Chapter #5

GOAL ATTAINMENT IN SELF-CARE: THE MEDIATING ROLE OF COMMITMENT IN THE RELATIONSHIP BETWEEN MOTIVATION AND GOAL PROGRESS

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ABSTRACT
The purpose of the study was to examine the relationship between goal commitment, self-concordance and goal progress as goal dimensions in the area of self-care. The study tested if goal commitment would mediate or moderate the relationship between self-concordance and progress towards self-care goals. With respect to this aim, 156 participants (aged 18-26 y; 77 M, 79 F) reported their motivation for pursuing selected self-care goals (4 items), assessed their commitment to them (3 items) and examined the perceived progress they had already made (2 items). Correlational analysis confirmed close relationships between self-concordance, goal commitment and goal progress in both cases (goals in the areas of physical as well as psychological self-care). Further analysis confirmed that in both areas, the relationship between self-concordance and goal progress is mediated and not moderated by goal commitment. The findings are discussed in the context of goal dimension structure and in the context of self-care stimulation and effectiveness.

Keywords: self-concordance, goal commitment, goal progress, self-care.

1. INTRODUCTION

Self-care plays an important role in the well-being and life satisfaction of an individual. In the area of work, self-care can help in coping with stress. This is particularly important in helping professions in which long-term stress and phenomena such as burnout, secondary trauma or compassion fatigue are frequently observed (Cox & Steiner, 2013). In addition, motivation to attain certain goals, commitment to these goals and perceived progress in attaining these goals also play an important role in this area. The aim of the study was to verify the hypothesis that perceived progress in self-care is associated with motivation, as defined by the self-concordance model, and that the relationship between motivation and perceived progress is mediated or moderated by commitment to self-concordant goals.

1.1. Goal attainment
Goals add structure to our everyday activities. Making progress in goals connected to intrinsic aspiration leads to the feeling that “one is alive and energized” (Hope, Milyavskaya, Holding, & Koestner, 2016, p. 100). Goals function as objects or aims of behaviour and standards for assessing one’s satisfaction. They direct, energize and motivate people as well as affecting their persistence (Latham, 2004). Goal intentions make a commitment to act and are important predictors of attainment; the stronger the intention is, the greater the probability of its realization (Gollwitzer & Sheeran, 2006).
The setting of goals is a discrepancy-creating process representing the difference between one’s present condition and the desire to achieve a future valued outcome. Feedback is one of the key moderators in goal setting (Locke & Latham, 2006). People need feedback in order to monitor their goal progress and to adjust the necessary effort and/or modify their strategy (Latham, 2004). Feedback principles have been defined within the control theory of behaviour. The comparison between a goal (a reference point) and a perceptual input (the identification of one’s progress towards a goal) is how living systems make adjustments in the output function. In order to diminish the perceived discrepancy (deviation from the standard) the actions of approach are induced. The self-regulation of the goals which one wants to avoid or “anti-goals” results in a discrepancy-enlarging loop to escape from these goals (Carver & Scheier, 2002).

Human behaviour is purposefully directed action regulated by an individual’s goals. Goal-setting research has studied the relationship of goal attributes in better performance of people. The most important finding has been that performance is a linear function of goal difficulty when there is adequate ability and commitment to the goal. Given enough ability, the performance drop at high goal difficulty levels occurs with only a large decrease in goal commitment (Latham & Locke, 1991).

Goal commitment refers to the extent to which an individual is attached to the goal. In other words, if he considers it important, wants to reach it and keep it despite any obstacles. It is a major aspect of goal intensity – the attribute of goals referring to the mental effort or scope involved in a mental process. Less committed people give up in the face of hard goals and may favour easier ones (Latham & Locke, 1991). The relinquishment of commitment involves the reduction in the importance attached to the goal. By this, the goal is redefined as not important for one’s welfare. The reduction of the goal’s importance involves a reorganization of the self-concept and change in identity. The commitment to personal goals and confidence fosters persistence and perseverance when one is confronted by adversity (Wrosch, Scheier, Carver & Schulz, 2003).

