of the negative view of society for health services in general and for the nurse and his profession the patient. The nurse is often in an ambiguous situation, he may not know his status or what roles he has to play in what he is going through or imposed on him from his life situations, and he may witness conflicting and contradictory responses to his actions and actions, There are basic expectations and tasks that success in meeting and performing them leads to further social and psychological development, increasing the individual's satisfaction with himself and the society's approval of him.

These tasks face the individual at all stages of his life. (Al-Aydani, 1996, p10)

The tasks and challenges of the nurse revolve around his success in performing his roles related to the performance of the appropriate role and those related to his professional life. If an individual is not confident in himself and has sufficient skills to face difficult and sensitive situations at work, especially those social skills that contribute to his resilience to psychological and professional pressures and provide him with a sense of security, a sense of reassurance and support, This becomes a threat that results in psychological pressure that may lead him to give up his job or change his job and thus lose an important human resource in the health map that could have contributed to improving health services. In addition, social skills play a role in developing the ability to be ready to enter into interpersonal relationships with the other party, alleviating the feeling of psychological loneliness because arming one with social skills benefits him in establishing relationships with others, as well as gaining self-confidence and self-disclosure and making him able to take responsibility and face the problems and burdens of life, the development of social skills helps to avoid negative relationships with comrades, The importance of social skills lies in achieving our material needs such as getting a job communicating with colleagues and superiors at work, finding a place to live and taking advantage of social facilities. And also satisfy social and emotional needs with friends and relatives. (Lieberman et al,1989,p204)

First - the general framework of the study

1.Problematic:

The topic of Health is a global topic and occupies a fundamental place among countries, as it is of interest to everyone, albeit to varying degrees, each according to its history and status, as it is considered as one of the recognized individual rights. (Kandali,2012,p218)

All countries around the world have paid attention to this right and have devoted time, effort and money to it to activate this right in reality and on the ground in order to provide quality health care to their people. Therefore, international organizations have been established to monitor the quality of these services and determine the required specifications for quality health care, including the World Health Organization (OMS) (world Health organization) , the goal of this organization is to help governments strengthen health Interests by informing, raising awareness, improving maternity care and prevention, as well as encouraging cooperation between researchers in the health and professional field, proposing international agreements and contracts, and then establishing scientific standards for medical and pharmaceutical products. The health that the World Health Organization calls for is to develop a program of action that serves both individuals

and society. The idea of the right to health has been confirmed by two main references: (Kandali, 2012, p220)

A-the international level: through the Universal Declaration of human rights issued by the United Nations General Assembly on December 10,1948 in Article 25F/1

B-European level: the right to health was confirmed through the European Charter of October 18,1961, which France joined in 1972, and then confirmed, with the need to give it a boost in line with the social changes that occurred when it was adopted, and was also amended and revised in Strasbourg on March 03, 1996, especially in the aspect related to practical procedures for each right, The Algerian state, like other countries, considers that health is a right of the Algerian citizen, emphasizes that " health care is the right of citizens, the state ensures the prevention and control of epidemic and Infectious Diseases, "In general, health care is the right of every citizen and the state must take care of Public Health, The Algerian system has always responded to the approach of health from the perspective of Public Service and the adoption of the principle of free treatment, This decision was mainly related to the creation of a law that " considers free medicine a revolutionary gain, a base for public health activity, a practical expression of national solidarity and a means of embodying the citizen's right to treatment. (Al-Alwani,2011,p178)

In 2000, Algeria ratified the Millennium Declaration, which took place during the Millennium Summit held in New York on September 6 and 8 ,2000, in which consensus was reached on eight goals that must be intensified efforts to achieve by 2015: the eradication of poverty and famine, the achievement and universalization of primary education, the promotion of gender equality and the empowerment of women, reducing child mortality rates, improving maternal health, fighting immunodeficiency, swamp fever and other diseases, ensuring environmental sustainability and establishing a global partnership for development. (Taheri, 2008, pp99-102)

With these changes that have occurred in the political and social arena since independence, as well as economic and technological transformations in recent years, the health system in Algeria has found itself strongly motivated to introduce radical changes to its management systems and its basic structure and to pay more attention to the human resource in order to cover the shortcomings it suffers at several levels: (Yahya, 2008, p 103)

The lack of Organization of health interests, the poor distribution of health professionals, the provision of health services of poor quality due to the lack of qualification of human cadres, the incompatibility of existing medical equipment with the developments known to the health field, the dissatisfaction of human cadres due to the absence of motivation, low wages and the high financial burden caused by health institutions on the state budget, as well as the poor effectiveness of Information Systems. On the other hand, the private sector in the health field, despite Algeria's move towards openness in 1989, has remained underdeveloped and does not reach the level of quality health services and care, if not acceptable. The law on the protection of health still bears some deposits of the socialist approach, represented by Executive Decree No. 05/257 of July 20, 2005, which includes how to prepare and price the general code of professional acts of doctors, pharmacists, dental surgeons and medical assistants. (Algerian official gazette, No 52, 2005)

Therefore, the Algerian state has taken steps to overcome these obstacles and problems, represented by the hospital Reform Initiative, which aims to improve the atmosphere of the services provided and ensure optimal health coverage through: (Yahya, 2008, p107)

As we know, health in Algeria depends on the services provided by the public health institutions, hospitals and the neighborhood, and nurses as members of the Health Family represent the largest percentage of the human resource and are considered the main pillar in providing health services and care to The Citizen. Nurses are always ready to work and have to carry out organizational checks, and they perform many tasks, including: (Algerian official gazette, 2011)

- Reception and placement of the patient.
 - Take care of the physical hygiene of the patient and their surroundings.
- Providing basic and multiple nursing treatments, executing medical prescriptions, performing hotel-related tasks, and maintaining health for hospitals. They participate in maintaining and maintaining equipment and arranging equipment.
- Observation, monitoring and collection of data related to the patient's health status, assessment and follow-up, and communication of observations in writing and orally in order to ensure the continuity of treatment.
- They participate in prevention, vigilance, entertainment, information and counseling activities, and contribute to encouraging patients to remain in the framework of their normal life and their integration or reintegration into it and contribute to the protection, recovery and promotion of physical and mental health of people.
- Maintaining and updating the patient file
 - Ensuring the management of information related to treatment and paramedical activities.
- Monitoring the quality and safety of treatments and paramedical activities.
- Receiving users, students and trainees assigned to the department and organizing their framing.

