Original Article

Social skills and prediction of the quality of life of adolescents. The case of dance and physical activities.

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Abstract:

Participating in recreational activities helps children and adolescents to improve their quality of life, because they offer physical, psychological and social benefits. Quality of life is a multi-dimensional, psychological structure, which describes the physical, emotional, social and functional components of wellness. The aim of the study is to investigate the contribution of social skills (quick temperedness, disruptiveness, cooperating skills and empathy) to the prediction of quality of life subscales (relationships with parents and family life, peers, social support and physical wellness) concerning adolescents who participate in dance and physical activities. The participants were 240 adolescents, aged 13. To measure quality of life, the researchers used the KIDSCREEN-52 Scale (Ravens-Sieberer et al., 2007). To estimate social skills, they used the School Social Behavior Scale (SSBS - Merrell, 1993). Multiple regression analyses were carried out, to specify the prediction of quality of life subscales out of the social skills of dancers and trainees. The regression analyses support that social skills explain a significant percentage of the variance of the three subscales of quality of life, concerning dancers and trainees.

Key Words: quality of life, social skills, dance activities

Introduction

Quality of life is a multi-dimensional, psychological structure which describes the physical, emotional, social and functional components of wellness (Ravens, Sieberer, Torsheim, Hetland, et al, 2009; Baptista, Santos, Silva, et al, 2012; Sardinha, Santos Vale, et al, 2011; Erhart, Ottova, Gaspar, et al, 2009; Tountas, Tsiantis, Dimitrakaki, Petanidou, Tzavara, Diamere, et al, 2006).

The World Health Organization defines quality of life as “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHOQUOL, 1993).

According to Ravens-Sieberer, Erhart and Power (2003), the main subscales which describe quality of life of children and adolescents are: 1) physical wellness i.e. the level of physical condition and physical activity, 2) psychological wellness i.e. a child’s emotions and satisfaction drawn out of life, 3) mood and emotions i.e. the experience of depressive and stressful emotions and situations, 4) self perception i.e. the experience of the image of the body, 5) autonomy i.e. the availability of time for social relationships and entertainment, 6) relationships with parents and family life, i.e. the ambience at home, 7) peers and social support i.e. the quality of relationships with friends, 8) school environment i.e. cognitive ability and emotions about school, 9) social acceptance i.e. the emotions from being rejected by peers, 10) financial resources i.e. the perception of personal financial means.

It is important for every society to improve the quality of life of children and adolescents. Participating in recreational activities helps children and adolescents to ameliorate their quality of life, because they offer physical, psychological and social benefits. Recreational activities are physical activities taken up by people, during their free time and usually by personal choice (Mannell & Kleiber, 1997).

Previous researchers have found that physical, recreational activities can play an important role in promoting quality of life (Lloyd, & Little, 2010; Maher, Doerksen, Elavsky, Hyde, Pincus, Ram, & Conroy, 2013; Walker, Halpenny, Spiers, & Deng, 2011) and also improve the quality of life of the participants by providing them with positive experiences (Mikihiro, Jordan, & Funk, 2013).

Spengler and Woll (2013) support that, the physical activity of adolescents, who train in sports associations, has a positive connection with higher quality of life. Plenty of writers have established a positive connection between quality of life and taking up recreational activities (Baldwin & Tinsley, 1988) or sports (Wankel & Berger, 1990).

Other researchers report that association athletes (Houston, Hoch, & Hoch, 2016), college athletes (Huffman, Park, Roser-Jones, Sennett, Yagnik, & Webner, 2008) and adolescent athletes (Lam, Valier, Bay, McLeod, 2013) have a better quality of life than non athletes.

The experience acquired by young people when participating in organized recreational activities contributes to their personal and social development (Sevdalis & Keller, 2011; Temple, Crane, Brown, Williams & Bell, 2016).

In addition, social interaction is among the most frequently mentioned reasons why people participate in recreational activities (Auld & Case, 1997) and more specifically, their positive experiences with friends (Csikszentmihalyi, 1997). In their study concerning 6 to 11 year-old children, Howie, Lukacs, Pastor, Reuben and Mendola (2010) observed that children who participated in sports associations presented a higher index of social skills -though without any significant difference in the evaluation of problematic behavior- than children who did not participate in any extracurricular activity.

Consequently, participating in recreational activities is related to higher levels of quality of life and psycho-social maturity, as well as more positive evaluations of social skills.