If there is no commitment, then difficult goals do not enhance performance. It means that commitment to those goals is a necessary condition of the persistence in pursuing it. A significant factor that increases one’s commitment is volition. Free engagement in actions implies self-consistency. Self-set goals are more psychologically binding than assigned goals that can be attributed to external sources. Research has found that individuals with a high need for achievement have higher commitment in self-set conditions when the goal originates from the self-concept. Subjects with a low need for achievement would very likely achieve commitment in reaching difficult goals only in reward-punishment types of situations (Hollenbeck, Williams & Klein, 1989). Goals without commitment, an essential moderator of goal directed behaviour, are motivation free (Klein, Wesson, Hollenbeck, Wright, & DeShon, 2001).

1.2. Self-concordance

According to the self-concordance theory (Sheldon & Elliott, 1999), the self-concordance of goals reflects the degree to which the stated goals express the enduring interests and values of an individual. In the context of self-determination theory (Ryan & Deci, 2000), self-concordance can be characterized as the extent to which basic psychological needs are fulfilled. The development of the self-concordance theory was influenced by self-determination theory, the earlier macro-theory, explaining how underlying motives influence goal accomplishment (Downes, Kristof-Brown, Judge & Durnold, 2017). Self-concordance is operationalized as a continuum of internalization that consists of external regulation, which controls the behaviour of an individual on the basis
of reward or punishment, *introjected regulation* of avoidance of guilt and discounting, *identified regulation* of acting in the context of personally important values and *integrated regulation* that expresses the inherent identification of an individual with what she or he does (Chirkov, Kim, Ryan & Kaplan, 2003).

Deci and Ryan (2008) have said that the quality of motivation plays a more important role in predicting many important outcomes than the total amount of motivation. When the striving for goals is authentic and autonomous, further personality development is enabled which promotes people’s life goals or aspirations, vitality and the satisfaction of basic psychological needs. The coherence of striving for the satisfaction of one’s organismic needs and acting for more autonomous reasons are predictors of engagement in meaningful activities, daily mood and vitality (Sheldon & Kasser, 1995). Goals selected and pursued for self-determined reasons foster goal attainment, facilitate optimal functioning and increase personal well-being (Ryan & Deci, 2000; Sheldon & Kasser, 1998). People feel a sense of autonomy and experience self-endorsement in their actions or volition in the process of pursuing a goal (Deci & Ryan, 2008). Therefore, the self-determination theory of human motivation and personality highlights the importance of self-motivation in behavioural regulation. Controlled motivation defines the experience of the pressure to think, feel or behave in certain ways and stands in contrast to self-motivation (Ryan & Deci, 2000). Koestner, Lekes, Chicoine and Powers (2002) refer to this by introducing the term *self-concordance* which they define as the degree to which a goal reflects personal values and interests.

### 1.3. Self-care

There is no single definition of self-care which has been broadly accepted. Different professions view self-care within their own domain of practice. Self-care can be characterized as the deliberate care performed by individuals to improve their physical and mental health in order to maintain well-being (Godfrey at al., 2011). Richard and Shea (2011) define self-care as “the ability to care for oneself and the performance of activities necessary to achieve, maintain or promote optimal health” (p. 261). Orem’s self-care deficit theory of nursing (Orem, 1991) emphasizes the meaning of self-care for the regulation of human functioning and promotion of personal development. The term self-care is associated with other concepts such as the concept of self-management, self-monitoring, symptom management and self-efficacy (Richard & Shea, 2011).

Self-care plays an important role in well-being and life satisfaction. It is a basic prerequisite for personal prosperity in various areas of life for an individual. Moreover, people who make more progress and strive for more autonomous reasons in the process of goal attainment experience a more enhanced sense of well-being. Self-determination is therefore an important moderator in the impact of goal progress on well-being (Sheldon & Kasser, 1998).