Also, the nurse may be assigned other tasks in the absence of specialists in other fields, such as work assistants, nutritionists, or specialists in the Corps of psychomotorists and the Corps of social assistants for public health. The nurse is the one who provides therapeutic , psychological and social services , even reception and hotel services, and even those of an administrative nature, and he is in direct and constant contact and interaction with patients and their families or their companions in their different walks (men or women, children or the elderly, of any nationality, their different cultures)and he is in a constant interactive process as well as with colleagues in the medical team(doctors and nurses)between the coordination and organization of treatment appointments and operations for patients and the preparation of reports, as well as in interaction with administrators, officials and other security agents and the cleaning staff ,All these tasks, multiple roles, social relationships, formal and informal relationships require the nurse to have skills that help him perform them to the fullest and provide good health services without being exposed to psychological or professional pressures or conflicts that contribute to leaving work or changing his profession. Through our field visits to some public hospital institutions and to find out the reality of health services in them, we noticed that they suffer from a lack of nurses and

their multiple roles and a weak sense of responsibility placed on their shoulders, whether professional or moral, and there is a lack of coordination between co-workers in some medical teams, on the other hand, there is a citizen's complaint of indifference on the part of some nurses and the lack of a good reception for them in health institutions, and they often fall into verbal clashes with nurses and not meeting their needs in the required time and speed, and in great dissatisfaction with the delay for treatment appointments and operations, this is on the one hand , On the other hand, the studies of Farajallah (2010), Suad et al (2003), Marie Poncet et al (2007), Verdon et al (2007) indicate that a large number of nurses, in turn, are subjected to great professional and psychological pressures that led them to psychological burnout, depression and unwanted reactions that negatively affect the quality of services and even lead them to give up their job position finally. Through the above, this problem has aroused the desire of researchers to contribute to alleviating these pressures, conflicts and conflicts while providing quality health services by developing the social skills of nurses, This makes us ask the following questions:

- * What are the most important social skills to be provided in a nurse?
- * Is the proposed training program suitable for developing the level of social skills among a sample of nurses?

2.the importance of the study:

The importance of this study lies in

- * The lack of Algerian and Arab studies that have dealt with this topic and deepened its rationale, especially those related to the social skills of nurses, according to the researchers.
- * The extent of human and material losses incurred by health institutions and the bad reputation gained by the public health sector for the quality of health services provided in addition to poor performance.
- * This study gains its importance from the importance of the health sector as it is a sensitive sector that affects the direct health of the citizen and The Citizen's dependence on the public health sector due to weak competition from the private sector, which does not have the material resource.
- * The importance of the social aspect in the public health services provided to the citizen requires the attention of researchers and custodians.
- * It highlights an aspect of the skills nurses have.
 - * Develop strategies to improve this neglected aspect, especially those related to the training of nurses.
- * The main and important role played by the nurse in the provision of Health Services. *
- The importance of the formation and the formed (pathogen) in the formative process.
- * Global attention to the design and construction of training programs on social skills because of their importance in refining a distinctive social competence for patients.

3.study objectives:

- * Characterization of the nursing profession and analysis of the individual in order to identify the social skills to be provided in the nurse.

- * Measuring the social skills of nurses.

- * Check for significant differences between social skills and variables such as gender, experience, level, rank ...

- * Building a training program that contributes to improving the social skills of nurses.

4.defining concepts: The researchers identified a number of concepts that are directly related to the study variables, such as the concept of Nursing Profession, nurse, social skills and training.

4.1 nursing career: Independent primary profession other health professions are involved in providing nursing care to the individual, family and Society of all age groups. It depends on the nurse's compliance with the patient's requirements, doing all his needs, psychological and health care, so that he recovers, which is a process of communication and coordination at the level of the health room in order to provide prevention and treatment. (Western,2003,p113)

4.2 the nurse: A person who has a graduate certificate from higher institutes of paramedical training or higher schools of paramedical training may practice nursing profession according to the applicable laws and regulations.

4.3 health: According to the definition of the World Health Organization OMS is a state of physical, psychological, mental and social integration, and not just freedom from disease. (Kandali , 2012, p219) That is, complete health is the state of reaching the individual's physical, psychological, mental and social abilities to perform their roles to the maximum, and doctors and governments may see their health services as services for patients and work on their recovery only, but definitions of Health indicate that it is more than just the absence of physical or physical illness, but it goes beyond psychological, mental and social diseases, in addition, there are diseases that cannot be completely treated.

4.4 social competence: Social competence is an umbrella for all the social skills that an individual needs to succeed in his life and social relationships. a person with social competence succeeds in choosing the appropriate skills for each situation, and uses them in ways that lead to positive outcomes. (Mustafa, 2003, p212)

And you see Wendy (1999) believes that social competence means mastering social skills that facilitate and facilitate social interaction, understanding and perceiving one's emotions and the emotions of others, knowing the exact concepts of a situation in order to be able to correctly interpret social behaviors and appropriate responses to them, understand and predict personal events. (Wendy.S, 1999,P 4)

4.5 social skills: Tarif Shawqi (2003) defines it " as the ability of an individual to express, verbally and non-verbally, his feelings, opinions and thoughts to others, to pay attention and at the same time perceive verbal and non-verbal messages issued by them, interpret them in a way that contributes to guiding their behavior towards them, to behave appropriately in situations of social

interaction with them, control his verbal and non-verbal behavior in them and adjust it as a function of their requirements in a way that helps achieve his goals.

4.6 procedural social skills: She is what the nurses' social skills scale, adopted by researchers, measures and measures both skill (cooperation, communication, problem solving, self-control, self-esteem)

4.7 composition: It is a set of learning activities programmed with the aim of providing individuals and groups with knowledge, skills and trends that help them adapt to the professional social environment on the one hand and achieve the effectiveness of the organization to which they belong on the other. (Bouhafs, 2010, p37)

5. previous studies: The researchers pointed out that there are no studies that examined this relationship between the two study variables directly in the work environment, to their knowledge. So the previous studies will be dealt with according to three axes, they are:

- studies that dealt with social skills and their relationship to other variables.
- studies that dealt with nurses and their relationship to other variables.
- programs that dealt with training or training programs on social skills.

