

## THE EFFECT OF GROUP TRAINING OF LIFE SKILLS ON IMPROVING THE QUALITY OF LIFE OF HIGH SCHOOL STUDENTS

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**Abstract.** Background and objectives: Living in today's modern society is complex and requires skills beyond what the family and school teaches students. Such skills should beyond their mental health and teach them how to enjoy their lives. The most critical period of human life is the teenage period i.e. adolescents and students who have to face the challenges and tensions of their career and education, in addition to be away from the family and friends. The World Health Organization has supported a developed curriculum aimed at preventing and promoting mental health, which is called life skills. Accordingly, the purpose of this study was to determine the effectiveness of life skills training curriculum on improving the quality of life of high school students in Bardsir, Iran.

**Materials and Methods:** This quasi-experimental study with pre-test and post-test design was carried out on 120 high school students in the city of Bardsir. A total of 40 subjects were selected after the completion of the quality of life standard questionnaire and who had the lowest score, and were randomly divided into experimental and control groups. Then, a 12-point life skills training program was trained in a group of 12 sessions of 1.5 hours. For data analysis, covariance analysis was used.

**Findings:** The results of covariance analysis indicated that life skills training, in addition to the effect on the overall quality of life, was effective on the dimensions of physical health and mental health of the experimental group and led to an increase in their quality of life ( $P < 0.001$ ).

**Conclusion:** Given the findings, it can be concluded that implementation of life skills curriculum lead to changes in students' behavior and ultimately increase their quality of life.”

**Keywords:** Life skills, quality of life, high school students, Bardsir”

## 1. INTRODUCCIÓN

In health care organizations, the health of the personnel in different dimensions is directly related to the safety and health of patients. Therefore, the national security of the community requires the availability of active and healthy human resources that can be at the highest level of functionality, efficiency, and wellbeing. Depending on the power of faith and the health of the physical and mental, religion (Farajzadeh D et al., 2008). Perhaps the hardest period of any human being's life is a teenage period. Because increasing stresses in this period are the basis for creating a crisis and psychological problems in this age group (Wetzel, R, 1993). Life in education, while providing a new opportunity for the individual, has its own stresses and challenges. Students in full-time schools experience many stresses due to changes in the environment, such as being confronted with new environments and friends, lack of emotional and social support, educational problems, and excitement (Benn, L et al., 2005). These stresses in most of them cause weakness in social interactions and quality of life and ultimately their mental health (Benn, L et al., 2005).

Mental health, which is influenced by a set of physical, social and cognitive factors, reflects the balanced and coherent behavior of the community, the recognition and acceptance of social realities, and the degree of compromise with them, and the flourishing of innate talents, so that its promotion in society leads to improving the quality of life (Pettersson, Tet al., 2001). Quality of life is one of the most important components of the overall concept of mental health (Lukkarinen H et al., 1998). The quality of life should be investigated in order to determine the health needs and health promotion of individuals (Shams-Alizadeh N et al., 2010). World Health Organization experts define quality of life as an assessment and perception of

individuals from their own living conditions, which are influenced by the cultural and value system of the situation in which they live, and believe that the goals, expectations, criteria and desires of the individual greatly affect his physical, mental, autonomy, social and religious affiliation (Shams-Alizadeh N et al., 2010). One of the major problems of organizations is the lack of attention to the quality of life of the organization's employees, which greatly reduces the effectiveness and efficiency of the organization (Gholami, 2009). Life skills are a way to reach a new lifestyle through

which a more successful life can be experienced by learning them. Studies have shown that improving life skills, including coping skills and psychosocial skills, is very effective in improving life. Psychosocial abilities help the individual to cope effectively and deal with conflicts and life successes. These abilities enable the individual to act positively and conciliate in relation to other humans, society, culture and environment, and ensure their mental health (Bova C et al., 2008). The term life skills refers to a range of psychosocial and interpersonal skills that help people communicate effectively with informed decisions, expanding coping skills, and managing their skills, and have a healthy and productive life. Also, personal actions, actions related to others, as well as actions related to the environment, must be conducted in a way so as to lead to greater health (Botvin G et al., 2007). Life skills are the achievement of a new lifestyle through which a more successful life can be experienced (Bova C et al., 2008). Boutvin and Cantor (2007) divide life skills into two categories of self-observation skills and social skills. Self-observation skills include ability to decide and solve problems, awareness of social effects and resistance to them, coping with anger and failure, anxiety and depression, goal setting, self-direction, and self-empowerment. Furthermore, social skills include social communication, verbal and non-verbal self-expression, respect, and increase of social competence (Botvin G et al., 2007).