The study of self-care has unfortunately been incorrectly reduced to health-care. Self-care is not only about health and illness but also includes psychological and spiritual components (Lovaš, 2014). Carroll, Gilroy and Murra (1999) have defined self-care as the integration of physical, emotional, cognitive, play and spiritual elements. Specifically, therapists with a high commitment to self-care regularly practice self-care strategies and believe that self-care is also an important protective factor in avoiding unethical treatment with clients.

As a result, Lovaš (2014) has argued that there is a need for an understanding of self-care in a wider context. He regards the performed activities of self-care as external manifestations of self-regulatory processes. The strength model of self-control (Baumeister,
Vohs & Tice, 2007) provides a useful basis for balancing the negative consequences of ego depletion such as burnout or other pathological states. Failures in self-care have probably been caused by a similar reduction in the capacity to regulate self-care activities, especially in the helping professions.

2. OBJECTIVES

The aim of the present study is to investigate whether goal commitment mediates or moderates the relationship between self-concordance and goal progress. The purpose of the research is to study these relationships in the context of self-care goals. Goal setting theory explains why some people perform better in the process of goal-directed behaviour. The initial hypothesis was that the goals affect performance and motivate action. The setting of a goal is a discrepancy-inducing process and as such permits people to perceive progress towards a specific goal. Following this, the theory attempts to specify the regulatory mechanisms, causal factors and moderators of performance (Latham & Locke, 1991).

It is hypothesised that perceived progress in self-care is associated with self-concordance and that the relationship between them is mediated or moderated by goal commitment.

3. METHOD

3.1. Participants and procedure

The participants were 156 undergraduate students (79 females, 77 males) aged 18-26 (M = 22.03, SD 2.04). A non-probability sampling technique was used. The respondents were asked to choose from a structured list of goals the one that was the most important to them. Then they completed scales related to that goal. Goal characteristics were measured twice; once in the area of physical self-care and the second time in the area of psychological self-care.

4. MEASURES

Three goal variables were examined; self-concordance, goal commitment, goal progress. These can be found in the research of personal goals by Koestner et al. (2002) and Monzani et al. (2015). At the beginning, instructions were given: „In different spheres of your life you undoubtedly pursue some goals that you intend to implement. They represent intentions, plans and projects. We would like to know about the characteristics of your goals in the sphere of self-care.” A list of the most frequent goals that were chosen by participants for physical self-care include “improve physical fitness (29.5%)”, “eat healthily (18.6%)”, “gain muscles (26% of males)”, “lose weight (16.5% of females)” and for psychological self-care “autonomy and independence (31.4%)”, “have my destiny firmly in the hands (16.7%)”, and “purposefulness and diligence (12.8%)”.

4.1. Goal self-concordance

The participants were asked to rate their motivation – why they strived to attain that goal. External, introjected, identified and intrinsic reasons were measured by using four items rated on a scale of 1 (not at all for this reason) to 7 (completely because of this reason). The items were: „striving because somebody else wants you to or because you’ll get something from somebody if you do“, „striving because you would feel ashamed,
guilty, or anxious if you didn’t strive for this“, „striving because you really believe it’s an important goal to have – you endorse it freely and wholeheartedly“, and „striving purely because of the fun and enjoyment that striving provides you.” According to Koestner et al. (2002), the self-concordance score is calculated by deducting the sum of the external and introjected regulation from the sum of the intrinsic and identified regulation.

4.2. Goal commitment

Goal commitment was assessed by using three items: „No matter what happens, I will not give up this goal“, „I have the urgent feeling to immediately start working on this goal“, „Even if it means a lot of effort, I will do everything necessary to accomplish this goal.“ They were rated on a 1 (completely disagree) to 7 (strongly agree) scale. The reliability for physical self-care was α = .784 and for psychological self-care α = .767.

4.3. Goal progress

Goal progress was assessed by using two items: „I have made a great deal of progress concerning this goal“, „I have had quite a lot of success in pursuing this goal.” Both were rated on a scale of 1 (completely disagree) to 7 (strongly agree). The internal consistency of the items was α = .849 for physical self-care and α = .872 for psychological self-care.

