



Full Length Research Article

SUBJECTIVE WELLBEING AND SCHOOL FAILURE IN CHILDREN AND ADOLESCENTS: INFLUENCE OF PSYCHOSOCIAL FACTORS

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ARTICLE INFO

Article History:

Received 05th August, 2014
Received in revised form
21st September, 2014
Accepted 23rd October, 2014
Published online 18th November, 2014

Key words:

Subjective Wellbeing;
Children Adolescents;
Psychosocial Factors;
Student Retention;
Quantitative Descriptive Study

ABSTRACT

Our main objective is to study the relation and impact of student retention in subjective wellbeing in children and adolescents and the role of social and personal factors in this relation. Data was collected in 16 schools, 1181 young people responded to the questionnaires, 51.5% were female, ages ranged between 8 and 17 years and mean age 9,9 (SD = 1.35). 12,2% had been retained a grade. Three adequate regression models were built. Model 1 establishes association between being retained a grade and subjective wellbeing. This association is not significant when considering the effect of personal and social factors, which were strongly associated with subjective wellbeing. Research and intervention implications were discussed in order to promote subjective wellbeing and school failure prevention.

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INTRODUCTION

Health related quality of life (HRQoL) it is strongly associated to subjective wellbeing. World Health Organization (WHOQOL group) define HRQoL as physical health, psychological state, level of independence, social relationships and the individual's relationships in his living context. The WHO also illustrates quality of life as a broader concept, including the individual's perception of his current life situation, of his cultural context and value systems and relating it to his objectives, expectations, standards and concerns (WHOQOL, 1996). A positive and healthy psychosocial development is influenced by individual and ecological factors (Bronfenbrenner, 2001; 2005). Subjective well being involve more than the absence of maltreatment and deficits, they also require strength and positive qualities in the contexts and families of children and adolescents. There are several indicators that can be used to measure wellbeing in children and adolescents, including the development of social

behaviours and cognitive development. The psychosocial development should be considered based on an ecological perspective that focuses on multiple levels of analysis on children/adolescents, parents and family, peers, community and society (Gaspar, Matos, Ribeiro, Leal & Ferreira, 2009; Nelson, Laurendeau & Chamberland, 2001; Ravens-Sieberer et al, 2009).

Cummins (2005) supports the principles of conceptualization of life quality as a construct: (1) it is multidimensional and influenced by personal and environmental factors and their interactions, (2) it has similar components to all individuals, (3) its components present objective and subjective variables, and (4) it is influenced by self-determination, resources, the meaning of life and by the perception of belonging.

Subjective wellbeing in children and adolescents is influenced by personal and social characteristics (Gaspar, Matos, Ribeiro, Leal, Erhart, & Ravens-Sieberer, 2012; Ravens-Sieberer & European group Kidscreen, 2001, 2005; The Kidscreen Group Europe, 2006). There are new models considering subjective wellbeing not only as a functional matter or life status, but also as constructs that involve social support, psychosocial

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adjustment, wellbeing, self-esteem, resilience, optimism, stress and coping (Dawson & Pooley, 2013; Gaspar *et al.*, 2012; Harding, 2001; Utsey, Hook, Fisher & Belvet, 2008). If children or adolescents present more protective factors, they will assess their subjective wellbeing at the highest level. The protective factors may mediate the relationship between children and adolescents' characteristics and skills and, therefore, their quality of life (Lawford & Eiser 2001; Morgan, 2007). Distinguishing risk factors from protective factors is complex. The same factors, depending on the circumstances, can act/contribute like a protective factor or like a risk factor. The probability of an individual having social, personal and physical problems and negative consequences increases in the presence of risk factors (Reppold, Pacheco, Bardagi & Hutz 2002; Zolkoski & Bullock, 2012). Children with more risk factors and less protective factors present a more negative subjective wellbeing. School success and achievement are positively related to subjective wellbeing (Gaspar *et al.*, 2009; Ravens-Sieberer & European group KIDSCREEN, 2001, 2005).

School failure is a concept not only related to academic qualification but also to social qualification. Parallel to a student's social variables, there are important variables associated to school: the curriculum and pedagogical practices, the student's personal characteristics, processes and strategies used to acquire knowledge, personal perceptions and skills that may condition learning and academic success, study methods, level of effort, self-concept, sense of efficacy and motivation. School failure means the student has not achieved the minimum required objectives to successfully conclude a stage of learning (Ribeiro, Almeida & Gomes, 2006; Michel & Roebers, 2008). Research on subjective wellbeing indicates that it is associated with academic success and positive school functioning and achievement (Bird & Markle, 2012; Lyubomirsky, King & Diener, 2005). Students with school success present a better subjective wellbeing. On other hand, positive interpersonal relationships at school and with family are, also, related to a better subjective wellbeing (Gaspar, Matos, Ribeiro, leal, Erhart, & Ravens-Sieberer, 2010).

The collaboration between parents and teachers is more fruitful when seen as a shared process with the aim of preventing problems, instead of being limited to a solution attempt. Family participation in children's education leads to better student behavior, a better academic performance and a more positive subjective wellbeing (Gaspar, 2010), leading these students to higher academic degrees (Stoddard, Braun & Koorland, 2011). Musji-Rao & Gwendolyn (2004) emphasize the importance of a continuous communication between home and school for the promotion of children's academic success in urban schools, having presented a positive correlation between the child's academic success and the level of instruction and parental involvement. The students with better grades perceive more parental support, even if such support is not extended to school activities. Students with lower grades show less value for a school's "student room", "exterior spaces/recess" and perceive school as a place to learn new things to prepare for a profession and do not value "being with friends". Both groups of students with high and low grades present a good relationship with teachers and consider that they help them through academic difficulties, when needed (Gaspar, 2010). Making friends is also very important in the balance of life.

Friendships help children feel safe and valued, and be part of a community (Koster, Timmerman, Nakken, Pijl & Houten, 2009). Problems with peers, friends, teachers and stressful events in school may negatively interfere with self-esteem and consequentially with interaction with parents, and may also lead to negative self-perceptions and feeling of impotence (Lehman & Repetti 2007). The self-esteem of children with learning difficulties' is frequently considered to be more negative than the one of children with no learning difficulties (Gaspar *et al.*, 2012). Despite these facts, children with learning difficulties and children with a low global self-concept present more behavioral problems. These children tend to see themselves as less popular among peers, as less happy, with less adequate behaviors and as being seen, by teachers, as having difficulties in maintaining attention, in school, in social interactions and with anxiety symptoms (Clemente & Santos, 2010; Gaspar, Ribeiro, Matos, Leal, Ferreira, 2010).

Children with learning difficulties generally present less social and emotional skills, besides academic problems. Studies on risk and resilience with children with learning difficulties make us conclude that, independent from family and socioeconomic conditions, the learning difficulty in itself represents a risk factor that may lead to negative results for the child. Associated to learning difficulties are variables such as low social acceptance, few problem solving skills, low self-esteem, low grades and few social skills (Robertson, Harding & Morrison, 1998). A resilient child has a larger capacity to successfully adapt in the presence of risk or adversity, including school failure. Resilient characteristics, such as intelligence and positive temperament, may offer children and adolescents the ability to overcome adversity. More often, specialists look at resilience as a result of an interactive process that involves risk and protection through the presence or absence of risk factors and the exposure to those factors, where protection is established to deal with the risks' negative effects and serve as an effect to strengthen innate children, adolescent and families' identity and characteristics (Ahmed & Boisvert, 2006; Anthony, Alter & Jenson, 2009).

Subjective well being in children and adolescents is influenced by social/interpersonal and personal factors. Risk and protective factors related to subjective wellbeing can be identified. School failure can be considered a risk factor related to personal and social factors, and consequently to children's subjective wellbeing. Our main objective is to study the relation and impact of retained student in subjective wellbeing in children and adolescents, and the role of social (social support satisfaction related to parents and friends) and personal factors (optimism, resilience and self-esteem) in this relation.

