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RESEARCH PAPER

Gender Differences and Role of Emotional, Social Competence in Quality of Life among Young Adults

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ABSTRACT

Current study was conducted to evaluate the role of emotional competence and social competence along with gender differences in quality of life among young students (age range=18-25 years). Results from various research studies suggest an increase in emotional and social problems among young adults in recent years. This consequently leads to poor quality of life and an overall low well-being. Therefore, the relationship between social-emotional competence and quality of life was studied along with gender differences in quality of life. A sample of N=350 university students was recruited through random sampling and participants were assessed using cross-sectional survey design. Analysis revealed that emotional and social competence significantly predicted and were positively associated with quality of life. Moreover, there exist non-significant gender differences in quality of life among young adults. Trainings must be arranged to spread awareness regarding importance of emotional and social health and consequent repercussions in the form of overall low well-being among young generation.

| **KEYWORDS** | Emotional Competence, Quality Of Life, Social Competence, Young Adults |

Introduction

With the passage of time, young adults are becoming more dissatisfied with their lives in almost all major areas of their lives. Therefore, it is important to evaluate the factors that play significant role in improving their overall well-being. Present study assesses two of the most important life skills i.e. emotional and social competence in order to unveil their relationship with quality of life. Research in recent years have revealed that individuals who are unable to regulate their emotions and lack social skills including ability to understand oneself and communicate effectively with others are more likely to experience physical and psychological issues along with dissatisfaction with their environmental and social factors. With growing political and economic unrest, young adults residing in Pakistan are facing various emotional and social problems leading to poor quality of life among them.

Literature Review

Emotional competence refers to an enhanced ability of an individual to recognize, understand and deal with emotions in intrapersonal and interpersonal relationships. These skills are polished as the person matures with age (Saarni,1999). This effective emotion regulation also plays pivotal role in efficient decision making and successful adaptation in one's environment (Andreyeva, 2006). Emotional competence operates on both personal as well as social level. On one hand, it helps an individual to evolve into a better version by deeply understanding oneself. It enables a person to discern a range of emotions and understand the emotional reactions of others in a better way, thus, leading to effective handling of situations. At the same time, an emotionally competent is able to negotiate and achieve shared goals along with proficient relationship with others. Emotion regulation

skills and emotional competence offer an individual chance for effective social functioning (Consortium for Research on Emotional Intelligence in Organizations, 2018).

Social competence does not merely include person's skills to successfully deal with others and one's own environment. Rather, it also includes higher order domains such as cognitive skills, decision making along with accepting one's own self and others (McCroskey & McCroskey, 2013). Social competence makes an individual capable enough to adapt to novel or difficult situation by applying learning from past experiences for personal and emotional growth (Semrud- Clikeman, 2007; Ilhan, Sukut, Utas, Akhan, & Batmaz, 2016). Social competence serves as a foundation that help to understand verbal and non-verbal communication and responding to the situation in the best possible way. Depending upon the complexity of the situation, understanding one's own and others emotions and taking inspired action are the major components of social competence leading to improved quality of life (Ang, 2016).

Quality of life refers to person's perception of his own standard of living and satisfaction with life. It indicates the degree to which a person considers himself worthy based on the goals achieved that he sets for himself (Andráško, 2013). An individual's quality of life is indicated as good or poor based on self- fulfilling prophecy. It might include performance in personal professional and moral domains (World Health Organization, 1996).

Development of Emotional, Social Competence and Associated Quality of Life

Emotional and social competences are the major life skills that determine the functioning of an individual in almost all major life arenas. These tendencies are present naturally among all human beings but are enhanced as the individual ages in life. Emotional and social development and quality of a person's life has been hypothesized by various theorists in context of developmental stages and associated factors (Moudjahid & Abdarrazak, 2019). Initially, during childhood an individual internalized the experiences and as a result perceives the world around him. As a result, a person feels and deals with others in a certain way based on prior learning which determines an individual level of satisfaction with his life (Freud, 1933). During middle childhood, the child employs these learned emotional skills in social relationships. In case of successful dealing with others, a person gains confidence and is thus satisfied with his life in general or vice versa (Erikson, 1963).