5.1 studies on social skills and their relationship to other variables:

5.1.1 first study:

- title of the study: social skills, self-efficacy and their relationship to the trend towards the nursing profession among students of Nursing Colleges.

- the author of the study: Bashir Ibrahim Al-Hajjar and student Sal Abu Mualla (2006)

- objectives of the study: to know the level of social skills and self-efficacy and its relationship to the trend towards the nursing profession among students of nursing colleges in Gaza governorates, and also aims to know

the differences in social skills and self-efficacy and the trend towards the nursing profession depending on the type variable, academic level.

- study sample: the study sample amounted to 202 male and female students enrolled for the first semester of the academic year 2005/2006, including 115 male and 87 female students

- study method: the two researchers used the descriptive-analytical method

- And study tools: the researchers used three scales.

*Social skills scale

* Measure of self-efficacy

* Nursing career orientation questionnaire

- results of the study: the study found:

The absence of an impact of the interaction between the variables of social skills and self-efficacy on the trend towards the nursing profession.

5.2. studies on pathogens and their relationship with other variables:

5.2.1 initial study:

- study title: occupational stress levels and their relationship to depression levels in nurses

- author of the study: Western Sabrina 2003.

- objectives of the study: to know the levels of pressure and the quality of disorders caused by it, which is useful in assessing the level of Occupational pressure whether it poses a real threat to the health of the nurse.

- study sample: the study was conducted on 90 eighty nurses, 57.5 % ranged in age from 26 to 35 years and 10 % ranged in age from 46 to 51 years, where the number of males is 65 and the number of females is equal to 25.

- study tools: the researcher applied both:

- * Pressure source scale.

- * Pressure symptom scale.

- *Depression Scale.

- And the results of the study: the study reached the most important result, namely: 74.4% suffer from high blood pressure, while this pressure is repeated in 97.5% of them and that the nurses suffer from depression.

5.2.3 third study:

- title of the study: socio-cultural aspects of the health service: a field study in medical sociology

- the author of the study: al-Makawi(1988)

In his study, which he conducted in the Egyptian society with its urban, rural and Bedouin population patterns, he found that nurses do not enjoy stability in health units, and represent the vulnerable category in the medical system, especially in the countryside and the desert, where the administration transfers them as soon as a complaint is issued against them, without attention to proper professional performance, and without professional investigation with them. Also, the social and cultural reality forces nurses to experience a conflict in roles reflected on their professional performance in rural units and urban general and specialized hospitals. this reality may sometimes prevent the demand for nursing schools and institutes. this reality may help nurses leak to private hospitals and Arab countries. this reality hinders the nurse from performing her role efficiently in the urban, rural and Bedouin health institution, especially if the nurse is married and has to shift, at night, as this reality pushes the nurse to resign. Nevertheless, the nurse plays a prominent role in the proper provision of Public Health Services and for women in particular, especially in those units staffed by male doctors, where the prevailing culture prevents the doctor from informing the woman or confiding in her the fact of her illness or the subject of pain itself.

5.2.4 fourth study:

- title of the study: psychological pressures among nurses working in the government field and their relationship to self-efficacy.
- the author of the study: Muhammad Faraj Allah Muslim Abu al-Husayn (2010).
- objectives of the study: the study aimed to identify the psychological pressures of nurses working in the various intensive care departments in government hospitals in the Gaza Strip and their relationship to self-efficacy in light of some variables.
- study sample: its strength (n =274) is a nurse and an intensive care nurse.
 - study method: the two researchers used the descriptive method.
 - And study tools: the researcher applied a set of tools: Psychological stress scale.
- study results: the study reached the most important results: The nurses of the various intensive care units in the government hospitals in the Gaza Strip suffer from great psychological stress by 64.73%.

5.3 studies on social skills training or training programs:

5.3.1 the study:

- study title: effectiveness of a training program for the development of social interaction skills in reducing aggressive behavior in autistic children (Jeddah).
- the author of the study: Amira Taha Bakhsh.
 - objectives of the study: it aims to verify the effectiveness of a behavioral training program for the development of social interaction skills in reducing aggressive behavior in a sample of autistic children at the Al-Amal Center for intellectual affiliation in Jeddah.
- study sample: the study sample consisted of 24 children aged between 7 and 14 years and their IQ ratios between 55 and 68, divided into two groups of equal numbers consisting of 12 children each, one experimental and the other control.
- study tools:
 - * Gwadar scale of intelligence.
 - *The autistic child scale by Adel Abdullah Mohammed (2000)
 - *Scale of the economic and social level prepared by a person (1995).
 - * Scale of aggressive behavior of mentally retarded children by debis (1997) .
 - *The training program prepared by the researcher And the results of the study.
- This study came to the following conclusions:
 - * There are significant differences between the averages of the scores of the experimental and control groups in the telemetry of aggressive behavior and its dimensions in the direction that is more favorable for the experimental group.

*There are significant differences between the average scores of the experimental group in the tribal and dimensional measurements of aggressive behavior and its dimensions in the direction that is preferable in favor of the dimensional one.

*There are no significant differences between the average scores of the control group in the tribal and dimensional measurements of aggressive behavior and its dimensions.

* There are no significant differences between the average scores of the experimental group in the dimensional and tracking measurements of aggressive behavior and its dimensions.

5.4 comment on previous studies:

In the light of the previous studies that have dealt with the variables of the current study, it has become clear that we urgently need someone nowadays to highlight this important aspect of the social skills of nurses in the work environment in particular, and the social skills of other workers in other professions in the work environment in general.

We need to move forward to conduct more research and studies in Arab societies in general and in Algerian society in particular, in the field of developing social skills among workers in the work environment, especially those who work in professions that need social skills in order to achieve the goals of those professions, especially workers in the public services sector that are in constant social interaction. In the studies that have been presented above, we have not found any study that dealt with training programs to develop social skills among nurses in the work environment (in a hospital, clinic or health institution), let alone proposing or providing training programs to develop social skills, as far as the researchers are aware, Therefore, we have collected studies that dealt with social skills and their relationship to other variables, some of these studies were involved with the current study in the social skills variable, and some of the studies were involved with it in the nurse's variable. If we look at the previous studies, we find that there are studies that do not agree with the objective of the current study, and some studies have agreed with the current study in terms of tools used such as the use of the social skills scale, as stated in the study of Bashir Ibrahim Al-Hajjar and student Sal Abu Mualla (2006) ,There are also no studies that have analyzed and characterized the nursing profession in order to access the social skills that a nurse must possess or acquire in order to achieve quality in nursing services while achieving mental health and professional and social compatibility. This supports the need for a study on the development of social skills in nurses through a proposed training program.

