

An Investigation into the Effectiveness of Group Life Skills Training on Life Expectancy and Psychological Well-Being of Female Students

Mansour Sodani^{1*}, Soghra Bodaghi Mehregan² and Mahnaz Mehrabizadeh Honarmand³

¹Department of Counseling and Guidance, Shahid Chamran University of Ahvaz, Ahvaz, Iran

²Family Counseling, Shahid Chamran University of Ahvaz, Ahvaz, Iran

³Department of Clinical Psychology, Shahid Chamran University of Ahvaz, Ahvaz, Iran

Abstract

This study aimed to investigate the effectiveness of group life skills training on the life expectancy and psychological well-being of female students under the auspices of Shahid Chamran University of Ahvaz. The population of the present study consisted of all female students under the auspices of Shahid Chamran University of Ahvaz in 2016-17. The sample included 50 students who obtained the lowest scores in the Snyder's Life Expectancy Scale and Ryff's Psychological Well-being Scale. They were randomly assigned to experimental group and control group. This semi-experimental design consisted of a pre-test, post-test and follow-up. Firstly, both groups responded to the research tools, and then the experimental group received 13 sessions life skills training, each session 90 minutes (one session per week), while the control group did not receive any intervention. Once the intervention was over, both groups responded to the research tools and the follow-up test was performed one month after the post-test on both groups. The findings were analyzed using MANCOVA. The results showed that life skills training increased life expectancy and psychological well-being in experimental group compared to control group. According to the results, life skills training could be used to increase the life expectancy and psychological well-being of girls.

Keywords: Life skills; Life expectancy; Psychological well-being

***Correspondence to:** Sodani M, Department of Counseling, Shahid Chamran University of Ahvaz, Iran, E-mail: sodani_m@scu.ac.ir

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Introduction

Psychological well-being is a social need since the desirable performance of a community depends on those who are in a good state of psychological well-being (Movahed Abtahi, 2009, quoted by Parvaneh, Momeni, Parvaneh and Karimi, 2014). In the 21st century, a group of psychologists realized that humans had to spend their rational energy on the positive aspects of their experiences (Myers, 2000). According to positivist psychology, individuals' health is associated with various factors such as happiness, life expectancy and psychological well-being. Therefore, those with higher psychological well-being have more positive characteristics, such as happiness, hope and well-being (O'Hanlon and Bertolino, 2011; Luthans, Luthans and Luthans, 2004; Ryan and Deci, 2001). Research has shown that psychological well-being among students of night schools under the auspices of the Relief Committee is lower than those of ordinary school students. For example, Shakiba and Ziaei (2012) showed that depression, anxiety and paranoid thoughts were higher in female students of night schools than in other schools. The results indicated that these students have lower psychological and psychological well-being than students in ordinary schools. Psychological well-being is a positive feeling and a general

satisfaction of life that encompasses self and others in family, education and the like.

In a study titled "Urbanization and psychological well-being in developing countries", Harpham (2004) showed that problems such as poverty, failure in education, inappropriate environment, high levels of insecurity in society have a great impact on the well-being of individuals. Over the past few decades, Ryff (1989) presented a model of psychological well-being. Psychological well-being in adolescence has always been a focus of public attention and academic research. Ryff's six-factor model of psychological well-being potentially provides a comprehensive theoretical framework for investigating positive functioning of adolescents. However, previous studies reported inconsistent findings of the reliability and validity of Ryff's Scales of Psychological Well-being (SPWB). The dimensions of psychological well-being include self-acceptance (the ability to see and accept one's own strengths and weaknesses), positive relation with others (having a close relation with people) autonomy (ability to pursue demands and practice based on individual principles, even if it is contrary to customs and social demands), purpose in life (having goals that make life purposeful to the individual), personal growth (talents and



potential abilities of the individual will be actualized over time and during the lifetime) and environmental mastery (the ability to regulate and manage life issues, especially routine issues (Huppert, 2008). Researches shown that psychological well-being is associated with components of socioeconomic status, gender, marital status, support (Fritzell, Weitof, andBurstrom, 2007), family relations and kinship, social relations, physical weakness, age and welfare facilities (Emek-Savas, Güntekin, Yener, andBaşar, 2015).

