

Original Article

Evaluation of the Social Wellbeing Status and Associated factors in Students of Dezful University of Medical Sciences (Iran): A Cross-sectional Study

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Abstract

Objectives: The aim of this study was to determine the social wellbeing status and related factors in students of Dezful University of Medical Sciences in 2016. **Materials and Methods:** The present study was a cross – sectional study that was conducted on 248 students of Dezful University of Medical Sciences in 2016. Students from different disciplines were selected by quota sampling method. The data collection tool was a questionnaire in two areas. The first part consisted of demographic and background characteristics and the second part was social well-being questionnaire of Keyes which was used for the assessment of social wellbeing and its various dimensions. Statistical analysis was conducted using SPSS 24 (multiple linear regression model, independent t-test, Analysis of Variance (ANOVA)) and P-value<0.05 was considered statistically significant. **Results:** The number of male and female were 114 (46%) and 134 (56%); respectively. The mean of age was 22.81 ± 3.09 years and the majority of students were in the age group of 21-25 years. The mean scores of well-being, social actualization, social integration, social coherence, social acceptance and social contribution were 67.24, 14.14, 9.91, 12.04, 13.42 and 17.70; respectively. The multiple linear regression model showed that age ($\beta=0.59$), sex ($\beta=1.13$), medical field ($\beta=2.87$) and student's place of residence ($\beta=1.07$) were the most important predictors of social wellbeing (P-Value<0.05). **Conclusions:** Age, sex, medical field and student's place of residence were the most important predictors of social wellbeing in the students, therefore, it is necessary to pay attention to these factors to promote social wellbeing of students.

Key words: Social Wellbeing, Students, A Cross-sectional Study, Dezful, Iran

Introduction

Health is the most fundamental issue in all cultures

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and an indicator of the well-being of today's societies. Usually, more physical dimension is considered in health, while in addition to the dimension, health also depends on social factors ⁽¹⁾. Today, social wellbeing has gained a wide role and importance as one of the important dimensions of health along with physical, mental and spiritual health. In other words, health is not just being free from physical and mental illness and human performance in social relations and his thinking about society are also considered as criteria for assessing individual health at the macro level of society ⁽²⁾. Social

wellbeing is the ability to perform social roles effectively and efficiently, evaluation and reorganization the individual's performance in society and the quality of his relationships with other people, relatives and social groups (3-6). According to Keyes theory, social wellbeing consists of five dimensions: 1- social actualization (believing in the gradual evolution of society and the existence of potential capabilities for positive change), 2- social coherence (belief in understanding, rationality and predictability of society) , 3-Social acceptance (individual interpretation of society and characteristics of others) , 4- social integration (assessment of the quality of mutual relations in society and social groups) and 5- social contribution (assessment of the individual of his social value and the importance of what he does in society (7-10).

Studies have shown that people with high social wellbeing can more successfully cope with the problems of playing key social roles (11). On the other hand, the active participation of young people in social and civic behaviors is considered as one of the indicators of youth development and promoting their health is one of the main goals in general health policies in different countries (12). Among the strata of society, the students of any society are the future makers of the country and paying attention to their physical, mental, social and cultural health will provide the necessary ground for a dynamic and healthy life in society for years to come (13). Due to the effective role of social wellbeing on other aspects of health and also on the educational status of students, not paying attention to the social dimension of health can increase or exacerbate mental problems such as depression, suicide, substance abuse, decreased quality of life, increased social harm, physical problems and decline in their academic performance (14-16).

Studying at university, which is associated with entering a larger society, different educational, social and cultural environment and economic problems can make many changes in a person's life in various individual and social dimensions, such as changes in social and human relationships. These changes have a significant impact on students' health, quality of life and educational status

due to their level of skills and social performance (17). Medical students, while having the problems of other students, are also involved with certain problems such as psychological stress caused by the hospital environment and dealing with patients' problems (18). Therefore, considering that medical students will play an important role in providing, maintaining and promoting community health in the future, and in order to play this important role properly, they themselves must have a desirable level of social health, the aim of this study was to determine the social wellbeing status and related factors in students of Dezful University of Medical Sciences in 2016.