Second- Composition:

1.The importance of training: training is considered to be a fundamental important thing in order to improve the quantity and quality of work, reduce production costs, raise morale and motivate employees, as it is considered one of the main means to raise the productive efficiency of the enterprise. (Bruno et Herniet, 1985,PP 54–56)

2.training objectives: the objectives that the organization aspires to achieve through the training is to prepare generations of individuals to occupy leadership positions at all levels of work within the organization. The main objective of the training for the organization is to narrow the gap between the achievements and ambitions that the organization would like to reach and contributes to the creation of positive trends among employees towards work and the organization

and helps in updating and updating information in accordance with the various variables in the environment. (Boali,2008,P68)

2.1 administrative objectives: this type of objectives means to serve the administration at all levels so that it works more efficiently. The following are the administrative objectives that any training program must achieve in general.(Osman,1998, p220)

A-reducing the burden on supervisors because the supervisor needs less time to correct the mistakes of the employees who have been trained or trained compared to the non-components, and he also does not need to constantly observe these component workers, because of confidence in their abilities and skills acquired by training.

B-achieving flexibility and stability in the organization.

2.2 technical objectives: this type of objectives relates to all technical aspects of the enterprise to ensure its safety, whether for the machines and equipment it uses, for the personnel working in it, or for the product. Among the most important of these goals, we find: (Fahmy ,1973, p. 285)

A-reducing the costs of machine maintenance and repair.

B-reduction of work accidents.

Since the majority of accidents are caused by incompetence of individuals, the training leads to a reduction in the rate of recurrence of the accident, as a result of the worker's understanding of the nature of work and the movement of machinery, as the training is considered a safety valve that surrounds the work with educational protection, scientific rules and practical guidelines.

C-reducing the percentage of exhaust or damaged.

2.3 economic and social objectives: the achievement of these objectives leads to the advancement of the economic aspects of the enterprise by developing economic capabilities, maximizing profit in the enterprise and ensuring survival in the market, as well as improving the social level of employees with the better earning opportunities provided by training for employees and their sense of importance and status in the enterprise These goals can be formulated in several, such as the following Increase productive efficiency , Where the increase in the skill of an individual resulting from training is reflected in higher production and lower costs, and this means an increase in productive efficiency. (Hanafi, P 258)

2.4 phased objectives of the training: in order to achieve the general objectives of the training, which have already been talked about from administrative, technical, economic and social, the training program must be gradual in achieving these objectives at three levels of phased objectives ,These objectives are as follows: 2.4.1 regular objectives: this type of objectives includes the traditional objectives of training, including the following: - training new workers to enable them to familiarize themselves with the working conditions and requirements. (Al-Salami and Arslan, 1974, P. 16)

- Formation of heads or supervisors of workers on the application of new methods.
- Preparation of reminder programs for some individuals in order to confirm their basic job information.

These goals will be determined by a realistic limitation of the number of employees required to be formed.

2.4.2 problem solving objectives: this set of objectives focuses on finding specific and appropriate solutions to the problems that the organization may be experiencing in the enterprise.

2-5 Objectives Cognitive: that is, the acquisition of new knowledge and the receipt of information in various sciences and disciplines. (Boali, 2008, pp68-69)

3. configuration methods: Among the popular methods of composition are the following

3.1 on-site training: this training method is one of the most common methods, as the worker is placed at the actual work site and the direct administrator exercises the task of training and guidance according to specific steps through which the trainee has the opportunity to learn and transfer what he learns and apply it afterwards, which is the training that is provided to the employees in the service, in order to provide them with new information and experience in their field of work, in order to raise their level of competence. One of the disadvantages of this method is the low productivity of the trainee during the training period, and the direct supervisor devotes part of his time to this process, in addition, relying on the direct supervisor as a component necessitates the transfer of traditional practices and behaviors continuously, and these practices may include some errors or procedures that are no longer appropriate with environmental variables.

3.2 job rotation: according to this method, employees within the organization are transferred from one department to another or from one job to another, as this transfer process is accompanied by training and guidance on the new job transferred to him. This approach gives employees room to diversify into different jobs and the skills acquired to perform these exceptional functions of some jobs.

3.3 training in a similar environment to work: in this case, the training needs to take the trainees or targets out of the workplace to these equipped places in order to give them the skills required by the work. In addition to the previous methods, environmental variables represented by technological variables, competition, innovation requirements and customer satisfaction challenges have created the need for contemporary training methods. Training in this case may require the exit of lurkers or targets from the workplace to these equipped places in order to provide them with the skills required by work.

4.formative needs: the formative needs are a set of changes and developments required to be made in the information of employees, their skills and behavior to raise their efficiency based on necessary needs and to overcome the problems that hinder the workflow in the institution, and therefore hinder the implementation of public policy in the areas of production and services. (Burai,1973, p149)

4.1 the importance of formative needs: formative needs change the basis of planning and precede any formative work, the importance of identifying formative needs is due to the following reasons: (Al-Douri, P 136)

A-drawing up a training policy based on actual needs leads to an increase in productive efficiency.

B- The success of any institution depends on the performance of each individual's work as best as possible, and this requires the development of a training policy that takes into account the identification of training needs.

C-it is considered an indicator that directs the training in the right direction, especially since the training programs are prepared according to it.

D - without it, the composition becomes just a waste of time and money.

The assessment of formative needs has four main characteristics: (Diab, 1994, p 223)

* Accuracy and quality - the time it takes-the time available for the formation and the appearance of its results scientifically in the performance of the enterprise - the cost.

Therefore, the effectiveness of estimating the formative need depends on the first three characteristics, and the cost of estimating the formative need is naturally directly proportional, first of all, to the degree of accuracy and quality required from the results of this estimate.