One of the variables that is closely related to psychological well-being is hope. Hope is one of the significant aspects of positive psychology that has been identified as a cognitive-motivational construct. It has a mutual relationship with elements of goals, methods, strategies and motivations. It has been shown that hope is influenced by people's knowledge of the expectations and ability to achieve important goals in life (Snyder, Feldman, Sherry Shoreyand, 2002). Davis (2005), Snyder and Tsukasa (2005), and Ong, Edwards and Bergemen (2006) suggest that there is a positive relationship between hope and the well-being of individuals. Over the past two decades, Snyder, Erwin and Anderson (1991) have attempted to measure hope. Snyder introduced hope as the main goal of therapy and defined hope as a construct which includes the ability to develop passages to achieve the desirable goals, in spite of the existing barriers and the creation of incentives (Snyder and Lopez, 2003).

According to studies, high life expectancy is directly associated with physical and psychological well-being, high self-esteem, positive thinking and good social relations (Griffin, Loh, andHesketh, 2013). Previous research has indicated that hope is also associated with important variables such as social support, behavioral problems and personality traits (Snyder, Lapointe, Crowson, and Early, 1998; Valle, Huebner, andSuldo, 2004). Orphaned teenagers experience higher levels of stress than normal teenagers and are more prone to psychological disorders such as depression. As a result, they may lose hope for the future (Ahmadi, Gozestani, Abedini, Ismaili and Faramarzi, 2016). Inefficient problem solving and negative attitudes to the incidents are factors that affect disappointment. Negative attitude to childhood events, such as abuse and attribution of them to internal factors is disappointing for individuals (Courtney, Johnson and Alloy, 2008, quoted by Ahmadi et al. 2016.) Lack of a coherent family can make people feel lonely and hopeless. Having a sense of loneliness is one of the common symptoms of a depressive disorder (Steger, Kawabata., Shimai andOtake, 2008).

In today's world, psychological principles can be used to find new ways of life and prevent personal, familial and social problems. A life skills training program refers to a set of abilities that, according to UNICEF (2007), is a change-based or behavioral-based approach aimed at balancing knowledge, attitude and skill. These skills increase the ability of individuals to cope effectively with different situations and are regarded as a primary preventive factor. They enable individuals to accept responsibilities and address the challenges and problems of everyday life (Wellford, 2005).

The World Health Organization (WHO) (1994) defines the skills of life as abilities which enhance the psychological well-being of the individuals, human relations, increase well-being and healthy behaviors and develop decision-making, problem-solving, creative thinking, critical thinking, effective communication, interpersonal relationship skills, self-awareness, empathy, coping with emotions and coping with stress.

Meanwhile, it seems that students who are under the auspices of the

Relief Committee need to develop basic skills in order to have a better life expectancy and psychological well-being since they experience certain social, economic and psychological conditions. Particularly, female students are prone to such conditions more than any other people. Given that the effectiveness of training basic life skills in female students under the auspices of the Relief Committee, especially the effectiveness of these skills on the life expectancy and psychological well-being has not been paid much attention in the research, the present paper seeks to address whether life skills training is can increase the life expectancy and psychological well-being of female students under the auspices of the Relief Committee.

Methods

This semi-experimental design consisted of a pre-test, post-test and follow-up. Firstly, both groups responded to the research tools, and then the experimental group received a 13-minute session on life skills training (one session per week), while the control group did not receive any intervention. Once the intervention was over, both groups responded to the research tools and the follow-up test was performed one month after the post-test on both groups. The findings were analyzed using MANCOVA. The results showed that life skills training increased life expectancy and psychological well-being in experimental group compared to control group. Likewise, 50 female undergraduate students volunteered to participate in the study and at the Snyder's Hope Scale and the Ryff's Psychological Well-being Scale were selected in an accessible manner and were randomly assigned to experimental and control groups.