5. RESULTS

5.1. Preliminary analyses

The means and standard deviations were calculated for all goal variables. The participants tended to pursue goals for mostly autonomous reasons. They reported high goal commitment and success in progress towards their goals (M = 48.92 % completion in physical self-care goal, M = 57.36 % completion in psychological self-care goal). The relationships among the variables were explored using correlational analysis.

Table 1 shows that the results of the analyses in the sphere of physical as well as psychological self-care were similar. Self-concordance was significantly positively related to goal commitment and goal progress. Commitment was significantly positively related to goal progress.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical self-care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Self-concordance</td>
<td>4.51</td>
<td>3.84</td>
<td></td>
<td>.36**</td>
<td>.20*</td>
</tr>
<tr>
<td>2. Goal commitment</td>
<td>15.37</td>
<td>3.75</td>
<td></td>
<td></td>
<td>.59**</td>
</tr>
<tr>
<td>3. Goal progress</td>
<td>8.81</td>
<td>2.92</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological self-care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Self-concordance</td>
<td>4.42</td>
<td>3.49</td>
<td></td>
<td>.35**</td>
<td>.20*</td>
</tr>
<tr>
<td>2. Goal commitment</td>
<td>16.42</td>
<td>3.40</td>
<td></td>
<td></td>
<td>.35**</td>
</tr>
<tr>
<td>3. Goal progress</td>
<td>9.99</td>
<td>2.60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05, ** p < .01
5.2. Mediation

The classical mediation model was tested, as shown in Figure 1, using the Process Macro for SPSS. In the case that the 95% confidence interval did not include 0, the effect was considered significant.

Figure 1 shows the values of the regression coefficients and direct effects of motivation on goal progress. The direct effects of self-concordance on progress were not statistically significant.

![Figure 1. Mediation model of goal progress and pairs of regression coefficients. Values in bold are significantly different (95% CI, p < 0.001). Values above represent the measurement in physical self-care and values below represent the measurement in psychological self-care.](image)

It was found that goal commitment mediated the relationship between self-concordance and goal progress. Table 2 shows the results of the indirect effects using the bootstrap method. In order to examine the significance of the mediation effect, a Sobel test was also carried out. The results indicate the full mediation for the model of physical and psychological self-care, respectively.

<table>
<thead>
<tr>
<th>Indirect effects</th>
<th>Estimate (SE)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>physical self-care</td>
<td>.163 [.038]</td>
<td>[.096; .248]</td>
</tr>
<tr>
<td>psychological self-care</td>
<td>.083 [.027]</td>
<td>[.041; .148]</td>
</tr>
</tbody>
</table>

*Note. Test for indirect effect in physical self-care (p < .001) and in psychological self-care (p = .003).*

5.3. Moderation

For the goals in physical and psychological self-care, a simple moderation model was also tested using the Process Macro for SPSS. The interaction between self-concordance and goal commitment in physical self-care contributed to the variance of goal progress (b = .026, SE = .012, p = .038, 95% CI [.001, .050]) and explained an additional 1.6% of the variance in goal progress.

In order to describe the nature of the interaction effect, the Johnson-Neyman technique was used. It identified a moderator value -9.987 (scale score 5.385, M = 15.372, SD = 3.745, Min = 4, Max = 21), a transition point between a region of significance and a region of non-significant effect of the moderator on a dependent variable at which the
predictor is related to outcome (Hayes & Rockwood, 2016). Only 1.9 % of the sample fell within this region of significance.

The result was a negative conditional effect of self-concordance on goal progress. As commitment decreases, the relationship between self-concordance and goal progress becomes more negative with the lowest commitment score. The link between self-concordance and goal progress towards psychological self-care goal was not moderated by commitment ($b = .008, SE = .015, 95\% CI [-.023, .038]$).

The results of the moderation analysis supported the assumption of goal commitment as a mediator and not a moderator.