MATERIALS AND METHODS

Sample

Participants were recruited in a convenience basis, keeping in mind a geographic stratification by country zone (north and south). Were applied 1500 questionnaires (750 and 750 in the north zone in the south). In the end 1181 valid questionnaires were obtained. The response rate was 78, 73%. The remaining questionnaires were either not valid or on the day of

implementation planned students were not at school. Data were collected in 16 schools, 8 in the North Region (NR) and 8 in the Lisbon Region (LR) of Portugal. 1181 young people responded to the questionnaires (33.4% in the NR and 66.6% in the LR), 51.5% were female and ages ranged between 8 and 17 years with an age average of 9.8 years ($SD=1.32$), and an average age for boys of 10.0 ($SD=1.53$). Only 2.6% of young people had special educational needs, and 12, 2% had been retained grade.

Measure

Subjective wellbeing measure

For the development of the KIDSCREEN-10 Index, items are derived from a longer version. The good internal consistency reliability (Cronbach's $\alpha = 0.82$) and the good test-retest reliability/stability ($r=0.73$; $ICC = 0.72$) enable a precise and stable HRQoL measurement. The KIDSCREEN-10 is able to differentiate groups; low scores can be read as feeling unhappy, unfit and dissatisfied regarding the family life, peers and school life, high scores indicate the opposite: feeling happy, fit and satisfied with family, school and peer group.

The instrument results in one global score, where a one-dimensional measure represents a global score for the longer KIDSCREEN versions (KIDSCREEN-52 and KIDSCREEN-27). It is adequate for use in large (epidemiological) surveys (The KIDSCREEN Group Europe, 2006). According to international guidelines, the translation of the KIDSCREEN draft questionnaire included a forward-backward-forward translation procedure with harmonisation processes. The Portuguese version show good psychometric properties and the analyses factorial confirmatory show a good fit model (Matos, Gaspar & Simões, 2012).

Resilience measure

The resilience scale was elaborated within the International Resilience Research Project (Grotberg, 2001). The back translation method was used, in order to translate and adapt the scale. The scale was translated into Portuguese by two Portuguese researchers, and the two versions were compared and integrated. The resultant version was translated back to English, and then revised by a bilingual researcher and compared with the original version. The resultant Portuguese version was tested with some children and adolescents in order to adapt the language. After this process, the final Portuguese version was obtained. The Grotberg's scale integrates three correlated dimensions of resilience, organized around their sources: provided external support, developed inner strengths, and acquired interpersonal and problem solving skills, labeled respectively I Have, I Am and I Can (Grotberg, 2001), which are used to deal with adversity. Like the original, five items were used (manifest variables) for each of the considered dimensions. The Portuguese version demonstrated reliability, convergent and discriminant validity. The scale was cross-validated and results show invariance of the parameters. (Pinto-Coelho, Gaspar & Albergaria, submitted).

Optimism measure

The Life Orientation - Revised Test (LOT-R - Scheier, Carver & Bridges, 1994) is a self-response instrument which is composed of ten items, four of which are distractors and six of

which evaluate dispositional optimism. The possible responses are presented in an ordinal scale of five points which vary between "I totally agree" to "I totally disagree". The respondents should therefore register the degree of agreement in relation to the statements presented. The Life Orientation - Revised Test (LOT-R - Scheier, Carver & Bridges, 1994) was translated and adapted for children and adolescents by Gaspar, Ribeiro, Matos, Leal & Ferreira (2010) with an internal consistency of $\alpha = .59$.

Self-esteem measure

Self-esteem was measured using the Portuguese translation and adaptation of the short version of Kelley's scale Hare Self-Esteem Scale (Kelley, Denny & Young, 1997) using the back translation process, the same used and describe above for the resilience measure. The metric properties of the Portuguese version of the instrument are being prepared (Gaspar, Tomé, Albergaria, Freire, in preparation). This scale has 18 items with Likert format ranging from "Strongly Agree" to "Strongly Disagree" and has three dimensions: home self-esteem, self-esteem related to friends and school self-esteem.