The inclusion criteria were the satisfaction of the subject to participate in the research and at least 2 years of training. The experimental group participated in group life skills training in 13 sessions of 90 minutes, while the control group did not receive any interventions. Before performing the independent variable (life skills training), a pretest was performed. After performing the independent variable, the subjects of the two groups responded to the research tools. The follow-up test was performed one month after the post-test on both groups. The following tools were used to collect data.

Ryff's Psychological Well-being Scale

This scale consists of 84 items that assess the six dimensions of psychological well-being of individuals, including self-acceptance, positive relation with others, autonomy, environmental mastery, purpose on life and personal growth. A higher score indicates a higher psychological well-being. This test varies from "completely disagree" to "strongly agree" (1-6). Likewise, 47 items are scored directly and 37 items are scored reversely. Bayani, Mohammad-Koochaki and Ashoori (2008) assessed the validity and reliability of an 84-item version on a sample of 145 students of Azad University. The results showed that the coefficient obtained for the total score, environmental mastery, positive relation with others, personal growth, self-acceptance, purpose on life and autonomy was 0.82, 0.77, 0.77, 0.78, 0.71, 0.70 and 0.78, respectively. To assess the validity of the scales, Oxford Happiness Questionnaire and Rosenberg Self-Esteem Questionnaire were used. The correlation between the scores of these tests and the psychological well-being scale was 0.47, 0.58, and 0.46, respectively (Bayani et al. 2008). Cronbach's alpha coefficient was 0.89 for the Ryff's Psychological Well-being Scale.

Snyder's Hope Scale

This scale is applicable to all individuals, including psychiatric patients (Grewal and Porter, 2007) and individuals aged 15 years



and older (Koohsarian, 2008, quoted by Kermani, Khodapanahi and Heidari, 2011). This scale consists of 12 items that assess the life expectancy and varies from “strongly disagree” to “strongly agree” (1-8). Likewise, 4 items are misleading and no scores are assigned to them. Accordingly, 4 items assess the subscale of factor thinking and 4 items assess the subscale of strategic thinking. Khalaji (2007, quoted by Kermani et al. 2011) argued that the reliability of this scale was obtained through Cronbach’s alpha (0.70). Kermani et al. (2011) investigated the construct validity using confirmatory factor analysis. They showed that the scale consists of factor and strategic thinking. Given the correlation between the suicidal thoughts scale and perceived social support, there was a negative relationship between hope scales scores and suicidal thoughts scale scores. Moreover, there was a positive relation between perceived social support scales and purpose on life. Cronbach’s alpha coefficient was 0.7 for hope scale.

A protocol consisting of 13 sessions was used to achieve the objectives (World Health Organization, Translated by Nouri Ghasemi Abadi and Mohammad Khani, 1998).

Session 1: Introducing participants; providing explanations on life skills.

Session 2: Achieving self-awareness; recognizing abilities, talents, beliefs and values; identifying weaknesses and strengths.

Session 3: Familiarization with different styles of problem solving and constructive problem solving steps; avoiding ideals; freeing the mind.

Session 4: Understanding the types of thinking; developing methods for enhancing creativity; increasing the power of mental visualization, increasing creativity.

Session 5: Understanding the principles and stages of critical thinking; understanding the uses of critical thinking.

Session 6: Familiarization with a variety of rational decision-making processes.

Session 7: Considering the importance of interpersonal communication; defining an effective relationship and identifying its components; learning how to establish a good and effective relationship.

Session 8: Learning how to communicate with other people effectively; developing the ability to see things from the perspective of others.

Session 9: Familiarization with active listening skills and its role in relationships; identifying effective factors in maintaining interpersonal relationships.

Session 10: Defining empathy and enhancing empathy skills.

Session 11: Developing the ability to show potentials and capabilities in the family and community; developing the ability to refuse.

Session 12: Identifying the types of emotions (positive and negative); familiarization with the emotion formation cycle; developing the ability to deal effectively with emotions.

Session 13: Familiarization with the concept of stress and its difference with anxiety; identifying the signs and effects of stress.

The data were analyzed using SPSS (version 20), ANCOVA and MANCOVA.

Findings

50 female students with an average age of 24.82 participated in this study. Table 1 shows the descriptive information of the research variables.