Research on the effect of life skills training on mental health indicates that training these skills is effective on people's quality of life. For example, using an intervention program to teach anger management, empathy, and social skills to reduce male adolescent violence, Frieden (2005) showed that such interventions can reduce behavioral problems (Freidan J, 2005). In a meta-analysis of the impact of life skills training therapies, Malow, Thorensinson and Shot (2007) showed that all studies conducted in this area had a significant effect on the reduction of physical and mental health problems (Malouff J et al., 2007). Yanni and Nandabius (2012) also concluded that life skills training are effective in reducing the stress of Tibetan refugee adolescents (Yankey T et al., 2012). In this regard, in their study, Sahib Al-Zamani, Farahani and Feizi (2012) concluded that life skills training were effective in improving general health of students (Sahib al-Zaman et al., 2012). The study conducted by Mahdavi Haji, Mohammad Khani and Hatami (2011) also showed

that life skills training has a positive impact on quality of life, emotional regulation, and happiness (Mahdawi Haji T et al., 2011). Given the theoretical foundations and research background, it seems that one of the ways of reducing the harmful effects of school time in secondary schools, with regard to the special conditions of these schools, is to help students develop and expand the skills needed to create an ideal life with other students in a place far from the family. In this regard, one of the existing strategies is the life skills training developed by the World Health Organization to prevent and improve the mental health of the community. These trainings increase the ability to adapt to the environment and face challenges and prompt a person to respond effectively to his/her family, work, school, and social environment and respond many of the needs of students in the education system. Therefore, the present study sought to increase the impact of life skills training on the quality of life and prevention of intensifying the problems of high school students in 2017.

## 2. METHODOLOGY

This study is an applied and semi experimental study with pre-test and post-test design with control group. All students in the city of Bardsir entered into the study in the academic year 2016-17. The statistical sample of this study consisted of 40 students with the mean age of 16.5 years old. A convenient sampling technique was used to select the study sample, so that at first, a quality of life questionnaire was distributed among 120 of them. After collecting questionnaires and scoring them, 40 students whose quality of life was lower than the mean and agreed with participation in the second stage of the research, participation in group life skills training, were randomly assigned to experimental (Montazeri A et al., 2006) and control groups. The mean age of the experimental group was 16.2 years old and that of the control group was 16.8 years old. The exclusion criteria in this study was absences more than one session during the implementation of the training program.

For measuring the quality of life, a health questionnaire short form (SF-36) was used. This form is a self-report questionnaire and is mainly used to assess the quality of life and health that was developed by Virushorbun (1992) (Montazeri A et al., 2006). This questionnaire contains 36 questions that assess the two dimensions of physical and mental health through the eight sub-scales. The subscales of physical health are: general health (5 items), physical activity (10 questions), role limitation for physical reasons (5 items), and physical pain (2 items). Mental health sub-scales

include: role limitation for emotional reasons (3 items), social action (2 questions), fatigue (4 questions), and emotional problems (5 questions). The score for each sub-scale is from zero to 100 in change, which indicates zero to the worst and the 100 best positions on the scale. Montazeri and others (2005) validated this questionnaire using internal consistency and validity using the method of the comparison of known groups. Dehdari (2003) also evaluated the reliability of this questionnaire in patients with open heart surgery (82/0) and Sabzmakan et al, (2008) reported Cronbach's alpha coefficient as 0.70.

The method of implementing group life skills training includes decision skills, problem-solving skills, effective communication skills, adaptive interpersonal skills, self-awareness skills, and empathy skills, coping with emotions skills, and coping with psychological stress skills. In this way, both groups completed SF-36. Then, a 12-step model of life skills training (Table 1) was developed by the researcher and with the help of a psychology specialist in a group of 12 sessions of 1.5 hours beyond the classroom hours of the curriculum, on a weekly basis, per day and per specific hour. The experimental group was trained and at the end, both groups completed the short form of health care provider. For analyzing the data, covariance analysis was used

*Table 1. Summary of the content of life skills curriculum for the experimental group*

Sessions	Educational topics
First	Familiarity with each other, Creating an effective relationship, Familiarity with life skills and quality of life, and their definitions.
Second	Self-awareness training, recognition of your interests
Third	Empathy skill training, recognition of empathy barriers
Fourth	Interpersonal skill training, creating positive and effective interpersonal relationships
Fifth	Teaching effective communication skill, recognizing communication practices and choosing the best practice at the right time
Sixth	Enabling students to communicate effectively
Seventh	Training of coping with stress skill
Eighth	Understanding stress reduction strategies
Ninth	Training the recognition of emotions
Tenth	Training to control anger and aggression
Eleventh	Training problem-solving skill, using intellectual precipitation method
Twelfth	Teaching decision-making skill, training

	decision-making practices and four-step process
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The results of Table 2 show that the mean total score of quality of life and all of its sub-scales increased in the experimental group after experiencing life skills training.