Material and Methods

Study Design and Subjects

The present study was a cross-sectional study to evaluate the social wellbeing of students in Dezful University of Medical Sciences in 2016. Inclusion criteria consisted of student studying at Dezful University of Medical Sciences and informed consent to participate in the research. Exclusion criteria consisted of guest students from other universities and students with a history of less than one semester of study at the Dezful University of Medical Science.

Sample Size and Sampling Method

N=698 (Total number of students)

$\alpha = 0.05$

$Z_{1-\frac{\alpha}{2}}^2 = 1.96$

$d = 1.420$

$\sigma = 14.20$

The study of Farzi H. et al. (19) was used to estimate the sample size. Taking into account the 95% confidence interval and 80% power, the maximum sample size was estimated 248 students based on the following formula:

$$n = \frac{N \times \sigma^2 \times Z_{1-\frac{\alpha}{2}}^2}{(N-1) \times d^2 + \sigma^2 \times Z_{1-\frac{\alpha}{2}}^2}$$

For sampling, we first took a list of students by gender and field of study, then using the quota sampling

method in proportion to the percentage of students in each field of study according to gender, the samples were selected (proportion to size).

Data collection

The data collection tool was a questionnaire in two areas. The first part was related to demographic and background characteristics including age, gender, marital status, field and level of education, household size, parents' education level and student's place of residence. The second part of the questionnaire was related to the assessment of social health and its various dimensions, which The Keyes Social Health Questionnaire was used for this purpose. This questionnaire has 20 questions in different dimensions, including social actualization dimension (4 question), social integration dimension (3 question), social coherence dimension (3 question), social acceptance dimension (5 question) and social contribution dimension (5 question). The questionnaire scoring method was the 5-point Likert scale (completely disagree = 1, disagree =2, have no idea=3, agree=4 and completely agree=5). Of course, this scoring method was inverse for questions 3, 5, 6, 7, 13, 14, 15, 16, 17, 18, 19, 20 (completely disagree = 5, disagree =4, have no idea=3, agree=2 and completely agree=1). In order to calculate the score related to each dimension and the total score of the questionnaire, the total scores of the questions related to that dimension and the total scores of all questions were used, respectively. The higher scores indicated higher social health. It should be noted that the validity and reliability of this questionnaire to assess the social wellbeing of students in a study in Iran has been confirmed^(16, 20).

Statistical Analysis

For the descriptive analysis, mean (standard

deviation) and frequency (%) were used. Then, to examine the relationship between demographic and background variables with social wellbeing and its various dimensions depending on the assumption of non-normality (according to Kolmogorov-Smirnov test), the Independent-Samples T-test or Mann-Whitney U test and Analysis of Variance (ANOVA) or Kruskal-Wallis test were used. Finally, multiple linear regression model was used to predict the effective factors on the students' social wellbeing. It should be noted that the SPSS24 software was used to data analysis and P-Value <0.05 was considered as a significant level.

Ethics Consideration

First, the objectives of the research were fully explained to the students, and then informed consent was obtained from them. This study was done according to the principles expressed in the Declaration of Helsinki and was approved by the Deputy of Research and Ethics Committee of Dezful University of Medical Sciences.

Results

The aim of this study was to evaluate the social wellbeing of students in Dezful University of Medical Sciences in 2016. A total of 248 students were examined. The number of male and female were 114 (46%) and 134 (56%); respectively. The mean of age was 22.81 ± 3.09 years and the majority of students were in the age group of 21-25 years. The majority of participants were studying in the Bachelor of Science (B.Sc. course). Also, 86.60% of these students were single. In terms of field of study, the highest and lowest were related to nursing and operating room with 25.4 and 10.10%, respectively. In addition, the most of the students' parents had non-academic education and the majority lived in student dormitories (**Table 1**).