4.2 identification of formative needs as a subsystem: formative needs are defined as formation goals that an enterprise seeks to achieve in order to achieve larger goals of the enterprise that can be expressed in behavioral and economic criteria. This trend is represented by the systems platform, which emphasizes the need to link formative needs with the overall goal and the general attitude of the enterprise. (Baghi, pp. 43-44)

4.3 defining the objectives and contents of the training program:

4.3.1 defining the objectives of the training program: one of its objectives is the continuous adaptation of workers to their work centers in view of technical and technological changes and working conditions to promote workers and raise their level of Development. Abu El-Nil describes that the objectives of the training are: (Abu El-Nil,1985, p67)

4.3.1.1 skills and Knowledge Development: by preparing various programs that provide workers with information about their current job or the jobs they will transfer to in the future.

4.3.1.2 information transfer: the purpose of some programs is focused, so it is mainly directed to more than just acquiring information about the work itself, but includes those programs and services that the enterprise performs, and also includes information about its system and policy.

4.3.1.3 changing attitudes: in some training programs, the main goal is to change the attitudes of employees in several ways, such as developing more appropriate attitudes among employees, increasing motivation among employees, awareness of management and supervision of personnel.

4.3.1.4 determining the time and place: determining the time and place are important elements for the training program, it is necessary to take into account the appropriate time and place to conduct the training process in order to ensure the effectiveness of the program.

A- time: the training program designer determines the period that the training takes, as time is one of the important factors in the design of the training program, so the time allocated throughout the training year should be determined for each period of preparation and implementation.

B- location: the designer of the training program must determine the place where the training process is being conducted for individuals and choose the appropriate place for this, in order to facilitate the process of workers moving from their training centers to their workplaces, and the best place to choose by the designers of the training program is to have study and training centers inside the facility.

4.4 selection of ingredients and ingredients: The choice of components and components is fundamental in the design of any training program, the components are the focus of any process with the components.

4.4.1 administrative matters: These are the things that come down to

A-Estimate the required number of personnel in light of the need in the project Means - methods-compilers and components to secure the appropriate configuration.

B-selecting individuals from similar functional and scientific levels to ensure greater benefit for them.

C-commitment to attend and continue the program until the end.

4.4.2 behavioral issues: namely: Select individuals who are interested in more knowledge, knowledge and acceptance of everything new.

4.4.2.1 physiological matters: these are matters that are manifested in the return to their data, according to which they were selected (abilities, predispositions, inclinations) and the extent to which these data are consistent with the programs developed, which express the adequacy of physical ability to the requirements of the activities for the job for which the training is being conducted.

4.4.2.2 setting the training budget: the training program administrators benefit from setting the training budget to identify the estimated costs of the training program, and this affects the decision to start training or not, and may also affect the modification of the program and its content in a way that allows it to be an economic program, and also affects determining the value of the student's subscription (in the case of external device configuration).

4.4.2.3 selection of training methods: during the management of the lesson, the component uses many technical methods that enable him to present ideas and fix them in his mind, among these methods are: lecture, discussion, role-playing, case study, fact study, games, exercises, behavior modeling, and others. we will be exposed to these methods as follows: (Boali, 2008, pp70-74)

A- practical training: the trainer shows the method of performance and detailed procedures, then asks the trainee and encourages him to perform, and notes that this method is suitable for manual and productive work and good results can be obtained if the direct supervisor uses such a method, especially in small-sized training groups.

B- role representation: the component presents the problem, its scientific background and its principles, and then the component gives the group of components a practical example for them to implement it. this method is only an attempt to imitate reality, by taking a problem from this reality and training learners to face it. this method is suitable for certain situations such as training learners how to face customers and employees. the most famous role representation models are training on Personal Interview management, training on sales, training on solving public relations problems.

C- case study: in an attempt to highlight the reality in the training process, students are exposed to real-life situations, and students address their dimensions in terms of problems, their causes, alternative solutions, and evaluating various alternatives. research indicates that the use of case studies is limited, as they do not suit some students, and some fail to prepare them in advance for the lecture, and therefore should not rely on them primarily, but in a complementary manner.

D- incoming mail: in another attempt to highlight the reality and to judge realistically on the constituent, he is given a file with a set of internal letters and memos similar to those contained in the Daily Mail, and the student (who is mostly from the administrative class) has to determine the most appropriate behavior contained in each item of incoming mail, noting that there are limits to the effectiveness of this method, including that the people and organizations mentioned in the exercise are fictitious, and the relationships between them are not real, which makes judging the items of incoming mail a difficult process.

F- critical facts: the lack of realism of some of the previous methods made the component encourage students to mention some examples (facts) of great importance and great impact (critical) related to the subject of training, and analyzing critical facts in a precise scientific way helps students to link the training content with reality and practice, and the component must choose the appropriate time during its presentation of the study topic to present one of the critical facts or to ask the students and encourage them to mention one of these facts.

G- managerial matches: This method is similar to the method of case study, but the game is only a large-scale case that includes integrated dimensions of the problem, and students are asked to play certain roles in the game and act and make decisions in the light of the information available to them, the case of a company may be taken from the point of view of the definition of the administrative budgets, cost estimates, sources of financing and other data, it is noted that The attempt of a group of students (often managers) to solve or make decisions about one aspect produces an effect that affects other aspects, and therefore management matches help managers acquire the skill of looking at things holistically, and management matches can often be designed and tailored to suit the circumstances of a company .

H- group discussion: when the component wants to arouse the spirit of participation and cooperation between the students, it can seek to form groups to discuss specific problems. this method helps members of the same group to exchange views on identifying the problem and form

a complex or a result of ideas, suggestions and solutions. group discussions can be highly beneficial for everyone.

L- allergen composition: This method aims to develop a spirit of self-reliance and insight into self-problems within the group, and begins with the formation of a group of about 10 to 20 individuals, provided that there is a specific leader and no previously defined problem, and the only guidance for these groups is to try to study the behavior of individuals and the group, their feelings and problems, the formation of sensitivity leads to rapprochement between individuals (the group) and understand their feelings and problems and alternative ways of solving, and try to reconcile these solutions to the nature of the group or change the nature and behavior of the group so that solutions can be adopted that help promote the group, and this method helps when and preparation for the processes of change in systems and organization .

M- behavior modeling: this method is based on the theory of learning by observation and imitation. the training here involves exposing the learners to a typical picture of the performance and implementation of a certain process performed by these learners in reality with the explanation of the steps that follow logically. the actual performance is performed by the role of a typical individual direct supervisor of the learners or a supervisor with high influence and confidence, the learners are asked to imitate the typical performance and the direct supervisor provides a set of instructions, directions and motivators to ensure that the learner performs the same typical performance.