6. DISCUSSION

Goal commitment is usually conceptualized as a moderator variable which moderates, for example, the relationship between goal difficulty and performance (Klein, Wesson, Hollenbeck & Alge, 1999) or the relationship between goal progress and subjective well-being (Brunstein, 1993). Goal commitment has many definitions and the assumption of moderation is not valid in all its concepts (Tubbs, 1993). The use of commitment as a moderator has typically been inconsistent with the results of studies (Hollenbeck & Klein, 1987). Moreover, attempts to empirically verify its moderating role have usually been unsuccessful (Tubbs, 1993).

According to Latham and Locke (1991), goal commitment can operate as a moderator of performance as well as a direct causal factor. Tubbs (1993) has argued that self-report measures of commitment are less effective when a moderating relationship is explored and thus often results in rejecting the moderation hypothesis. Wright, O’Leary-Kelly, Cortina, Klein and Hollenbeck (1994) did not agree with this claim and have considered commitment as “an attitude about a particular goal (personal or assigned) that is best measured directly via self-report measures” (p. 801).

The aim of this study was to investigate the relationship between motivation and perceived progress. It performed a mediation as well as a moderation analysis. There was support for the current hypothesis that goal commitment mediates or moderates the relationship between motivation and goal progress. Progress in achieving self-concordant goals is an outcome of higher goal commitment to them which works as a mediator of the relationship. There has been little research with similar results. For example, Sue-Chan and Ong (2002) found goal commitment and self-efficacy to be complete mediators of the goal assignment-performance relationship. Monzani et al. (2015) tested the role of commitment and other personal goal dimensions in fostering goal progress and assessed the mediational effect via commitment between expectancy and progress as well as between value and progress. The mediational effect of commitment was found to be statistically significant (Monzani et al., 2015).

Despite the primary focus on the interrelations of variables, the study has broadened the area of very limited research in the field of psychological self-care. It has verified the existence of a mediation effect in two models; one for the physical self-care goal and the other for the psychological self-care goal. The limitations of this study are the self-reported measures of goal progress which may not reflect objective reality. In addition, the structured lists of goals instead of using open questions meant that the participants did not have a greater freedom of choice. On the other hand, the study tried to create an exhaustive list of goals which could ease the selection. The most frequent goals people may have in the field of physical and psychological self-care were included.
The present study contributes to the knowledge of the self-concordance theory and the process of goal attainment. Recent research has suggested that more self-concordant goals are more likely to be successfully accomplished because pursuing those goals feels easier. Greater goal progress is made because of subjective ease, and not because people exert more actual effort in order to reach a truly wanted goal (Werner, Milyavskaya, Foxen-Craft & Koestner, 2016). When people pursue such goals they also experience fewer obstacles, which prevent people from goal non-attainment (Milyavskaya, Inzlicht, Hope & Koestner, 2015).

7. FUTURE RESEARCH DIRECTIONS

For future self-care research, there should be greater concentration on the psychological aspects of self-care. Moreover, it would be beneficial to study self-care as a self-regulatory process. The intention of this could be to help improve the ability to strategically regulate the failures in self-care activities. Practically, there could be the creation of an intervention program based on the findings of the current research. The importance of goal commitment in the process of attaining self-care goals is evident and the main objective would be to make the commitment increase. In further research, it is recommended to study these relationships experimentally. This is the most appropriate way for drawing casual conclusions.

8. CONCLUSION

The aim of the present study was to measure the mediational and moderation effect of goal commitment in the relationship between self-concordance and goal progress. The goal of the research was to study these relationships in the context of self-care goals. It was hypothesised that goal commitment mediates or moderates the relationship between motivation and goal progress. In conclusion, the results have shown the indirect effect of self-concordance on goal progress through goal commitment. Self-concordance leads to goal commitment which works as a regulatory mechanism of goal progress. The results of the moderation analysis have supported the findings of goal commitment as a mediator variable. The most reported goal among participants in physical self-care was the goal of improving physical fitness and in psychological self-care the goal for autonomy and independence.

The current research offers an explanation as to how self-concordance, goal commitment and goal progress function with each other. It contributes to knowledge by the model which explains the relationship between self-concordance and goal progress through goal commitment as the mediator variable. Motivation as an indirect casual factor increases goal commitment which in turn increases goal progress.

REFERENCES


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