Social Support Satisfaction measure

The Satisfaction with Social Support Scale (SSSS – Ribeiro, 1999) measures satisfaction with social support and was constructed for young adults and adult populations in situations of illness, as well as chronic and psychological disease. On constructing this scale, a group of health-related and wellbeing dimensions were considered along with other directly related dimensions. The original SSSS is composed of 15 affirmative sentences that are displayed for self-response. Subjects should mark the degree to which they agree with the statement (if it applies to the individual) on a Likert scale with five positions from "I totally agree" to "I totally disagree". These 15 items are distributed through four dimensions or factors, which are empirically generated, to measure the following aspects related with Social Support Satisfaction: "Satisfaction with Friendship", "Intimacy", "Family Satisfaction", and "Social Activity". The Satisfaction with Social Support Scale (SSSS – Ribeiro, 1999) was translated and adapted for children and adolescents by Gaspar *et al* (2009) and obtained an internal consistency of $\alpha = .77$.

Retained a grade was measured through the following question: "Have you been retained at least one year?".

Procedure

Data Collection and analysis

This study was part of a broader survey aimed to examine other welfare variables of Portuguese children and adolescents. In order to get 1500 questionnaires (750 in the north zone and 750 in the southern area) several schools were contacted to assess their willingness to participate in the study. After identifying the participating schools, we measure how many classes had for each year of schooling and the average number of students per class. Based on this information classes were selected and scheduled the day of data collection. The questionnaires were filled in Portuguese, as self-reporting instruments. The application was in a classroom setting, with a presence of the teacher and the researcher. Students and their

parents agreed to participate in the study. Confidentiality and anonymity was preserved. For the data analysis, the statistical software SPSS 20 was used. Descriptive statistics, ANOVA and linear regression were used.

RESULTS

Statistically significant differences were found between retained students and the students that do not repeat school years. Retained students present less healthy indicators than the students that do not repeat school years, such as low values in subjective wellbeing, optimism, resilience, self-esteem and Social Support Satisfaction

Table 1. ANOVA – Analysis of personal and social characteristic differences in retained and non-retained students

Dimensions	Retained Students				F
	Yes		No		
	M	DP	M	DP	
Subjective well being (Kid screen 10)	42,76	5,04	39,49	6,13	28,99***
Optimism	22,72	3,71	19,91	2,54	49,19***
Resilience	60,86	12,95	64,94	8,34	20,90***
Self-Esteem	57,97	7,63	51,64	8,03	46,76***
Social Support Satisfaction	45,88	6,84	42,31	7,14	21,42***

***P < ,001

the explained variance was 39,8 %: Social Support Satisfaction variable and all personal characteristics variables (optimism, self-esteem and resilience) were associated to subjective wellbeing and the variable retained student does not have a statistically significant impact in subjective wellbeing (table 2). A strong association was observed between subjective wellbeing and the variable Retained Student in Model 1. When personal characteristics (optimism, self-esteem and resilience) are included, the association subjective wellbeing and Retained Student becomes not statistically significant. A strong association was observed between subjective wellbeing and all personal characteristics (optimism, self-esteem and resilience) in Model 2. In Model 3, the variable social support satisfaction was included and it presented a strong association with subjective wellbeing, as well as personal characteristics (optimism, self-esteem and resilience). Retained Student still does not have a statistically significant association with subjective wellbeing.

DISCUSSION

Our main objective is to better understand and characterize the association between subjective wellbeing and retained children and adolescents, and the impact of social and personal characteristic in this relation. Our data revealed statistically

Table 2. Study of the impact of Retained Student, personal and social characteristics in subjective wellbeing – three regression models

		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig
Model 1	(Constant)	45,163	,930		48,585	,001
	Retained Student	-2,402	,802	-,142	-2,995	,003
Model 2	(Constant)	13,399	2,288		5,855	,001
	Retained Student	,139	,671	,008	,207	,836
	Optimism	,359	,062	,251	5,746	,001
	Resilience	,104	,026	,167	4,014	,001
	Self-esteem	,245	,029	,365	8,393	,001
Model 3	(Constant)	11,065	2,252		4,913	,001
	Retained Student	,063	,649	,004	,097	,923
	Optimism	,239	,064	,167	3,736	,001
	Resilience	,085	,025	,137	3,390	,001
	Self-esteem	,196	,030	,293	6,646	,001
	Social Support Satisfaction	,199	,036	,252	5,568	,001