Methodology

The study used survey research design. Self-reporting instruments were administered to the participants in order to measure emotional competence, social competence (Independent variables) and quality of life (dependent variable). A representative sample of students was selected and the data was analyzed to yield scores on study variables.

Study Objectives

1. To assess relationship between emotional, social competence and quality of life.

2. To explore the role of emotional and social competence in predicting quality of life among young adults.

3. To compute gender differences in outcome variable.

Hypotheses

1. Emotional competence and social competence are strongly associated with quality of life.

2. Emotional and social competencies significantly predict quality of life.

3. Males have relatively higher quality of life as compared to females.

Participants

The participants were measured on emotional, social competence and quality of life through random selection of sample from universities of Rawalpindi and Islamabad, Pakistan. N=350 students (216 females, 134 males) were recruited fulfilling the age range criteria i.e. 18-25 years (M=21.04, SD=1.78). Young adults suffering from any chronic illness were not part of the study.

Procedure

Permission letters were obtained from relevant institutes prior to data collection for conducting study. Permission was also obtained from heads of respective universities due to security concerns and COVID-19 crisis. Students who agreed to be a part of the study were included in the study. Participants were informed regarding purpose and nature of the study. Short Profile of Emotional Competence (S-PEC), The Tromso Social Intelligence (TSIS) and World Health Organization Quality of Life Short Form (WHOQOL- BREF) were used to measure participants' scores. Responses were analyzed using SPSS and results were generated.

Research Design

Cross-sectional study was conducted as participants were surveyed and assessed at one point in time. The participants (N=350) were administered questionnaires and their responses were recorded on emotional competence, social competence and quality of life.

Operational Definitions

Emotional Competence

Emotional competence was defined as an enhanced ability to effectively understand and use emotions in order to have successful relationship with others and one's own self (Brasseur, Grégoire, Bourdu, & Mikolajczak, 2013).

Social Competence

Social competence was characterized in terms of effective communication skills, self and others' acceptance and achieving shared goals in personal and professional life (Silvera, Martinussen, & Dahl, 2001).

Quality of Life

It refers to an individual's perception of his standard of living by comparing his/her performance relative to the goals set in all domains of life. Quality of life is a subjective concept that is measured based on how a person perceives his physical, psychological, social and environmental standard of living (World Health Organization, 2003).

Measures

The measures used in current study included

Short Profile of Emotional Competence (S-PEC)

The scale was used to measure the degree of competence in identification, understanding, expressing, using and regulating emotions in intrapersonal and interpersonal domains of life. It is a 20 item rating scale where 1 indicates "you never react like that" and 5 means "you respond very often that way". Items numbered 3, 5, 8, 10, 12, 13, 16 and 18 are reverse scored and scores on all items are summed to get a total measure of emotional competence. Higher score represents higher level of emotional competence and vice versa (Brasseur, Grégoire, Bourdu, & Mikolajczak, 2013).

The Tromsø Social Intelligence Scale

A 21 item questionnaire was administered to participants by assessing and understanding external events or surrounding stimuli and using relevant knowledge for optimal functioning in personal and social life. The scale is 7 point likert scale (1-describes me very poorly to 7-describes me extremely well) with items 1, 3, 6, 9, 14, 17 and 19 measuring information processing and items numbered 4, 7, 10, 12, 15, 18 and 20 assessing social skills. Whereas, items labeled 2, 5, 8, 11, 13, 16 and 21 are used to evaluate participant on social awareness (Silvera, Martinussen, & Dahl, 2001).