## Findings

Table 2. Mean and standard deviation of quality of life scores and its sub-scales in pre-test and post-test

Variable		group	Pre-test		Post-test	
			<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Physical health	Physical activity	Experimental	73/22	15/15	80/79	15/10
		Control	75/26	16/32	70/34	17/17
	Physical health	Experimental	44/66	32/75	86/45	27/28
		Control	50/44	34/28	38/22	31/92
	General health	Experimental	52/88	22/42	67/66	23/88
		Control	62/32	24/84	55/46	25/12
Physical pain	Experimental	48/33	32/95	62/35	22/3	
	Control	57/20	36/52	44/76	18/44	
Mental health	Fatigue or exhilaration	Experimental	52/48	16/68	57/24	14/92
		Control	55	20/3	48/36	17/54
	Emotional health	Experimental	58/64	24/32	59/38	24/84
		Control	54/24	25/25	53/02	19/4
	Social action	Experimental	55/26	12/88	64/48	17/02
		Control	60/26	18/62	61/12	18/12
Emotional problem	Experimental	25/44	35/46	51/6	34/32	
	Control	40/26	37/34	39/98	38/18	
Quality of life		Experimental	410/91	87/38	529/95	81/40
		Control	454/98	121/12	411/26	101/48

Covariance analysis revealed that in addition to the overall quality of life, life skills training was effective on the dimensions of physical health and mental health of the experimental group, which led to an increase in their quality of life ( $P < 0.001$ ).

### 3. DISCUSSION AND CONCLUSION

The purpose of this study was to determine the effect of life skills group training on improving the quality of life of high school students. The results showed that after the intervention, the mean score of quality of life in the physical and mental health

dimensions and the mean score of total quality of life in the experimental group increased. This result is in line with the results of the research by Popenhagen and Koalley (2007), Turner, McDonald, and Somerset (2008), Michel (2005), Seed, Warney, Gidewani, Gilhard and Slayman (2010), Zohrabi Asl (2006) and Mahmoodi and Others (1392). It seems that implementing a life skills curriculum causes changes in self-awareness, perceiving and understanding of emotions and thoughts, communication styles, behavioral tendencies, self-efficacy and that individual

competence in high school students lead to behavior change and eventually increase their quality of life. The results showed that life skills training had a significant effect on different dimensions of mental health and physical health of the experimental group. These results are briefly summarized as follows. This training course has been able to improve physical performance, physical health, and general health of the test group and reduce their physical pain. This finding is in line with other research findings (Spencer and Houtoneck, 2005; Malofoodian, 2007; Amiri Barmokhi, 2009). Group life skills training has reduced emotional stress and increased emotional health of subjects. These results are consistent with other research findings (Maurice, 2008; Michel, 2005). Participation in quality of life training is effective in increasing social performance of students. The studies conducted by Hunbur and Afford (2008) confirm the findings of this study. In explaining the above results, it can be said that, firstly, providing group life skills training programs in the form of skills such as forecasting situations, addressing inconsistencies, recognizing emotions, categorizing topics and relaxing thoughts, reduces negative thoughts, worries, negative emotions, and ultimately increases mental and physical health (Akbari, Shaghghi and

Behroozian, 2011). Secondly, in the group life skills training and in the training of any skill, new techniques are introduced; each person's practice is practiced by the therapist to create immediate, positive and significant effects. Practical training allows one to be sure of changing his or her spirit through repetition and practice. The greater the individual's confidence in these techniques, the greater the incentive for repeated training, and as a result, the usefulness of these trainings increases (Bakher, 2011). Indeed, since all the components of life skills are an interpersonal skill experienced by an individual in an effective and efficient interaction, group therapy seems to be the most effective way to improve it (Ebrahimi, 2012). The group provides the members with an opportunity to explore in an unconstrained space and focus on their in-depth and subjective experiences. Therefore, life skills training can empower individuals to use effective and adapted strategies to deal with everyday problems. In other words, life skills are strategies that increase the ability of individual and social progress and reduce their physical and mental health problems (Dzorila and Shidi, 2006).

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