

SOCIAL WELL-BEING STATUS IN IRANIAN HEALTH WORKERS: A CROSS-SECTIONAL STUDY

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ABSTRACT

Since social well-being is a significant dimension of health, its assessment is vital. This study aimed to investigate the social well-being and its dimensions among Iranian health workers. A cross-sectional study was carried out in 2016. The population of the study included all 300 health workers of Khomeinishahr city health network (Isfahan Province, Iran). Data were collected by using the Keyes's questionnaire. To analyze data SPSS version 16 for Windows was applied to calculate descriptive and inferential indices. P-value < 0.05 was considered statistically significant. 181 men and 91 women participated with the mean age of 36.19 ± 8.13 years. The participants' mean score of overall social well-being was 3.48 ± 0.41. The least mean and the highest one were in social integration and social acceptance dimensions respectively. There are no relationship between social well-being and demographic characteristics. Social well-being in health workers deserves attention. Thus efficient well-being promotion strategies should be getting done for promoting their social well-being particularly in areas of social acceptance and social coherence.

KEYWORDS: Social Well-being, Health Workers, Iran.

INTRODUCTION

Health is a multidimensional concept. The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".^[1,2] According to this definition, social well-being is considered as an important aspect of individual's health.^[3] A representative definition might describe social well-being as "that dimension of an individual's well-being that concerns how he gets along with other people, how other people react to him, and how he interacts with social institutions and social mores and vice versa".^[4] The unique feature of social well-being is that it can be thought of a society and an individual characteristic simultaneously.^[5] The focus of this study is on the second concept. Keyes and some other researchers assessed the social well-being in individual level, and described it as a quality of individual performance in community and quality of his or her relationship with the other people and family and social groups who is a member of them.^[6-9]

Keyes proposed that social well-being consists of five dimensions including: Social integration; individual's evaluation of the quality of relationships to the society and self. Social acceptance; individual's interpretation

and acceptance of other people based on their character as well as the feelings of confidence and comfort in interacting with them. social contribution; individual's evaluation of his/her own social value as well as belief in having something valuable to share with the society. Social actualization refers to individual's belief in the evolution of society and the possibility of progress and actualization through it. Social coherence; individual's perception of the quality, organization, and the soundness of the living world.^[10]

Although social well-being has been one of three aspects of every definition of health, its concept bears no resemblance to physical and mental dimensions of health.^[5] However, the social well-being topic, as an important aspect of health, may be less familiar and is less frequently discussed and studied than physical or mental health.^[11,12]

Social well-being plays a prominent role in the promotion of other aspects of health- physical and mental. It plays a powerful role in improving the quality of life, social efficacy, and social performance. Poor social well-being can undermine the performance of personnel.^[10,13,14]

In the field of health, poor care services to the patients is directly linked to the undesirable social well-being status.^[15] Negligence toward health workers' health, particularly the social aspect of health, could negatively affect their job satisfaction, increase their turnover rate, cause them to leave the profession.^[16,17] These consequences, in turn, impress the quality of care and potentially undermine public health.^[14,18,19] Thus attention to social well-being of health workers as the main axis of a health system is essential.^[3,20]

A variety of studies have focused on the status of social well-being. In a study carried out by Salehi et al. nursing students' social well-being was around the average level.^[21] In Mozaffari et al.'s study nurses expressed a social well-being of more than average.^[3] The results of Taheri et al.'s study demonstrated that the social well-being of employees was in moderate level.^[13] Darabinia et al. reported that the mean score of social well-being of medical students was average.^[20]

Despite the many studies on social well-being in past, to the best of the authors' knowledge, no similar study has conducted on this topic among health workers as a group in Iran. Therefore as the social well-being is a fundamental health component for health staff to make healthy relationships, enjoy workplace and communicate effectively^[22], the present study sought to explore the extent of social well-being among health workers of health network in Khomeinishahr city in Iran.

MATERIALS AND METHODS

This study was a cross-sectional conducted in 2016. The study population and sample comprised all 300 staff of health network who works at the health centers in Khomeinishahr city, the Isfahan province, situated in central of Iran. All the participants received information about the aims of the study. It was made clear to them that their participation was voluntary and that all data would remain confidential. They filled out questionnaires by themselves.

Data were collected by using a questionnaire in two parts: demographic and social well-being items. Demographic characteristics include age, sex, educational level, marital status, and work experiences of participants. For measuring social well-being, the popular scale of Keyes social well-being was used. The Keyes's questionnaire comprises 33 items grouped into five social well-being dimensions, including social integration (7 items), social acceptance (7 items), social contribution (6 items), social actualization (7 items) and social coherence (6 items).^[10]

Items of questionnaire are scored on a five-point Likert scale on which 1 stands for 'