Social skills' impact on quality of life: a literature review and synthesis.

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Abstract. Social skills contain behaviours emitted by an individual when facing interpersonal situations in which the gains are maximized, and the losses are lowered to all the individuals involved. Social Skills Training involves group programs that seek to integrate new social skills behaviours in an individual's repertoire and improve their social relations and quality of life. The World Health Organization defines quality of life as the perception of an individual of their position in life, related to their standards, goals, expectations and concerns, considering their value systems and culture. This study aims to investigate and synthesize the state of the art regarding research that investigates the impact of social skills on quality of life. A systematic literature review was performed using Google Scholar, Scopus and Web of Science. 18 articles were examined and divided into six sections based on the research subjects. Results show that the impact of social skills on quality of life is overall very positive. However, studies had a few limitations, like small samples, lack of control groups, and others. Studies in the field are highly incentivized to overcome these obstacles and increase the understanding of the powerful contribution that social skills have to offer to individuals' quality of life.

Keywords. Social Skills, Social Skills Training, Quality of Life, Systematic Review, Behaviour Analysis.

1. Introduction

Firstly, Social Skills (SS) can be defined as a class of behaviors emitted by an individual when facing the requirements of interpersonal situations, in which the gains are maximized and the losses are lowered to all the individuals involved in the social interaction [1]. Consequently, Social Skills Training (SST) is a usually a group intervention that intends to train certain SS behaviors with the purpose of integrating new behaviors into the individuals' repertoire by using strategies like reinforcement, instructions, modeling, feedback and behavior testing [2] [3]. Thus, SST also aims to improve general quality of life [3], and it is predominantly a topic of interest among behavioral and cognitive sciences [4].

Likewise, the World Health Organization describes quality of life (QoL) as the perception of an individual of their position in life, regarding their standards, goals, expectations and concerns, considering their value systems and culture. To measure that variable, they developed the instrument WHOQoL-BREF, which acknowledges four dimensions: physical health, mental health, social relationship and environment [5]. Therefore, it would be relevant to understand how SS and SST can contribute to the improvement of QoL.

Even though SS is a multifaceted field [4], few studies are done to understand the bigger picture of how it can benefit individuals and its effectiveness in enhancing their QoL, by uniting all available data on the matter to grasp its current state. For example, a review was performed by Almerie and collaborators to examine SS programs that can assist people with Schizophrenia [6], however, other populations weren't included. In this manner, an analysis is needed to combine other programs and people that can be favored by improvements in their SS and QoL.

Then, this article aims to investigate and synthesize the state of the art regarding studies that investigate the impact of SS on QoL with the purpose of motivating research and the use of SS and SST in various contexts. The author hypothesizes that the topic is widely researched and that the impact is significantly positive.

2. Method

This study consists of a systematic literature review. The search was conducted in three databases: Google Scholar, Web of Science and Scopus, using the keywords "social skills" and "quality of life". For the purpose of this research, SS needed to be in the articles' title, since it is a key concept. Besides that, the term QoL could show up in the topic (Web of Science) and in the title, abstract or keywords

(Scopus), considering that many factors can be included in such idea [5]. Neverhteless, in Google Scholar it was necessary to use the command "allintitle", due to the enormous number of results, which were around a million and had to be narrowed down to the ones closest to this work's goal. Moreover, a subject filter was included in Scopus, limiting the results to Medicine, Psychology, Neuroscience, Social Science, Health professions, Nursing and Multidisciplinary research.

Initially, no further filters were added, so that an analysis considering all the results and publication years was possible (Tab. 1). After that, to focus on the most current results, only articles published from 2015 to 2025 were considered. In addition, no articles with zero citations were used, besides the ones published in 2024 or 2025, with the aim to target only relevant work in the field. Also, study protocols were excluded, since they don't provide any new data besides designing a future study. Then, results and discussion were based on the articles in English or Portuguese that were open access or were available through UNESP's credentials.

Finally, the Results section was arbitrarily organized in different subsections by clustering the results with the same research subjects (Tab. 2) to provide a clear and objective synthesis of the data obtained. The research subjects and topics that could not be grouped (labeled as "other subjects") were not included, since the goal is to gather an overview of the most researched subjects in the area.

3. Results

At first, it was noticeable that Scopus concentrated the larger number of results, followed by Web of Science and Google Scholar in descending order, as shown in Table 1. Some articles appeared in more than one database.

Tab. 1 – Databases' general results and year gap.

Database	Results	Year gap
Google Scholar	65	1992-2025
Web of Science	93	1980-2025
Scopus	123	1990-2025

After the period and citation filters were contemplated, along with a screening and selection of available articles, the useful results totaled 29. Yet, 18 of these articles, from 2016 to 2024, contain six main research subjects. Meanwhile, the other eleven approach other single subjects and topics (Table 2), which include immigrants, hearing aid users, children with limiting life conditions, students with dyscalculia, children and adolescents with visual impairments, patients with obsessive-compulsive disorder, and other themes, such as multimodal therapy, psychiatric rehabilitation, among others.