There are many definitions of social skills. They are generally defined as the acquisition of skills that help people adapt themselves and negotiate with others effectively, depending on the demands and challenges of their everyday life. The possession of social skills can be proved by a person's acceptance in a team (Merrell, 1998) and can be evaluated by the existence of social or anti-social behavior. Subscales of social behavior are cooperative skills and empathy, while subscales of anti-social behavior are quick temperedness and disruptiveness (Junttila, Voeten, Kaukiainen & Vauras, 2006).

Dance activities are part of recreational activities and they are a social fact, since sociability is apparent throughout the whole procedure and demands the expression of the entire team/community. An important characteristic of this social fact is the appearance of team behavior despite a person's social or financial position (Bougiesi, Zisi, Grigoriou & Pollatou, 2011).

Participation in such activities has been the subject of various researches (Bebetsos & Goulimaris, 2014; Goulimaris, Filippou & Koupani, 2016; Voutsina & Goulimaris, 2016) and has been investigated from different aspects (Dalakis, Yfantidou, Tsitskari, Costa & Tzetzis, 2016; Goulimaris, 2016; Goulimaris, 2015; Goulimaris, Koutsouba & Giosos, 2008; Papakostas, Goulimaris & Douma, in press). Dealing with dance, recreational activities influences physical, spiritual and psychological health (Genti, Goulimaris & Yfantidou, 2009; Goulimaris, Mavridis, Genti & Rokka, 2014), is indicative of a high standard of living and good quality of life (Diener, Suh, Lucas, & Smith, 1999), of lower levels of deviant behavior and higher levels of social behavior (Acquaviva, 2012; Mahoney, Stattin & Lord, 2004).

Participating in dance activities offers an alternative way to complete students' education, with or without educational needs, by improving their physical condition and by influencing social, psychological and educational sectors (Munsell, Bryant & Kimberly, 2016; Reinders, Bryden & Fletcher, 2015). Cultural associations play an important role in dance, recreational activities, organizing dance activities and performances throughout Greece and abroad (Serbezis, 1995).

A research concerning the participation of older women in dance activities of cultural associations confirms the improvement of their psychological condition and the amelioration of all the subscales that form quality of life (Konstantinidou, Harahousou & Kambitsis, 2002).

In one of their studies, Bougiesi, Zisi, Grigoriou and Pollatou (2011) investigated quality of life subscales through young and middle aged adults who participated in Greek dance programs organized by associations. It has been confirmed that not only does dance contribute to the creation of a cultural identity and preservation of customs, but it is also a form of exercise that improves the quality of life of the participants.

Zisi, Gianni, Bougiesi, Pollatou and Mihalopoulou (2014) studied the participation of people of the third age in Greek dance or exercise. Their conclusions confirm that Greek dance offers multiple benefits to the participants, makes them feel pleasant and contributes to the improvement of many subscales of their quality of life.

The scarcity of research findings concerning the social behavior of children and adolescents under the influence of recreational dance activities as well as the effect of social skills on their quality of life and the absence of researches concerning the influence of recreational activities on quality of life were the starting point of the present study.

The aim of this study is to investigate the contribution of social skills (quick temperedness, disruptiveness, cooperative skills and empathy) to the prediction of quality of life subscales (relationships with parents and family life, peers and social support, physical wellness). More specifically, the above prediction concerns adolescents who participated in dance and physical activities.

Material & methods

Participants

The participants were 240 adolescents aged 13, with 72 being boys and 168 being girls. The selection of the participants was made with random sampling. Two groups were formed.

The 1st group consisted of 120 adolescent dancers, who participated regularly -at least once a week- and for more than two years in dance recreational programs, more specifically Greek dances. The programs took place in cultural associations of non profitable nature, in Greece.

The 2nd group consisted of 120 adolescent trainees of sports academies, who participated regularly -at least once a week- and for more than two years in extracurricular sports activities such as volleyball, basketball and football, organized by the academies.

Measurement instruments

The quality of life measurement was carried out with the KIDSCREEN-52 Scale (Ravens-Sieberger et al., 2007). The elements examined were the physical, emotional, mental and social functionality and wellness of the adolescents. The validity and credibility of the scale for the Greek population has been examined and verified in relative researches (Tountas et al., 2006; Giannakopoulos, 2010; Goltsiou, 2011; Karasimopoulou, Derri, & Zervoudaki, 2012). The scale consists of 52 issues and evaluates 10 subscales of the perceived quality of life of the adolescents. Out of the 10 subscales, only three were used:

- a) Peers and social support. It examines the quality of the relationships of children and adolescents with friends and peers. It includes 6 issues e.g. “Could you depend on your friends?”
- b) Relationships with parents and family life. It includes 6 issues e.g. “Do your parents understand you?”
- c) Physical wellness. It examines the level of physical condition, energy and physical activity. It includes 6 issues e.g. “How would you describe your health in general?” The issues were answered on a 5 point Likert scale (not at all – a little – moderately – a lot – excessively) in regard to the last week.