The World Health Organization Quality of Life, Short Form (WHOQOL- BREF)

Short form of the scale consisting of 26 items measuring physical (item no. 2, 3, 4, 10, 15, 16, 17, 18), psychological (5, 6, 7, 11, 19, 26), social (items 20, 21, 22) and Environment (item no. 8, 9, 12, 13, 14, 23, 24 and 25) quality of life was used. Items labeled 3, 4 and 26 were reverse scored and then total score was calculated for each domain based on participants' responses from 1 to 5 depending upon the level of satisfaction with life (WHO, 1997).

Ethical Considerations

The research was conducted according to the research ethics proposed by American Psychological Association for human participants as research subjects. Participants were made aware of the nature and purpose of the study. Confidentiality and anonymity of students were maintained. Voluntary participation of the students was ensured and their consent was taken before data collection and analysis.

Results and Discussio

Table 1
Demographic Properties of the Sample (N=350)

Variables	Mean (*M*)	Standard deviation(*SD*)	Frequency (*f*)	Percentage (*%*)
Age (Years)	21.04	1.78	350	100
No. of Sibling	3.00	1.4	350	100
Gender				
Male	--	--	134	38.0
Female	--	--	216	62.0
Family System				
Joint	--	--	76	22.0
Nuclear	--	--	272	78.0

Table 2
Psychometric Properties of the Study Variables (N=350)

Variable	N	M	SD	α	Range		Skewness	Kurtosis
					Potential	Actual		
Emotional Competence	350	62.31	7.80	.49	20-100	41-92	.60	.96
Social Competence	350	12.63	2.03	.64	7-49	7-20	.43	.97
Quality of Life	350	82.28	11.26	.84	26-130	53-119	-.08	-.08

Note. N= number of cases; M= mean of sample; SD=standard deviation; α= alpha reliability.

Table 2 demonstrates psychometric properties of scales used in the study. Each tool possessed sound alpha reliability index. The data was normally distributed for participants on emotional, social competence and quality of life.

Table 3
Correlation analysis for Emotional Competence, Social Competence and Quality of Life

	Variable	1	2	3	4	5	6
		r(p)	r(p)	r(p)	r(p)	r(p)	r(p)
1	Emotional Competence	---					
2	Social Competence	.34** (.000)	---				
3	Physical QOL	.25** (.000)	.30** (.000)	---			
4	Psychological QOL	.29** (.000)	.28** (.000)	.60** (.000)	---		
5	Social QOL	.18** (.001)	.22** (.000)	.36** (.000)	.34** (.000)	---	
6	Environmental QOL	.23** (.000)	.30** (.000)	.39** (.000)	.53** (.000)	.37** (.000)	---

Note. r=correlation; p=level of significance; QOL= Quality of Life;

**p < .01

Pearson correlation analysis was conducted to investigate the strength and direction of relationship emotional competence, social competence and quality of life (physical, psychological, social and environmental). The analysis revealed statistically significant relationship between all the variables.

Table 4
Regression analysis for Physical Quality of Life

Variable	B	SE	t	p	95% CI
Constant	22.80	6.07	3.75	.000	[10.85-34.74]
Emotional Competence	.30	.09	3.06	.002	[.10-.47]
Social Competence	1.61	.36	4.43	.000	[.90-2.32]

R^2 value of .11 indicated that the predictors explained 11% of variance in the outcome variable with F (2,347) = 22.25, p<.001. Findings suggested that emotional competence (β=.16, p<.01) and social competence (β=.24, p<.001) significantly predicted physical quality of life of an individual.

Table 5
Regression analysis for Psychological Quality of Life

Variable	B	SE	t	p	95% CI
Constant	13.18	6.95	1.92	.055	[-.28-26.64]
Emotional Competence	.42	.10	3.96	.000	[.21-.63]
Social Competence	1.61	.40	3.93	.000	[.80-2.41]

The value of R2= .12 showed that the predictors accounted for 12% of total variance in predicting psychological quality of life. Emotional (β=.21, p<.001) and social competence (β=.21, p<.001) significantly predict Psychological quality of life; F (2,347) = 24.33, p<.001.

