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## The Strength spotting Scale: Reliability and Validity Study in Turkish Population

Sevgi Guney

Clinical Psychologist, Faculty of Educational Sciences, Ankara University, Ankara, 06590, Turkey

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### Abstract

What makes some of us stronger, happier, and more satisfied than the norm. What may be strengths character in subjective well-being? It involves encouraging people to invest in developing their strengths and also learning to think differently about both good and bad events and appreciating that there is more than one path to an emotionally satisfying life. The aims of the present study is to investigate and examine the reliability and validity study of Strengthspotting Scale in Turkish population. The scale is administered to Turkish population including university students. Internal consistency and test-retest reliability, factor analysis, and correlations with good convergent validity revealed the instrument had satisfactory psychometric values, indicating that it can be validly and reliably used in normal and clinical populations.

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### 1. Introduction

What makes some of us stronger, happier, and more satisfied than the norm. What may be strengths character in subjective well-being? It involves encouraging people to invest in developing their strengths and also learning to think differently about both good and bad events and appreciating that there is more than one path to an emotionally satisfying life. Psychological understanding of strengths in the context of an assumption about human nature that is characterised by a constructive developmental tendency within people, showing how this assumption is consistent with theory and research about psychological strengths, and how it is consistent with the theoretical approach of preventive mental health psychology. The concept of strengths did appear within the business literature, first with Peter Drucker (1967), as above, and subsequently through the vision of Donald O. Clifton of The Gallup Organization (Clifton & Nelson, 1992). The advent of positive psychology (Seligman & Csikszentmihalyi, 2000) promoted the need for a larger conceptual understanding of strengths, and led to the development of the VIA

Classification of Strengths. This is a framework of 24 character strengths, organised loosely under six virtues. The 24 strengths are believed to be universal (rank order correlations across 42 different countries produced a mean Spearman's  $\rho = .75$ ; Seligman, 2005, Linley, 2006)

Psychological assessment should accommodate the growth orientation, personal agency, subjective experience and individual development. Subjective well-being on the other hand, should be addressed on six processes (Tedeschi and Kilmer, 2005). These are acceptance, growth, integration of personality, autonomy, adequate perception of reality, and environmental mastery. In classical point of view, assessment and treatment of deficits has become the primary function of clinical practice. This point of view pushes the strength assessment out of the clinical settings. Additionally, the training of clinician, especially in clinical settings run on the deficit model focused on honing diagnostic skills to uncover deficits.

Assessing strengths can provide the clinician with a powerful tool to understand a person intact repertoires which can be effectively deal with troubles stimulates a very different discussion and therapeutic relationship from a deficit-oriented clinical interview. In this context the strength based assessment has a crucial role. What is strength-based assessment? It is exploring what's strong to supplement traditional digging for what's wrong. Strength-based assessment is a multimodal endeavor that explores persons' strengths as well as weaknesses. The strength-based model of assessment is about not only strengths as the name may imply but also understanding the person in an integrated way so that strengths can be marshalled to undo troubles. Linley (2008) has outlined the five fundamentals of the strengths approach; The strengths approach focuses on what is right, what is working and what is strong, Strengths are part of our basic human nature so every person in our world has strengths and deserves respect for their strengths; The greatest potential are in the greatest strengths areas; People succeed by fixing their weaknesses only when they are also making the most of their strengths; Using our potential strengths is the smallest thing we can do to make the biggest difference.

It is found that people who use their strengths more have been shown to have higher levels of self-esteem, self-efficacy, vitality and well-being and to be more effective in their development over time (Linley, et.al., 2010; Govindji, Linley, 2007). Therefore the identification, assessment and development of strengths is so crucial in preventive mental health area in terms of positive psychology intervention and applications. Thus research has shown that using one's strengths leads to a range of positive outcomes such as happiness, and subjective well-being (Peterson, Seligman In this context, Linley (2008) introduced the "strengthspotting" term. Strengthspotting is a term which refers to the act of recognizing and identifying the strengths that a person may possess, through a process of naturalistic observation in day-to-day settings, or through more formal assessment approaches, including psychometric strengths assessments and strengths-based interviewing. Ultimately, it is about looking for the telltale signs of a strength, which are indicative that a person has a natural propensity in a particular area.