Tab. 2 – Number of results per research subject.

Research subjects	Results
Individuals with Autistic Spectrum Disorder	5
Caregivers	4
Neurotypical Children and/or Adolescents	3
Individuals with Schizophrenia	2
University students	2
Drug users	2
Other subjects	11

Along these lines, the findings for each research subject will be briefly described in the following subsections.

3.1 Individuals Autistic Spectrum Disorder

Three out of the seven results targeting individuals with Autistic Spectrum Disorder (ASD) investigated aspects related to the Swedish SST program KONTAKT© [7] for this population [8] [9]. Initially, in 2020 Afsharnejad et. al. tested the cross-cultural feasibility of KONTAKT© for Australian teenagers with ASD by culturally adapting it, translating it to English and performing a one group pre-test post-test design study with sixteen sessions, involving fourteen adolescents and twenty parents. The primary assessed outcome was the achievement of the adolescents' personally meaningful social goals, while secondary outcomes included autistic traits, competence in SS, QoL, emotion regulation, participant satisfaction, negative experiences from attending the program and other variables. Most teens achieved their self-reported goals, and significant improvement was noticed in their autistic traits regarding social communication, as well as QoL, emotional regulation and confidence in social interactions, all that assessed by a variety of instruments and/or parental reports. Therefore, these results indicate that the 16-session KONTAKT© was feasible, well accepted and highly valued by all the stakeholders, although the acceptability could still be enhanced [8].

Further, in 2021 the same authors employed a Randomized Control Trial (RCT) in order to assess the differential efficacy of the just mentioned 16-session KONTAKT©, in contrast with an active control group, in supporting adolescents with ASD to achieve their meaningful social goals as a primary outcome, which was the same as the 2020 study (just like almost all secondary outcomes) [8]. The control group enrolled in a 16-session interactive cooking program. KONTAKT© group showed better attendance, made better progress in achieving their personal social goals after the intervention ended,

showed lower anxiety and social anxiety levels, had a decrease in autistic traits and an enhancement of their QoL, daily emotional state and other variables when compared to the control group. Accordingly, findings demonstrate KONTAKT©'s efficacy to support teenagers' social meaningful goals and reduce their social anxiety more successfully than another comparable social context program [9].

Then, in 2024 Fridell et. al. examined the feasibility, acceptance and preliminary efficacy of manualized SKOLKONTAKT™ [10] in comparison with generic social group activities with autistic peers and learners with documented social necessities. Their changes in SS were defined as the primary outcome. SKOLKONTAKT™ is an adaptation of the KONTAKT© for the naturalistic school environment instead of the clinical setting [10] [11]. This pragmatic and controlled pilot study happened parallel to three terms of a Swedish high school, including 33 participants with ASD and/or ADHD and other conditions (like dyslexia) and their caregivers. The 12 sessions were applied by trained school staff. Some adaptations had to be made due to COVID-19 pandemic, like online sessions. SKOLKONTAKT™ increased QoL, made aspects of social communication skills with peers easier and goals were more likely achievable (secondary outcomes) in comparison to control group, although main consequences of the primary outcome measures were not supported. The program showed to be feasible and safe for the Swedish educational setting, but more research is still needed [11].

Yet, the other two studies covered different SST procedures. The Girls Night Out was developed by Jamison and Schuttler in 2016 as a self-care and SS program to approach the needs of adolescent females with ASD/DD with aims in enhancing their social and emotional health [12]. It's based on behavioral and cognitive theories, applying empirically proved strategies like SST on 2-hour sessions over 12-16 weeks for groups with 4-6 girls. Curriculum includes conversation and relationship building skills, self-care, self-determination in social competence, etc. Data from 4 years of intervention was assessed and collected, including 34 participants from 5 groups. Findings show that perceived QoL significantly increased, together with self-reported social competence significant participant fidelity and satisfaction, while other variables showed moderate positive results [12].

At last, in 2022 Drüsedau et. al assessed the revised version of the TüTASS program (the Tübinger Training für Autismus-Spektrum-Störungen) [13] in its efficacy, which was developed to help children and adolescents with ASD to cope in their day to day lives using body and mindful awareness exercises along with SST [14]. This pre and post-test study included twenty 90min sessions and participants aging between seven and fourteen years old and their parents, both evaluated with several self-report and informant reporting instruments. Results demonstrated an improvement in social motivation and communication regarding autistic core characteristics, as well as social competence, both primary outcomes. Additional data showed a slight increase in the self-reported QoL, emotional regulation and overall satisfaction from both parents and teens, indicating good efficiency of the TüTASS program [14].