Table 6
Regression analysis for Social Quality of Life (N=350)

Variable	B	SE	t	p	95% CI
Constant	18.81	9.35	2.01	.045	[.40-37.21]
Emotional Competence	.30	.14	2.00	.046	[.00-.58]
Social Competence	1.82	.56	3.25	.001	[.71-2.30]

Results showed that the social quality of life is significantly predicted by the both predictors with standardized beta as (β=.11, p<.05) and (β=.18, p=.001) respectively. The model accounted for 6% of variance (R2=.06) with F (2,347) = 11.04, p<.001. Findings suggested that predictor variables (β=.13, p<.05) and (β=.25, p<.001). The variables significantly predicted the outcome variable, F (2,347) = 22.72, p<.001. 10% of variance (R2=.10) was explained by the predictors with values for standardized beta as β=.13, p<.05 and β=.25, p<.001 respectively.

Table 7
Regression analysis for Environmental Quality of Life

Variable	B	SE	t	p	95% CI
Constant	24.11	6.58	3.66	.000	[11.16-37.07]
Emotional Competence	.26	.10	2.52	.012	[.05-.46]
Social Competence	1.82	.40	4.62	.000	[1.04-2.60]

Findings suggested that predictor variables (β=.13, p<.05) and (β=.25, p<.001). The variables significantly predicted the outcome variable, F (2,347) = 22.72, p<.001. 10% of variance (R2=.10) was explained by the predictors with values for standardized beta as β=.13, p<.05 and β=.25, p<.001 respectively.

Table 8
Regression analysis for Quality of Life

Variable	B	SE	t	p	95% CI
Constant	42.49	4.83	8.80	.000	[33.00-52.00]
Emotional Competence	.30	.07	4.07	.000	[.16-.45]
Social Competence	1.64	.29	5.67	.000	[1.07-2.20]

Overall quality of life is significantly predicted by F (2,347) = 37.50, p<.001. R2 value of .17 revealed that 17% of variance is contributed by emotional (β=.21, p<.001) and social competence (β=.30, p<.001).

Table 9
Gender Differences in Emotional, Social Competence and Quality of Life

Quality of	Males	Females		t	p	Cohen'

Life	M	SD	M	SD	(348)		s d
Physical	61.63	14.43	60.93	13.16	.47	.62	.050
Psychological	59.96	14.82	59.83	15.87	.07	.94	.008
Social	57.69	19.87	61.37	20.66	-1.66	.09	.181
Environmental	62.45	14.05	63.75	15.16	-.81	.41	.088

Non-significant differences (p>.05) were found in overall quality of life of male and female young adults.

Discussion

It was hypothesized that emotional competence and social competence are significantly correlated. Results suggested that there exists significantly positive relationship between the two variables. The correlation value (r=.34**) was moderate which means that the two independent variables had significant moderate positive relationship at *p*<.01 level. An emotionally competent individual would be high on social competence. Findings from past researches confirm the presence of positive association between emotional competence and social competence. Better understanding of one's own self and emotional recognition is significant in successful adaptation in social environment making a person socially competent (Moira & Olivier, 2008).

Psychosocial variables including emotional and social competence were significantly associated with quality of life (physical, psychological, social and environmental). Analysis revealed that emotional competence and social competence had significantly positive correlation with quality of life. Emotional competence has significantly positive correlation with physical (*r*=.25**), psychological (*r*=.29**), social (*r*=.18*) and environmental (*r*=.23**) quality of life for university students. The ability to identify, understand and manage emotions has been linked with high quality of life among young adults by previous research studies (Al-Huwailah, 2017; Manhas, Sharma, & Manisha, 2014). Social competence was also found to be positively associated with physical (*r*=.30**), psychological (*r*=.28**), social (*r*=.22**) and environmental (*r*=.30**) domains of quality of life. This positive relationship between social competence and quality of life has been confirmed by a recent study (Jamison & Schuttler, 2015). Moreover, social competence has been theorized as one of the defining features of overall quality of life (da Silva, Lindau, & Giacheti, 2015).