What is the strengthspotting scale? It was designed to help researchers to understand more about the basic constructs and premises of the strength work in positive psychology. The scale will help practitioners in assessing their own capability in relation to strengths work, while also guiding them in how they may develop further in this area. Psychologists, educational psychologist, counselors, therapists, managers, teachers, social workers, teachers and managers will be able to do much with the strengthspotting scale in their preventive mental health practice. The strengths approach described by Linley (2008) is concerned with the mental health professionals "collective responsibility to create the conditions that enable the strengths of others". Linley (2010) mentioned five domains in strengthspotting scale. 1. Ability refers to "how good you are at doing it", 2. Emotional refers to "one's emotional reaction to strengthspotting", 3. Motivation refers to "how motivated one is to identify strengths in others", 4. Application refers to "what you do when you have actually identified a strength in someone", 5. Frequency refers to "how often you get to practice your strengthspotting".

The aim of the present study is to investigate and examine the reliability and validity study of strengthspotting scale in Turkish population.

## 2. Method

### Measures

*The Strengthspotting Scale:* It was developed by Linley (2010). The scale consists of 20 items with the subscales designed to assess the ability, emotional, frequency, application and motivation domains of strengthspotting. It is asked to respond using a 1 (strongly agree) through 7 (strongly disagree) likert type format in the scale.

*General Sel-Efficacy Scale:* It is a 10 item psychometric scale that is designed to assess optimistic self-beliefs. In contrast to other scales that were designed to assess optimism, this one explicitly refers to personal agency, i.e., the belief that one's actions are responsible for successful outcomes. Perceived self-efficacy is a prospective and operative construct. It is asked to respond using a 1 (not true) through 4 (strongly true) likert type format in the scale.

### Participants

Three samples were used in the study. *Professional Population* including the medical staffs (n=35), school counsellors (n=161), *Normal Population* including university students and other professionals (n= 591) and *Inpatients Population* (n=150) constituted the total sample (n=937) of the present study.

### Procedure

After translating studies with back translation and with the bilingual application, the individual and group applications were used. After the last version of the scale's Turkish form, a Turkish-english Language specialist examine the scale and then the applications had been conducted. While the group applications were made in normal population, the inpatients and professional population applications were conducted by using individual face to face applications. Cronbach alpha coefficient and test retest correlation coefficient were computed. Split-half reliability analysis and explorative principal component factor analysis with varimax rotation and validity analysis were done.

## 3. Results

The sample has a normal distribution. Kaiser-Meyer-Olkin Measure of Sampling adequacy is .935,  $p < .001$ . (49 % female and 51 male %). The age range was between 17 – 65 and mean age is 32.61.

### Validity

*Explorative Principal Component Analysis:* The factor analysis indicated a three-factor solution, accounting for 58.5 % of the total variance. Factor 1 was accounting 42.42 % of variance. Factor 2 was accounting 9.03 % of variance, and factor 3 was accounting 7.04 % of variance. The factor structure of the scale was presented in table 1.

*The Correlation with the Other Scale:* The Pearson Correlation Coefficient between the sum score of the general self-efficacy scale and the strengthspotting scale pointed out a significantly high correlation between the two test results for normal population including professional population ( $r = .76$ ;  $p < .01$ ).

### Reliability

*The Cronbach Alpha Coefficient:* The analysis pointed out a very high internal consistency, cronbach alpha is .92 with the number of items 20 for normal population sample (n= 752).

*The Test-Retest Reliability:* The test retest reliability of the scale was computed for one week interval. The test retest reliability of the scale was very high for normal population ( $r = .84$  ;  $p < .001$ ).

*The Split-Half Reliability:* The correlation between forms is very high (.83). Spearman – Brown Coefficient is .90 with number of items (20). ( see, Table 2).

**Table 1.** The Factor Structure of The Scale

<i>SS Items</i>	Factor 1	Factor2	Factor3
1.I am able to identify people’s strengths with ease	.81		
2.I get a real buzz from identifying strengths in people			.62
3.I notice people’s strengths all the time	.78		
4.I believe I should be on the lookout for other people’s strengths			.69
5.In the last month I have suggested to a friend or colleague to try out their strengths on a new task		.65	
6.I am very effective at spotting strengths in people	.79		
7.It makes me feel good when I notice a strength in someone			.80
8.No matter where I am or what I am doing, I find that I am spotting strengths in people		.40	
9.It is very important to pay attention to people’s strengths and what they do well			.68
10.I give people suggestions for strengths use and development frequently		.69	
11.I find it easy to identify people’s strengths			.58
12.I get a deep sense of fulfilment from helping people to see what their strengths are	.62		
13.I find myself telling people about their strengths all the time		.65	
14.I believe I have a responsibility to identify and develop strengths in others		.58	
15.I always seem to know who would be the best person for which job and Why	.58		
16.I am skilled at spotting people’s strengths	.77		
17.Spotting strengths in people makes me feel happy			.76
18.I find myself identifying strengths in people in wide variety of situations		.62	
19.Helping people to understand their strengths is deeply important to me		.65	
20.People appreciate my strengths insights because my insights help them to do their best work		.68	