N-brainstorming: this method depends on the component presenting a specific problem and asking the students to provide their opinions quickly and without hesitation in thinking .this method depends on the fact that the rapid presentation of ideas and performance can free the students from inertia and encourage them to participate, and the barrage of abundant opinions can cover the aspects of the topic or problem raised by the component, which facilitates the component on presentation and encourages confidence in the souls of the students and their enthusiasm for the composition.

5.training techniques in the institution: although the principles and fundamentals of education (training) can be applied in various fields of training (operational training, administrative training), the methods and methods of training vary according to the quality of training :Training at work, training in classrooms-vocational training-special training programs Reconfiguration programs-other configuration programs.

5.1 Enterprise configuration procedures: a good configuration program requires a set of procedures or steps to be followed, namely:

A-preparation and qualification of the trainer: he must be qualified and able to carry out the formation of personnel.

B-preparation and preparation of the composition: this requires the preparation of the appropriate place for the composition and the appropriate means, as well as the preparation of the fat of the composition in order to absorb the information and instructions during the formation period.

C-review and style of its performance: this is through clarification, explanation and scientific statement. Give an opportunity to practice: the beginning of the formed in practical application.

D-follow-up: the individual should be reviewed from time to time to verify that he is practicing the work in a proper manner.

In order for the training to be effective and produce its positive effects, it is necessary to follow these procedures and the evaluation process of training programs to correct errors and take corrective actions using the following means:

*questionnaires: questionnaires are distributed to the two components (trainers) before the start of the programs that they have acquired in relation to these aspects and then applied after the end of the program for a certain period to find out the extent of the change in their attitudes that occurred as a result of the training.

*Psychological specialization: Speciality allows the special capabilities of the two components.

Synopsis: All the evidence points to the great interest in training and the need for specialists to do it, as training in institutions is a basic necessity to build the competence of individuals and develop their capabilities into functional centers that benefit the individual on the one hand and the institution on the other, The training function is one of the most important components of human construction in the modern project, Training is important and necessary to build a productive human force.

Third - Social skills:

1.the definition: Yoder 2005 Yoder sees social skills as a learned and accepted behavior that makes an individual able to interact with others in a way that enables him to show positive responses that help him avoid other people's negative responses towards him.

1.1 social skills as learned experiences or behavioral patterns: Moos (2000) defines " social skills as a set of behaviors that have been learned and are used in order to achieve many diverse goals and obtain sources of reinforcement during a situation between two people ".

1.2 social skills as an ability: Fakher Sane (1976) defines social skill as " the ability to acquire the basic traits required for good social interaction with others, such as the ability to understand, friendship, patience and selflessness that help others accept a person, within the family circle first, school second, Work third, and finally social life "

2. components of social skills: Many researchers have addressed the elements or components of social skills from multiple angles.

2.1 the 1989 Riggio classification of the components of social skills: Who believes that social skills are social communication skills and are divided into three sections: (Al-Zaytouni,2005,p88)

- Sending skills (Skills in sending) or what is known as expressivity) refers to the skill with which individuals communicate together.

- Skills in receiving (Skills in receiving) or what is known as Sensitivity (Sensitivity) and expresses the skill with which we interpret formulas or messages (messages communicate with others.

- Skills of Control, Control and organization (kills in Regulating or controlling) or what exactly is known (Control) and expresses the skill with which individuals become able to regulate (Regulate) the process of communication in social situations.

2.2 classification of Belak et al. social skill: It is classified into: (The previous reference,p87)

2.2.1 conversational skills: an individual who has conversational skills is a person who can start, continue and end a conversation. the skill of continuing a conversation includes three elements (asking questions to others – giving information to others-good listening).

2.2.2 affirmative skills: an individual who has affirmative skills is a person who can freely express what he wants and affirmative skills are divided into two types:

A- positive affirmation skills: these are positive feelings towards others, such as courtesy skills of praising and praising others for their achievements and their material things, empathy skills, which is the emotional participation of others in situations of joy and pain, and providing justifications for the behavior that a person behaves when he makes mistakes against others.

B- negative affirmation skills: these are feelings of rejection, resentment, and self-defense: such as rejecting an illogical request, protesting, requesting new behaviors, expressing anger, and negotiating to reach a solution. C- social cognition skills: an individual with social cognition skills is a person who can know when, where and how to produce different responses and includes understanding social cues, attention, and prediction during interaction. (Al-Zitouni, 87:2005)

2.3 classification of Osama Abu-Saray 1986: classifies it in the light of two basic dimensions of social behavior and interaction between individuals:

A- dimension of control vs. submission: reflects an individual's ability to assert himself (self-affirmation skill).

B- the dimension of love versus hate: reflects the ability to establish relationships with others (friendship skill) . The social behavior of an individual is determined as the outcome of the interaction of these two dimensions. 2.4 Tarif Shawqi classification (2003):

2.4.1 self-affirmation skill: it concerns the skills of expressing feelings and opinions, defending rights, identifying and protecting identity, and facing other people's pressure.

2.4.2 emotional skills: contribute to facilitating the establishment of close and friendly relationships with others and managing interaction with them in a way that helps to get closer to them and get closer to them in order to become a more acceptable person to them. One of the main skills in this context is empathy, emotional involvement.

2.4.3 communication skills: they, in turn, are divided into two parts:

A- communication skills: it expresses the ability of an individual to communicate the information that he wishes to convey to others verbally or non-verbally through qualitative processes such as speech, dialogue and social signals.

B- reception skills: the individual's ability to pay attention, receive verbal and non-verbal messages from others, perceive them, understand their meaning and deal with them.

C- restraint skills, social and emotional resilience: It refers to the individual's ability to flexibly control his verbal and non-verbal behavior, especially in situations of social interaction with others, and adjust it in proportion to the developments in those situations to achieve the individual's goals.

2.5 classification of Mohammed Abdul Rahman (1998) according to the scale of Natson et al: This is done as follows:

A- initiate interaction: it means the ability to start interacting with others verbally or non-verbally, such as getting to know them, extending a helping hand, visiting them, easing their pain or making them laugh.