Emotional and social skills have been considered as the basic foundation for living a healthy, satisfied life. A person with effective communication skills is better able to convey his ideas and opinions. An individual with such skills have also been known to possess higher empathy. It leads to better understanding of how others are feeling and respond accordingly. Consequently, predicting good quality of life in social, personal and professional life areas (Allemand et al., 2015). According to Im-Bolter and Cohen (2007), a person with higher degree of emotional competence and social intelligence is able to develop strong social ties which lead him to perform better in all other areas of life. Similar results have been reported by other theorists in recent studies suggesting that higher quality of life is significantly predicted by effective emotional and social competencies (Conti-Ramsden & Durkin, 2015; Durkin et al., 2017).

These skills have also been linked to gender in some instances, ultimately leading to gender differences in quality of life by many theorists (Badr, Rao, & Manee, 2021; Lee, Xu, & Wu, 2020). The quality of life of young females have been found to be poorer than males in many research studies (Orfila, Ferrer, Lamarca, Tebe, Domingo-Salvany, & Jordi Alonso, 2006). The studies have found that females, being underprivileged members of society in many cultures are more likely to be deprived of basic life necessities along with becoming a

target to social abuse and neglect in many cases. Moreover, they are at a higher risk of psychological issues which ultimately makes them dissatisfied with their lives in general (Fodor, Lane, Schippers, & van der Lippe, 2011; Tore, 2012). On the contrary, the results from current study are different.

According to the results deduced from present study, female members of the society enjoy better social and environmental quality of life whereas overall mean for males was slightly higher on psychological and physical aspects of quality of life. However, this difference was not significant (*p>.*05). These results might be different owing to cultural differences. As the male members of society are constantly on the go therefore, being active enough might make them physically fit and healthy as compared to sedentary lifestyle which is more prevalent among females. Moreover, male members are better able to handle and regulate their emotions being more logical and practical that leads them to have relatively better psychological health. Simultaneously, males have to face many social and environmental problems on daily basis in their personal and professional lives; especially now-a-days where social unrest, injustice, economic constraints and lack of employment opportunities and consequent personal issues are not uncommon. All the factors combine which make males of our society to experience lower level of satisfaction with their social and environmental lives. Nevertheless, both genders were not significantly different on each component of quality of life making these differences insignificant.

Conclusion

The study established statistically significant impact of psychosocial factors that is emotional competence, social competence on quality of life of young adults with age ranging from 18-25 years. Results revealed that psychosocial variables were strongly associated with each other. Emotional competence and social competence had significantly positive associated ($r=.34**$, $p<.01$). Emotional and social competence had positive correlation with physical, psychological, social and environmental quality of life. Moreover, it was also found that physical ($\beta=.16$, $p<.01$), psychological ($\beta=.11$, $p<.05$), social ($\beta=.11$, $p<.05$) and environmental ($\beta=.13$, $p<.05$) quality of life is significantly predicted by emotional competence. Social competence also served as a significant predictor for physical ($\beta=.24$, $p<.001$), psychological ($\beta=.18$, $p=.001$), social ($\beta=.18$, $p=.001$) and environmental ($\beta=.25$, $p<.001$) satisfaction with one's life. Furthermore, results suggested that the quality of life of young men and women do not differ significantly.

Recommendations

The research would assist students and parents to understand the significance of emotional and social skills in overall well-being of an individual. However, future research may explore different facets of emotional and social competence among young adults. The study might also be carried out with children or old age people to assess their level of emotional and social competence and take necessary steps to improve their quality of life. There should be trainings for young adults specifically and society in general to help them in regulating their emotions appropriately specifically in current situation where the world is facing social unrest and instability.

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