For the evaluation of social skills through social behavior, the instrument used was the School Social Behavior Scale (SSBS - Merrell, 1993), adjusted to the Greek language (Magotsiou, Gouda & Hasandra, 2006).

The specific scale was also used in other researches in Greece, investigating the social skills of children (Filippou, Kouthouris, 2014; Goudas, Magotsiou & Chatzigeorgiadis, 2009; Goudas & Magotsiou, 2009).

The scale consists of 23 issues and evaluates social skills through 4 subscales of social and anti-social behavior:

- a) Quick temperedness. It examines the anti-social behavior which is expressed with nervous disturbance and anger manifestations. It includes 6 issues e.g. “I often get annoyed and upset”.
- b) Disruptiveness. It examines the anti-social behavior which appears as a conscious cause of turmoil in the group. It includes 6 issues e.g. “I often annoy and laugh at others”.
- c) Cooperative skills. It examines social behaviors relating to group interaction in order to achieve a specific target or task. It includes 5 issues e.g. “I work with my fellow students as a team”.
- d) Empathy. It examines the social ability to participate in others’ psychological experiences, understand and identify with them. It includes 6 issues e.g. “I am interested in other people’s feelings”. The issues were answered on a 5 point Likert scale, from “I totally agree” to “I totally disagree”.

Procedure

The scales were distributed first to the dancers and then to the trainees. The meetings with the two groups took place in the dance space of the associations and the training place of the academies, accordingly. They were all given instructions to fill in the answer sheets and were allowed a 5 to 10 minute time, for possible questions. They all returned the sheets during the meetings.

Statistical analysis

Multiple regression analyses were carried out, to predict the quality of life subscales through the social skills of the dancers and the trainees. For both groups, dependent variables were the three quality of life subscales and independent variables were the social skills subscales.

Results*Descriptive statistics*

In table 1 the characteristics presented are the standard deviation, as well as the reliability analysis of the subscales. The analysis showed that Cronbach’s alpha ranged from 0.70 to 0.95. All the subscales have a satisfactory internal cohesion.

Table 1. Means, typical deviations and reliability analysis

Subscales	M	S.D.	Cronbach’s alpha
Physical wellness	3.79	0.56	0.75
Family life	4.34	0.50	0.70
Friends (Peers and social support)	4.18	0.49	0.70
Quick temperedness	1.55	0.55	0.75
Disruptiveness	1.31	0.37	0.80
Cooperating Skills	4.12	0.96	0.95
Empathy	4.09	0.83	0.90

Multiple regression

The multiple regression analysis results showed that concerning trainees, social skills explain 31.8% of the variance of the subscale “*Relationships with parents and family life*” [$F_{(4,115)}=13.2$, $R^2 = 31.8$, $p<.05$]. All the social skills subscales had a significant influence on the variance of the subscale “*Relationships with parents and family life*” (table 2).

The results also show that concerning dancers, social skills explain 36.8% of the variance of the subscale “*Relationships with parents and family life*” [$F_{(4,115)}=16.77$, $R^2 = 36.8$, $p<.05$]. The subscales “*Quick*

temperedness”, “*disruptiveness*”, “*cooperative skills*” had a significant influence on the variable. The subscale “*empathy*” did not have an according significant influence (table 2).

Table 2. Multiple regression analysis of the subscale “*Relationships with parents and family life*” and social skills

Variables Entered	Relationships with parents and family life dancers			trainees		
	B	beta	t	B	beta	t
Quick temperedness	0.25	0.23	2.35*	0.42	0.55	6.66*
Disruptiveness	-0.87	-0.69	-6.70*	-0.31	-0.21	-2.02*
Cooperating Skills	-0.19	-0.38	-3.27*	0.37	0.68	4.27*
Empathy	0.09	0.14	1.11	-0.32	-0.58	-3.56*
	F(4,115) = 16.77 R ² = 36.8			F(4,115) = 13.42 R ² = 31.8		

*=p<0.05

The multiple regression analysis results showed that concerning trainees, social skills explain 49.5% of the variance of the subscale “*Physical wellness*” [F_(4,115) = 28.14, R² = 49.5, p<.05]. The subscales “*Quick temperedness*”, “*disruptiveness*”, “*cooperative skills*” had a significant influence on the variance of the subscale “*Physical wellness*”. The subscale “*empathy*” did not have an according significant influence (table 3).