3.2 Caregivers

All the articles focused on caregivers of elderly people, consisting of three empirical studies conducted in the state of São Paulo (Brazil) and one literature review [15] [16] [18]. Firstly, research performed in 2016 by Pinto and colleagues investigated difficulties and most important SS for caregivers (both healthcare professionals and unpaid family members of the elders) and recipients to deal with daily hardships [15]. For that, an interview was conducted and recorded during home or workplace visits. The questions included sociodemographic data and requests to describe daily conflicts related to caring for a dependent elder, identify important SS and put them in five categories after priorly explaining their definitions. They found that the most reported struggles that worsen their QoL were conflicts of opinion about care, financial problems, lack of cooperation from the elderly care recipient and unsupportive family members. On the other hand, expressing positive feelings, controlling aggressive reactions, ability to get information, using coping mechanisms, asking for help and arranging time for yourself were the most significant SS according to the participants [15].

Later, a brief report published in 2017 by Amorim and associates shows that family caregivers with a more complex SS repertoire gravitate to an improved QoL and to feel less burden. Thus, they used two instruments, one to assess SS and another to evaluate the QoL of 41 non-paid caregivers, along with Pearson's correlations to associate the variables [16].

Pinto et. al. emphasized the lack of instruments specifically targeting caregivers [15], issue that was covered by Queluz et. al. in 2018 by verifying the evidence for validity construct of the SSI-CE (Social Skills Inventory for Caregivers of Elderly Family Members) [17] based on correlations with other factors like dyadic relationship quality, QoL, depressive symptoms and burden perceptions [18]. For that, different instruments were used. Results suggest that the scores related to SS were positively correlated with the QoL and the dyadic relationship measures. Besides, SS results were also negatively associated with perceived burden, conflicts and depressive symptoms. Although its scientific relevance is certainly apparent, the authors state that further investigations are still needed to verify the validity of this instrument [18].

Lastly, in a review from 2019, Queluz et al. examined the association between SS and indicators of psychosocial adjustment in caregivers. Eleven articles starting in 1988 fit the selection criteria, allowing the perception that the research area is

recent and little developed [19]. The majority of them consisted of correlational studies and the most evaluated variable was the relationship between SS and perceptions of burden, as it came across the other three studies cited above in this subsection. In general, most caregivers are middle-aged women with some level of kinship with the elder. In summary, SS were considered important for the caregiver's QoL and were crucial in many aspects of the day-to-day activities involved in caregiving for an older population [19].

3.3 Neurotypical Children and/or Adolescents

The three found articles have different approaches to the theme. In 2017, Lemonia et. al. aimed to explore how some SS, like empathy, cooperation, disruptiveness and quick temperedness would contribute to the prediction of QoL concerning 240 teenagers who engaged in dance (120) and physical activities (120). QoL and SS were both measured by one scale each [20]. Findings support that, for both dancers and athletes, the SS mentioned above contribute to predicting the three subscales of the perceived QoL, including physical wellness, social support and relationships. This last variable was more significant in the dancers' group, especially regarding peers and family. Therefore, the importance of dance and physical activities for the adolescent's well-being was emphasized [20].

Then, also in 2017, Silva et. al. intended to verify if improving SS would reduce bullying in 6th grade students one year after the intervention [21]. They employed a Quasi experimental design and elaborated an eight-session intervention with 78 students divided into smaller intervention and control groups. Addressed themes were making friends, assertiveness, emotional expressiveness, self-control, empathy and others. The amount of bully practiced/suffered as well as which profile the student belonged to (as in victims, not involved or bullies), difficulty in SS and sociodemographic data were all assessed through three different instruments in three moments (pre-test, post-test and follow up after twelve months). Results showed that the intervention reduced the difficulty in SS by the bully victims, which was maintained after one year, increasing polite, empathic nonviolent interpersonal problem resolution and emotional self-control behaviors. Thus, it promoted more friendships and lesser violent situations, supporting a better QoL in school. However, the aggression variable didn't demonstrate significant change [21].

Additionally, Abba et. al., in 2024, did a correlational study to explore how social support can help to increase SS and the QoL of 500 male and female students, using two scales to measure these factors. Social support had a positive correlation with SS and QoL, suggesting that teenagers with better social support are likely to develop greater SS and experience an improved QoL, also, there wasn't a difference between genders [22].

3.4 Individuals with Schizophrenia

The two studies had very different aims and approaches regarding the impact of SS on the QoL of individuals with Schizophrenia. In 2020, Takaloo et. al. investigated, in a pilot study, what are the consequences of short-term SST on QoL, on positive and negative symptoms and the global functioning in 29 people diagnosed with schizophrenia spectrum disorders in an Iran outpatient clinic [23]. After twelve sessions and a reassessment after three months, findings suggest that SST can lower positive and negative symptoms, as well as improve the psychological domain of QoL, whereas the other three aspects didn't show significant differences, which might show the importance of interpersonal relations in the patient's life [23].