**Table 2.** Split-Half Reliability Statistics

Total N of items	20
Correlation Between Forms	.833
Spearman-Brown Coefficient	
Equal Length	.909
Unequal Length	.909
Guttman Split-Half Coefficient	.905

a The items are: ssi1, ssi2, ssi3, ssi4, ssi5, ssi6, ssi7, ssi8, ssi9, ssi10.

b The items are: ssi11, ssi12, ssi13, ssi14, ssi15, ssi16, ssi17, ssi18, ssi19, ssi20.

#### **4. Discussion**

The aim of the present study was to examine and investigate the Strengthspotting Scale that could be used by Turkish researchers for future inquiry, and by Turkish mental health professionals for the self-assessment of their own strengthspotting preferences and capabilities. The results in the present study have been suggested that the Turkish version of The Strengthspotting Scale is useful for the application in Turkish population. It will also enable the Turkish mental health professionals to assess more readily their own preferences and capabilities in relation to strengthspotting. Moreover, the scale can be used to encourage Turkish people to invest in developing their strengths and also to teach to think differently about both good and bad events with appreciating that there is more than one path to an emotionally satisfying life.

The factor solution of the factor analysis comprises the three factor structure with including the items belongs five dimensions of the scale.. All items demonstrated very good internal consistency reliability and convergent validity with optimism, and self-efficacy. The exploratory factor analysis with varimax rotation comprises the three factor solutions included the five dimensions' items represented by Turkish raters. Factor 1 covered the ability and emotional related items. Factor 2 included the application and frequency related items. Factor 3 was constituted by motivational related items.

Cultural context is a relevant factor in not only understanding of the strengths and strengthspotting but also the maintenance, development and perception of the strengthspotting preferences and capabilities. There should be some kind of different influences in the application of the scale (the original scale application in UK and Turkish version of it in Turkey). In other words, the differences in the characteristics of the two sample may cause this kind of factor difference. Thus the internet based application includes the different kind of sample structures for example; at least a knowledge of computer, living an urban area, working the place being an opportunity to use a computer with an internet connection. Although the factor structure of the strengthspotting scale is different between the original and the Turkish version , the evidence suggests that the internal consistency, test retest reliability, split-half reliability and with good convergent validity the strengthspotting capabilities represent a universal response to strength and strengthspotting across across many ethnocultural groups. Finally with remembering the present study sample having a very good sample structure from KMO resolution, the cultural factor may be taken into account as an one of the important influencing variable for the differences in the factor structures in the two form of the scale.

The sample of the present study, as another influencing factor in different factor structures between the original and the Turkish form, consisted of not only professionals but also university students. It would be so useful if it could have a kind of sampling consisting of only professionals. To have both professionals and the university students may be an explain variable fort he differences in the factor structure of the scale in British and Turkish Population. Additionally the patient population including inpatients and patients may cause the different the three factor solution of the Turkish version of the scale. By the way with these different sample structures provide a very good internal consistency coefficient, test-retest reliability and split half reliability with very good convergent validity. That's why The focus in this contaxt may be the cultural and ethnical sub-cultural groups' difference on the perception of strength skills and also strengthspotting preferences. Future research should be design to understand the perception on the strengths and the strengthspotting preferences in different cultures.

Mental health professionals need to recognize that much of the best work they already do in the consulting room is to amplify strengths rather than repair the weaknesses of their clients. Psychologists working with families, schools, other institutions, and corporations need to develop the atmosphere that foster their clients' strengths. The major psychological theories have changed to undergo a new science of strength and resilience. No longer do the dominant theories view the individual as a passive vessel responding to stimuli; rather, individuals are now seen as decision makers, with choices, preferences, and the possibility of becoming masterful, efficacious. As mental health professionals, we are still in the very early stages of understanding the influences of cultural context of the strength perception, optimism, self-efficacy, and the meaning of flourishing self and environment.

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