According Table 1, the mean (and standard deviation) of the total scores of pre-test, post-test and follow-up of the life expectancy for the experimental group were 40.88 (5.637), 48.88 (4.475), 46/24 (4.798). While the scores obtained by the control group were 44.44 (5.447), 45.28 (5.343) and 44.40 (4.726), respectively. Likewise, the mean (and standard deviation) of the total scores of pre-test, post-test and follow-up of the psychological well-being for the experimental group were 302.32 (15.1991), 342.48 (205.04), 344.4 (12.663). While the scores obtained by the control group were 315.92 (15.28), 322.72 (17.8827) and 31.388 (16.755), respectively.

Given the F-value, life expectancy (F=0.4) and psychological well-being (F=0.01) were not significant at 0.05 (p>0.05); therefore, life expectancy and well-being variance was not different between the two groups (experimental group and control group). According to the results (life expectancy, F=2/323, P=0.1; psychological well-being, F=0.122, p=0.9), homogeneity of regressions was assumed. ANCOVA was used to analyze the data. The results are presented in Table 2.

As shown in Table 2, there is a significant difference between the experimental group and the control group in terms of dependent

Table 1. Mean and standard deviation of pre-test, post-test and follow-up scores for variables.

Test	Variable	Experimental Group		Control Group	
		Mean	SD	Mean	SD
Pre-test	Life expectancy	40.88	5.37	44.44	5.447
	Psychological well-being	302.32	15.991	315.92	15.240
Post-test	Life expectancy	48.44	4.475	45.28	5.343
	Psychological well-being	342.48	20.054	322.72	17.728
Follow-up	Life expectancy	46.24	4.798	44.40	4.726
	Psychological well-being	352.44	12.653	316.88	16.755

Table 2. ANCOVA to examine the life expectancy and psychological well-being of the experimental group and the control group at the post-test phase.

Statistical power	Effect size	Significance level	df error	df hypothesis	F	Value	Test
0.99	0.49	0.001	45	2	21.8	0.49	Pillais Trace Test
0.99	0.49	0.001	45	2	21.8	0.5	Wilk's Lambda Test
0.99	0.49	0.001	45	2	21.8	0.96	Hotelling effect Test
0.99	0.49	0.001	45	2	21.8	0.96	The largest root



variables in the post-test phase at $p < 0.05$. Accordingly, it can be stated that there is a significant difference between the two groups at least in terms of one of the dependent variables (life expectancy and psychological well-being). The results are shown in Table 3.

According to Table 3, there is a significant difference between the experimental group and the control group in the post-test phase in terms of life expectancy variable ($p = 0.001$, $F = 44.48$). Likewise, life skills training is effective on life expectancy. Moreover, there is a significant difference between the experimental group and the control group in terms of psychological well-being ($p = 0.001$, $F = 26.23$). Accordingly, it can be argued that life skills training is effective on psychological well-being.

The results of the effectiveness of life skills on life expectancy and psychological well-being of the two groups at the follow-up phase are shown in Table 4.

As shown in Table 4, there is a significant difference between the experimental group and the control group in terms of dependent variables at the follow-up phase at $p < 0.05$. Accordingly, it can be argued that there is a significant difference between the two groups at least in terms of one of the dependent variables (life expectancy and psychological well-being). The results are shown in Table 5.

According to Table 5, there is a significant difference between the experimental group and the control group in the follow-up phase in terms of life expectancy ($F = 34.78$) and psychological well-being ($F = 25.56$) at $p = 0.001$. Therefore, these results indicate that life skills training has a positive effect on the life expectancy and psychological well-being in the follow-up phase.