Further, a scoping literature review was performed by Surdyka et al. in 2022 to understand the kinds of technology, attributes, applications and results of educational technologies (ETs) used to teach SS to individuals with Schizophrenia [24]. The keywords "mental illness", "social skills" and "technology" were used to search on Ovid MEDLINE® and CINAHL Plus repertoires. After careful screening, 23 studies, from 2007 to 2020, were selected. Computer-based training programs and virtual reality were the two most used ETs to teach SS to this population, besides that, Mobile Health was also mentioned. Overall, the research field is new, and existing ETs can be used to teach SS to people with Schizophrenia and enhance their treatment [24].

3.5 University students

Both articles target the post pandemic scenario of mostly female college students [25] [26]. First, a study was performed in Cypriot University (Greece) by Panteli et. AL in 2021 with 106 students to understand the relations between SS during the pre-pandemic period, social support from family and friends, and perceived stress during the COVID-19 pandemic and lockdown measures [25]. For that, a two-wave design and three instruments to assess perceived stress, perceived social support and SS were used. Results found that only the skills to resolve disagreements and manage interpersonal conflicts before the pandemic and family support during lockdown negatively anticipated perceived stress during the pandemic. Other than that, no other significant associations were found, so abilities related to conflict management seem important for the post-pandemic QoL [25].

Likewise, in 2024 research was conducted in the Chulalongkorn University (Thailand) by Pinpradub and Prasartpornsirichoke with 411 first year undergraduate students, in which their living conditions and revenue were also assessed to investigate their mental health (depression, anxiety, and stress), SS, QoL and associated factors [26]. Found data shows no relevant association between the participants' SS, QoL, mental health and living conditions in the post COVID-19 era and there were no significant differences in sex, income sources,

hometown and accommodation settings in SS, mental health and QoL [26].

3.6 Drug users

Two Quasi-experimental studies were conducted by Limberger and Andretta, one in 2018 and the other in 2022, performing pre, post and follow-up testing. Both worked with adult males around 39 years old that were under treatment for substance use disorder (SUD) in Therapeutic Communities, where psychologists and Psychology students offered an SST program and trained skills that were picked by the participants [27] [28].

The 2018 article, consisting of a pilot study, found that the training had a positive outcome on thirteen males related to the following skills: expressing negative affect and making refusals, in addition to a relevant decrease on depressive symptoms and improvements on the environmental and psychological domains of QoL [27]. Then, they repeated the procedure in 2022 with a few modifications, such as adding some instruments (broadening the data collection) and expanding the number of participants. Results showed an increase in the abilities to refuse the drug (essential to maintain abstinence), to deny requests, to maintain tranquility when facing criticism and defending rights. Thus, the QoL was improved. In general SST was defined as an interesting complementary tool for people with SUD, promoting a good cost-benefit ratio due to significant adhesion by the participants [28].

4. Discussion

The present review aimed to examine and briefly describe the current research on how SS impact individuals' QoL. First and foremost, based on the results, it possible to determine that the impact of SS on QoL is overall very positive, once 15 articles showed moderate or significant improvement in QoL due to better SS, while one collected the most important SS to deal with daily hardships that worsen the QoL of caregivers [13] and another one found the most used ETs to teach SS and improve the treatment of patients with Schizophrenia [23]. Only one study didn't find significant correlations [26]. Accordingly, the author's hypothesis could be verified, since the number of results was also significant.

Nevertheless, it is important to discuss the limitations found on the studies. Most papers (11) mentioned small sample sizes as a relevant limitation, followed by lack of control groups (4) and limited number of studies in the literature reviews (3). Another possible limit is the use of self-report instruments as the main measures, so it would be interesting to complement this data by including more objective tools that can assess SS in natural contexts.

Further, this review also faced some limitations. The main one is the restricted access to a lot of studies due to language barriers and paid access. More databases could have been included to broaden results. Moreover, additional analysis could be made, like showcasing the countries where which work was done to investigate the most contributing nationalities for the topic. Likewise, used assessment instruments should be checked more thoroughly to understand and compare how variables are being measured. Still, this study's strengths should be emphasized, as it enlightens the general beneficial impact of SS on the QoL of multiple populations with the goal to contextualize the readers and stimulate further research in the area.

5. Conclusion

In conclusion, SS is a rather recent but expanding and valuable research topic that is applicable in many contexts and to a wide range of people, especially when it aims to promote a better QoL. Still, more research is encouraged to overcome limitations, farther expand its positive impact and increase the understanding of the powerful contribution SS and SST have to offer to individuals.

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