B- expression of negative emotions: means the ability to express emotions verbally or non-verbally as a direct or indirect response to the activities and practices of others that are not to their liking.

C- social-emotional control: means the ability to moderate and control emotions in situations of interaction with others in order to maintain his social ties.

D- expression of positive emotions: it means the ability to establish successful social relationships through the expression of satisfaction with others, their courtesy, their modern participation.

3.the importance of social skills in the nursing profession: Social skills are of great importance in the life of a nurse, whether personal or professional, represented by the following: (Al-Eidani, previous reference,p10)

-Social skills are an important factor in achieving social adaptation within the organizations to which they belong.

- Social skills are useful in overcoming problems and directing their interaction in the surrounding environment or even reducing their severity.

- The development of social skills of patients contributes to the achievement of a significant amount of psychological and professional compatibility.

- The process of developing social skills helps to gain confidence and involve others in business to provide better health services.

- Help in good interaction with his comrades in the health band.

- Help in creativity, innovation and taking responsibility.

- Contributes to interacting and dealing with patients and their families in a professional manner with the ability to convince and influence them.

4.lack of social skills: Gresham in 1981 developed a mental conception of the manifestations of social skills deficiencies, which includes the following: (Abraham, 2006, p28)

- Manifestations of deficiencies in social skills mean that individuals with deficiencies in social skills cannot interact adequately with others, and that training in social skills for these is achieved through observation learning or model formation.

- Manifestations of deficiencies in self-control, these often lack adequate behavioral controls to suppress aggressive, disoriented, impulsive social behavior, as they perform behavior that is considered inappropriate to the conditions of the environment or perform behavior without thinking about the consequences of their response The weakness of social skills related to the individual's ability to form successful social relationships leads to frustration, feelings of failure and unhappiness. (Abdul Sattar,1998, p52)

In this study, we are trying to examine this topic related to the development of social interaction skills among nurses to overcome problems and achieve psychological and professional compatibility of the nurse with what leads to the development of Health and social services.

5. ways to acquire social skills: Effective social skills are a set of learned behaviors, they are used in order to achieve many diverse goals, get sources of reinforcement during an interpersonal situation. (Roussalov,2000,p 371)

Researchers argue that social skills can be acquired under the principles of social learning (modeling, role-playing, reinforcement). (Borgatta&Moos,1994,2000)

5.1 modeling: The models that are used may be other individuals, book Images, film or videos. Some forms of inappropriate behavior can also be displayed so that trainees can distinguish between desirable and undesirable forms of behavior. (Borgatta, 1994, p 443)

5.2 role-playing: role-playing is resorted to after the trainees have been exposed to examples of social models during modeling, they are given the opportunity to train on the forms of behavior to which they were exposed. trainees perform the role under explicit and implicit responses with the expectation that individual practice leads to an increase in the social skills of trainees in real-life situations. Since the performance of most social skills is related to interpersonal interactions and attitudes, the coach or some trainees, work as assistants and play the role of important people in the trainee's life, and coaches often play the role of theater director during the performance of the role to ensure that the training attempts will be successful. They train and reinforce behavior, so that the desired behavior can be successfully repeated. (Borgatta, 1994, p443).

5.3 motivation: Motivation plays a major role in learning and the acquisition of the organism many of the patterns of behavior that it practices in its daily life, motivation fulfills three main functions in learning are: (Salama, 2009, p19)

- They release the emotional potential energy of the organism that provokes a certain activity, whether the motives are innate or acquired.

- They dictate to the organism that it responds to a certain situation and neglects postures Therefore, they play an important role in directing the behavior of an organism to certain modes of behavior and not others.

- They direct behavior in a certain direction so that the organism can satisfy its need. According to Humanists of psychologists, the basic driving force of human behavior

It is the tendency towards both growth and self-realization. Each of us has a basic need to maximize our potential and progress further than it is now, and although we may face all kinds of environmental and cultural obstacles, our natural tendency is towards realizing our potential

5-4 reinforcement or reinforcement: it plays a significant role in learning and the acquisition of many patterns of behavior by the individual, and the learner continues to respond to stimuli and topics in the educational situation several times until he reaches the correct response that leads him to solve the problem and reach the goal, and thus reinforces and supports this pattern of behavior. (Mansour and colleagues, 1989, p267)

5.5 repetition of the response: The learner continues to issue responses and repeats them until he reaches the correct response, and may reach it and correlate the success factors in one attempt or may occur within the framework of a series of attempts. The length of these attempts and the extent of their development depends on the difficulty of the experience or skill to be learned, and also depends on the skills that the teacher may have, as well as on the level of maturity. (The previous reference, p267)

5.6 practice: after the learner reaches the correct response as a result of reinforcement, he begins to acquire the skill and ease of performance by practicing this response and this leads to strengthening the selected responses until they become strong habits of the learner and practice differs from repetition in that practice is a reinforced and directed repetition, which makes practice more useful and more effective than repetition in different learning situations: (Mansour and colleagues, 1989, p269)

- If the repetition or practice is done in an automated way without attention, they become useless and sometimes even lead to the organism losing the impulses with which it starts a process by itself.

- It has been found that some methods of practice have proven more effective than others, for example, distributed practice, that is, which is at intervals better than concentrated practice that occurs over one period, because the period of stopping practice and then returning to it with more attention leads to the continuation of performance and its effectiveness.

5.7 observation: we learn social skills just like we learn to read and write, like any behavior, during growing up we learn ways of behavior in different situations by observing and imitating the behavior of others (parents, school, comrades) who serve as models to emulate and imitate, and when experimenting with these behaviors feedback determines which of these behaviors continues and which should be changed or modified. (Atris, 1997, p10)

Social skills are interpersonal behaviors that help people increase reinforcement during interpersonal situations and reduce social punishment and negative feedback. (Moos, 2000, p371)

The acquisition and training of social skills does not stop at achieving greater adaptation and compatibility with others, but the acquisition of social skills is a preventive measure that prevents falling into disorders. (Abdel Aal, 2002, p84)

6. social competence: Wendy (1999) believes that social competence means mastering social skills that facilitate and facilitate social interaction, understanding and perceiving one's emotions and the emotions of others, knowing the exact concepts of a situation in order to be able to correctly interpret social behaviors and appropriate responses to them, understanding and predicting personal events.