Discussion and Conclusion

This study aimed to investigate the effectiveness of group life skills training on the life expectancy and psychological well-being of female students under the auspices of the Relief Committee. According to the results, life skills training increased life expectancy and psychological well-being of female students in experimental group, compared to control group. These results are in good agreement with those of other studies on the effectiveness of life skills training on life expectancy (Farnoodian, Vafa and Chegini, 2014; Daneshmand and Lotfi Zadeh, 2014; Kasravi, 2011; Shirkvand, Gholami-Haidari, Arab-Salariyah and Ashoori, 2016 and Kazemi, 2014) and psychological well-being (Massoudin Nasab, 2014; Wichroski,

Zunzand Forshay, 2000; Atadokht, Nowroozian and Ghaffari, 2014; Ahmadi Sarkhoni, Saadat Zadeh and Zinolipour, 2014; Aghayousefian Sharif, 2011; Safresarq, 2010; Shaghaghian and Rezaei Kargar, 2010). By participating in a life skills training program, individuals can learn about the constructive problem-solving techniques, creative thinking and critical thinking skills. Using these skills, individuals can detect effective strategies for coping with difficult or problematic situations in everyday life (Cassidy and Long, 1996; Sowden, Pringle and Gabora, 2015). In addition, individuals can develop creative thinking skills in order to obtain a positive attitude toward life and future prospects (Shaghaghi and Rezaei Kargar, 2010). Self-awareness skills are one of the most important skills that can help one cope with psychosocial problems, anxiety, depression and feelings of humiliation. It may also contribute to self-awareness to a great extent. This skill may increase the satisfaction with life, self-confidence and hope. Moreover, decision-making skills helps a person to evaluate his choices from different angles in order to achieve his goals. Therefore, he/she is less likely to fail (Boulhari et al. 2013).

The mastery of life skills makes it easy for a person to recognize him/herself, to understand others and establish effective relationships with them, cope with everyday stress, effectively solve problems, make appropriate decisions and refuse to accept the information without processing (Khalidian, 2014). Learning life skills makes people more aware of themselves and the environment. It helps them recognize their strengths and weaknesses, accept the facts better and adapt to them correctly. Moreover, group trainings can also have a positive impact on individuals. The fact that a person feels that others also have similar problems helps him/her to accept reality and better cope with it (Shirkvand et al. 2016). A relational communication helps individuals to show others with verbal and nonverbal behaviors that they listen carefully to their conversations. Moreover, individuals can use strategies for settling interpersonal disputes. Once the ability to accept different thoughts and people is developed, one will learn how to trust others, how to establish relations with others, how to maintain interpersonal boundaries and how to protect one's privacy and, if necessary, how to end a relationship. (Boulhari et al. 2014). Developing skills to deal with emotions and the ability to cope with stress enable individuals to recognize the emotions in themselves and others and to show an appropriate response to different emotions. However, when it comes to negative emotions such as stress, sadness and anger, one can effectively deal with them (Sekhavat, 2014).

Table 3. Using ANCOVA results to examine the life expectancy and psychological well-being of the experimental group and the control group at the post-test phase.

Level of Significance	F	Square Sum	Degree of Freedom	Square Sum	Test
0.001	44.48	324.728	1	387.728	Life expectancy
0.001	26.23	6961.94	1	6961.94	Psychological well-being

Table 4. Using ANCOVA results to examine the life expectancy and psychological well-being of the experimental group and the control group at the follow-up phase Statistical power.

Statistical Power	Effect size	Significance level	df error	df hypothesis	F	Value	Test
0.99	0.43	0.001	45	2	17.03	0.43	Pillai's Trace Test
0.99	0.43	0.001	45	2	17.03	0.56	Wilk's Lambda Test
0.99	0.43	0.001	45	2	17.03	0.75	Hotelling effect Test
0.99	0.43	0.001	45	2	17.03	0.75	The largest root

Table 5. Using ANCOVA results to examine the life expectancy and psychological well-being of the experimental group and the control group at the follow-up phase.

Level of Significance	F	Square Sum	Degree of Freedom	Square Sum	Test
0.001	34.78	193.74	1	193.74	Life expectancy
0.001	25.56	2382.27	1	3382.27	Psychological well-being



The present study was conducted on the female students under the auspices of the Relief Committee. Researchers should be cautious in generalizing the results to other statistical populations. It is recommended that similar research be carried out in other populations, especially vulnerable groups. It is also recommended that other ways to increase the life expectancy and psychological well-being be considered.

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