Table 1. Demographic characteristics of the students under study

Variables		Number (%)
Age (year)	< 20	35 (14.80)
	21-25	181 (76.40)
	≥ 26	21 (8.80)
Sex	Male	134 (54.00)
	Female	114 (46.00)
Degree	Associate Degree	17 (7.50)
	B.Sc.	158 (69.30)
	Doctor of medicine	53 (23.20)
Marital status	Single	201 (86.60)
	Married	21 (13.40)
Field of Study	Nursing	63 (25.40)
	Medical	55 (22.20)
	Laboratory Sciences	32 (12.90)
	Operating room	25 (10.10)
	Anesthesiology	41 (16.50)
	Medical emergency	31 (12.90)
Household size	1-3	71 (29.71)
	4-6	129 (53.97)
	≥7	39 (16.32)
Father's education	Non-academic	133 (62.10)
	Academic	81 (37.90)
Mother's education	Non-academic	155 (74.90)
	Academic	52 (25.10)
Student's place of residence	Dormitory	174 (71.90)
	Rented house	12 (5.00)
	Parents' house	56 (23.10)

Table 2 shows the mean, standard deviation, minimum and maximum scores of social wellbeing and its various dimensions. The mean scores of social wellbeing, social actualization, social integration, social coherence, social acceptance and social contribution were 67.24, 14.14, 9.91, 12.04, 13.42 and 17.70; respectively.

Table 2. Descriptive analysis of social wellbeing and its various dimensions				
Variables	Mean	Standard deviation	Min	Max
Social Actualization	14.14	2.52	6.00	2.00
Social Coherence	9.91	2.15	5.00	15.00
Social Integration	12.04	2.26	3.00	15.00
Social Acceptance	13.42	2.97	5.00	21.00
Social Contribution	17.70	2.85	7.00	25.00
Social wellbeing	67.24	7.40	43.00	86.00

The multiple linear regression model was used to determine the effective factors on mean of the students’ social wellbeing (**Table 3**). The results of this model showed that age, sex, field of study and student’s place of residence were the most important predictors of social wellbeing. As can be seen, the value of β for the sex was 1.13 which this means that the social wellbeing score was 1.13 unit higher in male than female students. Also, the value of β for the age was 0.59, this means that for

every 1 unit increase in the mean of age, the mean of social wellbeing is increased an average of 0.59 units. In addition, the social wellbeing score of students who lived with his parents was 1.07 unit higher compared to those who were in the university dormitory. Finally, the results of multiple linear regression model showed that the independent variables included in the model explained about 0.49 of the variance of social wellbeing score. Other details can be seen in **Table 3**.

Table 3. Determination of the effective factors on the students’ social wellbeing by multiple linear regression model					
Variables		β Unstandardized	S.E	β Standardized	P-Value
Age (year)		0.59	0.23	0.26	0.010
Sex	Female	Reference	-	-	0.030
	Male	1.13	1.25	0.07	
Degree	Associate Degree	Reference	-	-	-
	B.Sc.	-1.56	3.52	-0.05	0.650
	Doctor of medicine	1.54	1.75	0.09	0.380
Marital status	Single	Reference	-	-	0.220
	Married	2.48	-0.11	2.03	

Cont... Table 3. Determination of the effective factors on the students' social wellbeing by multiple linear regression model

Field of Study	Nursing	Reference	-	-	-
	Medical	2.87	0.14	0.12	0.010
	Laboratory Sciences	2.17	1.94	0.09	0.020
	Operating room	1.47	2.12	0.05	0.480
	Anesthesiology	1.45	1.79	0.07	0.410
	Medical emergency	3.31	3.11	0.15	0.280
Father's education	Non-academic	Reference	-	-	0.760
	Academic	-0.13	0.45	-0.02	
Mother's education	Non-academic	Reference	-	-	0.460
	Academic	-1.00	1.37	-0.06	
Student's place of residence	Dormitory	Reference	-	-	-
	Rented house	0.25	2.52	0.008	0.910
	Parents' house	1.07	0.41	0.06	0.040
Coefficient of determination (R2) for the model : 0.49					

Discussion

The aim of this study was to evaluate the social wellbeing of students in Dezful University of Medical Sciences in 2016. A total of 248 students were examined. The number of male and female were 114 (46%) and 134 (56%); respectively. The mean of age was 22.81 ± 3.09 years and the majority of students were in the age group of 21-25 years. The mean scores of well-being, social actualization, social integration, social coherence, social acceptance and social contribution were 67.24, 14.14, 9.91, 12.04, 13.42 and 17.70; respectively. Also, the field of study showed a statistically significant association with all dimensions of social wellbeing except social contribution. In addition, age showed a statistically significant relationship with social coherence and social acceptance. Sex and marital status only with social acceptance showed a statistically significant association. As well as, there was statistically significant association between mother's education and degree's student with social coherence. Finally, the multiple linear regression

model showed that age ($\beta=0.59$), sex ($\beta=1.13$), medical field ($\beta=2.87$) and student's place of residence ($\beta=1.07$) were the most important predictors of social wellbeing ($P\text{-Value}<0.05$).