Three regression models were developed: Model 1, in order to study the impact of being retained in subjective wellbeing; Model 2, beyond retention, we pretend to observe the impact of personal characteristics (optimism, self-esteem and resilience) in subjective wellbeing; Model 3, beyond retention and personal characteristics, we pretend to observe the impact of social characteristics (Social Support Satisfaction – friends and parents). Regarding the Regression Model 1, an adequate model was achieved [F (1,434) 8,97; p<.003] and the explained variance was 1,8%: retained student variable was associated to subjective wellbeing. Regarding the Regression Model 2, an adequate model was achieved [F (4,431) 61,23; p<.001] and the explained variance was 35,6 %: all personal characteristic variables (optimism, self-esteem and resilience) were associated to subjective wellbeing and retained student variable does not have a statically significant impact in subjective wellbeing. Regarding the Regression Model 3, an adequate model was achieved [F (5,430) 58,60; p<.001] and

significant differences between children and adolescent that are or are not retain at least one school year. Students that were retained present less positive social and personal health indicators, such as less optimism, less resilience, present low self-esteem and less social support satisfaction related to parents and friends. Several authors conclude that problems with friends, teachers and school can negatively influence children's self-esteem (Lehman & Repetti, 2007). Subjective wellbeing and subjective quality of life involve social support and psychosocial adjustment and competences related to self-esteem, resilience, optimism, stress and coping (Dawson & Pooley, 2013; Gaspar et al, 2012; Harding, 2001; Utsey, Hook, Fisher & Belvet, 2008). Children with more risk factors and less protective factors present a more negative subjective wellbeing. Our results revealed a strong association between subjective wellbeing and Retained Students. The school success and achievement are positively related to subjective wellbeing (Gaspar et al, 2009). In order to understand the

impact that social and personal characteristics can have on the relation between retained students and wellbeing, the personal characteristics optimism, resilience and self-esteem were introduced and, later, the social characteristic here measured with social support satisfaction. The final model with all variables conclude that social and personal characteristics present a stronger explicative value on children and adolescents' subjective wellbeing, and with the presence of those factors the association between being a retained student and wellbeing becomes not statistically significant. So personal and social factors can be considered protective factors related to retained students. The prevention and intervention in school failure should include the promotion of social and personal skills, for students, teachers, friends, family and the community.

A positive and healthy development, potential behaviour, beliefs and attitude changes exist as a result of a developmental and an ecological approach (Bronfenbrenner, 2001; 2005) including the relationship between the individual's development of biological and psychological factors, family, community, culture, physical environment and historical niche. The settings for an adaptive development emerge from this two-way interaction between the individual and his context, promoting the well being in both components (Lerner, Almerigi, Theokas & Lerner, 2005; Lerner *et al.*, 2005). The promotion of subjective wellbeing is consistent with the preventive efforts in psychology services in schools, indirectly related services, non-traditional assessments, application of scientific psychology, issues of cultural diversity, and collaboration with parents and teachers. The subjective wellbeing clearly demonstrates the importance of ecological factors, which goes against programs that focus exclusively on individual changes rather than on the environment. Thus, not only should efforts be included to change individual behaviour, but also to modify the surrounding environment. The assessment of subjective wellbeing may be useful in screening and identifying individuals who are at risk of developing behaviour problems, which is crucial for academic programs, health promotion and prevention programs (Bird & Markle, 2012).

The relationship between subjective wellbeing and retained students, and the protective impact that personal and social factors can have in school failure and subjective wellbeing, are important indicators. That provides a strong argument for scientific research in children and adolescents by psychologists and other educators. Psychologists, teachers, school and community contexts have to confront the challenge of providing services that are sensitive to individual differences (Gaspar, Ribeiro, Matos, Leal & Ferreira, 2010; Huebner, Suldo, Smith & McKnight, 2004). Retained students can present personal and social risk factors. Can be established a relations between being a retained student and wellbeing. Retained student presents a more negative subjective wellbeing when compared with students with regular school success. This study contributes to a better understanding of the relations between subjective wellbeing and retained students, and concludes that personal and interpersonal skills can be considered a protective factor for retained students' subjective wellbeing g. Indirectly, those subjective wellbeing and skills, can contribute to a higher school achievement and better school success. This last issue is to be further studied in future research.

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