7. Social skills and social competence: while most researchers see social competence as the interaction of a number of factors that shape the individual's relationships with others, with the absence of behaviors that show lack of adaptation or lack of social acceptance and the emergence of behaviors that support or are reinforced, as well as the emergence of behaviors that focus on social acceptance and the effectiveness of social skills. (Dianne & Stephen, 2002, p88)

8.nursing and Pressure career: The nursing profession is the noblest profession due to the humanitarian services it provides primarily, and it is a demanding profession in which Giving is more than taking. The nurse is a noble person characterized by good characteristics in the spirit of sacrifice, good treatment, keeping a secret, patience, kindness and tenderness. the nurse performs his profession within a team consisting of several parts that complement each other with the aim of providing treatment to patients and caring for them. the nurse goes beyond physical care to feeling the suffering and pain of the patient and reassuring him and without it cannot be produced without providing care and psychological comfort to the patient. The pathogen environment is a multi-stress environment and several studies have been conducted to try to combine these sources in the dew study.D. J (1989) on the relationship between stress and its Factors in nurses that his many sources are:

- Caring for more than one patient at a time.
 - Nursing patients with serious conditions.
 - Communication problems with others.
 - Strained relations with colleagues.
 - Strained relations with the supervisor.
 - Dealing with modern technology.

In a study (Ma lash 1978) on the pressure of the nursing profession:

- The relationship with the escorts and their treatment forces him to adopt a certain behavior that satisfies the patient's family, which causes him stress.
- The nature of the task, which necessitates the risk of working in dangerous infectious departments.
- Facing unexpected changes and urgent emergencies, where Dewe found that the most stressful source is intensive work, followed by strained relationship with the work group, task characteristics and organizational issues in the last rank.

9. Explanatory theories of social skills:

9.1 behavioral theory: behavior is viewed as a complex unit that can be broken down into simpler units. These units are the initial responses that are related to specific stimuli and the relationship between stimuli and their responses is an inherited relationship that precedes experience and learning .(Previous reference, Mansour and colleagues, p245)

9.2 theory of social learning: Pandora believes that both the external and internal environments of the individual work in an interrelated way that depends on each other and learning occurs as a result of mutual interactions between both internal and external environments and cognitive processes, which Pandora called the process of mutual determination and individuals are not

driven by internal forces (motives or needs) nor by the environment (environmental stimuli), but psychological performance can be explained in the form of mutual interaction between personal determinants and the environment here we find that the processes of coding, consideration and self-regulation have a big role and Pandora assumed that learning by example or modeling is the basis of the acquisition process .Mahony and Thoreson in 1974 also presented another model of social learning according to which the behavior of individuals falls between two main events-previous events (introductions) Antecedents and subsequent events (consequences) Consequences. Introductions precede behavior and outcomes follow behavior. There is a functional relationship between the three aspects of the chain of introductions, behavior and results. The events of the introduction and the results affect what the individual does. And the tuning of one or both of these events helps to solve individual problems. Social learning also depends on the sphere in which these events take place. (Moataz, 2000, pp260-261)

9.3 cognitive theory: Emery asserts in 1988 that each of US has several assumptions that involve frustrating self-beliefs such as "I should be loved by everyone "or" I should always be the best " and these beliefs remain in the background until a certain failure or setback occurs and here these beliefs are strongly activated leading to a distortion of thinking in the negative direction and the matter does not stop there, but these symptoms. (Salama, 1993, p133)

Synopsis: We have eaten, the concept of social skills, their components and characteristics, which are of great importance in achieving psychological and social compatibility, which help the nurse to perform his tasks so that he achieves a kind of psychological, social and professional compatibility, including communication skills, cooperation skills, and self-control skills ...

Fourthly- Training program:

1. Method of application of the configuration program: we are going to followed the collective method in the application of the current program, where collective formation means the implementation of the formative service through a group of individuals, that is, it is a formative relationship between the component and a group of components that takes place during group sessions in one place, they are similar in type to the problem, which is a deficiency in one aspect of social skills or in order to develop and raise the level of social skills.

2. Stages of conducting the training program:

A-the start-up phase: It is the stage of starting the acquaintance between the component and the component to which the training program is applied.

B-the transitional phase: It is based on shedding light on the main problem, which is the development of social skills among a sample of nurses at the public hospital institution.

C-the stage of work and construction: It is the stage in which the training program is applied, where nurses interact with various different activities of the program that work to develop their level of social skills.

D-completion stage: This is the last stage, which aims to determine the suitability of the training program for what it has been developed for, by distributing the evaluation form to the proposed

sample to express their opinion, in order to evaluate the training program to develop social skills among nurses, its applicability and the method of training.

3. Evaluation form: In this study, the Researchers used a preliminary evaluation form distributed to the sample to which the training program was applied, in order to determine the applicability of the program, as well as to review the initial opinions of the participants, being the category concerned with this training, which provides students with some data and information that contributes to more in-depth in the effectiveness of this program. The program consists of seven group training sessions based on several methods and means used, such as lecture, group discussion, and role-playing, which extended for more than (04) weeks, two sessions per week. The duration of each session ranged between sixty and ninety minutes, and the following table shows a summary of the program sessions.

A table showing the configuration program sessions

Session	The subject	Duration of the session	duration	Ways and Means
The first	-Acquaintance and consolidation of relationships -Formation of a positive attitude towards the program. -Valuing the opinions and ideas of nurses	90 minutes	The morning	Lecture and group discussion
The second	- The nursing profession and the importance of the psychological and social aspect	60 Minutes	Evening	Lecture and group discussion
The third	- Feedback; - Unleash the expression freely - And discuss ideas	90 minutes	Evening	Lecture and group discussion
The fourth	- Adaptive problems - Your support networks - Problem solving strategy	90 minutes	Evening	- Videotape; - Role-playing - Brainstorming

				- Lecture and group discussion
The fifth	- Self-disclosure skill - Defensive behavior and assertive behavior - Physical and mental relaxation	90 minutes	The morning	-Jo-Harry box window technology) - Immersion and visualization technique-homework - Activities
The sixth	- Social transactions in the Islamic religion - Cult work	60 Minutes	Evening	Lecture and group discussion
The seventh	- Evaluation of the program and opinions of the participants	90 minutes	The morning	Lecture and group discussion

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