This study showed that with increasing age, social wellbeing of students increases ($\beta=0.59$), this finding was consistent with the results of studies by Javadi et al. ⁽²⁰⁾ and Mazloomi et al. ⁽²¹⁾, which were conducted to assess the social health of students and related factors in students of Guilan and Hormozgan Universities of Medical Sciences. In addition, our results were in line with the findings of Fathi et al. ⁽¹¹⁾, and Mozaffari et al. ⁽²²⁾, who showed that with increasing age among Iranian teachers and nurses, their social wellbeing increases significantly. Generally, aging and its positive effect on students' social wellbeing indicate that older students have more reasonable behaviors and more social adjustment in the face of problems.

In the present study, the social wellbeing of male students was higher than female students ($\beta=1.13$). This finding is also consistent with the studies of Abdelah Tabar et al. (23) and Fathi et al. (11), these studies attributed the difference to the higher prevalence of physical and mental disorders in girls than in boys. However, some other studies do not agree with our results (20,21). These studies have mentioned that women are more likely than men to seek information about diseases prevention and also more than men, they feel responsible for their health and are concerned about their health. Also, the prevalence of smoking, alcohol and drugs and other high-risk behaviors that are dangerous to health in men is higher than women (24).

Regarding marital status, the results of the present study showed that the mean score of social wellbeing of married people, although higher than singles, however, the difference was statistically significant. This lack of significance was not consistent with most studies in this field. Studies have shown that being married has always been associated with health and promoting social health, and reduces risky behaviors, especially for men. In addition, marriage also provides emotional and moral support in stressful situations, which ultimately improves people's social health (22, 23, 25). The inconsistency of this finding with the other studies may be due to the different effects of demographic and environmental factors on health and requires further investigation of these factors.

In the present study, also, social wellbeing in students living with family was more than students living in dormitories ($\beta=1.13$). This finding is in line with similar studies in this field. Students living in dormitories, due to being away from their families and lack of support, may be experience emotional and psychological crises and do not have adequate social skills and performance and reach lower levels of social wellbeing which this reflects the positive effect of family support on social health of students because family support for students at home helps them acquire good social skills and social functions (21, 26).

In addition, our study showed demonstrated that there is a statistically significant relationship between fields of study with field of study with social wellbeing in students under study so that the highest score was related to doctor of medicine and medical emergency with 68.38 and 70.67 ; respectively. It seems that the reason of different levels of social wellbeing the different disciplines under study is due to the difference in the type and nature of specialized units offered to students during the course of study because passing these units is a factor that can affect student behavior (20, 23). Perhaps one of the reasons for the high level of social wellbeing in medical students compared to other fields is due to the more opportunity faced with challenges and gain the necessary experience to solve various problems from the first year of entering the university. In contrast, a limited number of studies have found low social wellbeing score in emergency medical students. The reason is the low level of education (associate) in this field compared to other fields, because this problem may create a sense of low self-esteem and affect their social health (20).

This study, like other studies, has limitations. Perhaps the most important limitation is the nature of the study, in other words, due to the cross-sectional design of the present study and the measurement of all variables simultaneously, the possibility of examining the causal relationships between the studied variables and the level of social health is limited (27), therefore, the design of longitudinal and prospective researches with higher sample size is proposed.

Conclusion

The results of this study showed that age, sex, medical field and student's place of residence were the most important predictors of social wellbeing in the students, therefore, it is necessary to pay attention to these factors to promote social wellbeing in medical students.

Conflict of Interest: Nil

Ethical Clearance: This study was performed according to the principles expressed in the Declaration

of Helsinki and was approved by the Deputy of Research and Ethics Committee of Dezfoul University of Medical Sciences.

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