The multiple regression analysis results showed that concerning dancers, social skills explain 33.1% of the variance of the subscale “*Physical wellness*” [F_(4,115) = 14.20, R² = 33.1, p<.05]. The subscale “*disruptiveness*” had a significant influence on the variance of the subscale. The other three subscales did not have a significant influence (table 3).

Table3. Multiple regression analysis of the subscale “*Physical wellness*” and social skills

Variables	Physical wellness dancers			trainees		
	B	beta	t	B	beta	t
Quick temperedness	-0.05	-0.04	-0.44	0.53	0.55	7.63*
Disruptiveness	-0.75	-0.58	-5.47*	-0.46	-0.25	-2.73*
Cooperating Skills	-0.10	-0.20	-1.70	0.20	0.29	2.10*
Empathy	-0.03	-0.05	-0.37	0.70	0.10	0.71
	F(4,115) = 14.20, R ² = 33.1			F(4,115) = 28.14, R ² = 49.5		

*=p<0.05

The multiple regression analysis results showed that concerning trainees, social skills explain 24% of the variance of the subscale “*Peers and social support*” [F_(4,115) = 9.10, R² = 24, p<.05]. The subscales “*Quick temperedness*” and “*cooperative skills*” had a significant influence on the variance of the subscale. The subscales “*disruptiveness*” and “*empathy*” did not have a significant influence on the variance of the variable (table 4).

The multiple regression analysis results showed that concerning dancers, social skills explain 33.3% of the variance of the subscale “*Peers and social support*” [F_(4,115) = 14.36, R² = 33.3, p<.05].

The subscales “*Quick temperedness*”, “*empathy*” and “*cooperative skills*” had a significant influence on the variance of the variable. The subscale “*disruptiveness*” did not have a significant influence (table 4).

Table 4. Multiple regression analysis of the subscale “*Peers and social support*” and social skills.

Variables	Peers and social support dancers			trainees		
	B	beta	t	B	beta	t
Quick temperedness	0.40	0.41	4.10*	0.42	0.50	5.60*
Disruptiveness	-0.01	0.01	-0.06	-0.05	-0.03	-0.30
Cooperating Skills	-0.31	-0.71	-6.01*	0.21	0.34	2.03*
Empathy	0.53	0.93	7.05*	-0.07	-0.12	-0.70
	F(4,115) = 14.36, R ² = 33.3			F(4,115) = 9.10, R ² = 24		

*=p<0.05

Discussion

The aim of the study was to investigate the contribution of social skills to the prediction of three subscales of quality of life. More specifically, the issue that was investigated was the contribution of social skills to the prediction of the perceived quality of life of adolescents who participated in dance and physical activities. The multiple regression analyses support that social skills (quick temperedness, disruptiveness, cooperating skills and empathy) explain a significant percentage of the variance of the three subscales of quality of life (relationships with parents and family life, peers, social support and physical wellness) for both adolescent dancers and trainees.

The increased importance of social skills in quality of life has been confirmed by other researches, too. Lack or shortage of social skills may be connected to development and behavior problems as well as problems of psychological health (Lugnegard, Hallerback, & Gillberg, 2011; Mahan & Matson, 2011; Matson & Wilkins, 2009; Worley & Matson, 2011). On the contrary, their reinforcement leads to desirable social results (Hay, Payne & Chadwick, 2004).

The higher percentage of prediction of the perceived physical activity of training adolescents is expected, because for them, the perception of excellence and competition concerning physical condition is a participation requirement. On the contrary, dance activities are considered an aerobic exercise (Pitsi, Smilios, Tokmakidis, Serbezis & Goulimaris, 2008) and it seems that the perception of personal, physical competitiveness is not a participation requirement.

Concerning adolescent dancers, the perceived quality of the relationships with friends and peers can be predicted at a high percentage from social skills. Dance activities, being recreational activities, are perceived as a social event, an entertainment and a means to develop relationships (Doulias, Kosmidou, Pavlogiannis & Patsiaouras, 2005). Those who participate in dance activities establish relationships, communicate, are integrated in small or large groups and express their opinions and ideas.

There is also an important percentage of prediction through social skills, concerning the perceived relationships between adolescents and their parents and the way they understand family ambience. It is known that adolescents perceive their relationship with their family in a satisfactory way and participate in many family activities (Boyce, Smith, & Samdal, 2001).

Conclusions

In conclusion, social skills contribute greatly to the prediction of the three subscales of the perceived quality of life. These findings provide significant information in relation to the role of dance activities to the improvement of quality of life for adolescents.

Conflicts of interest

It is suggested that the research be extended to include adolescents older than 13, who also participate in dance activities.

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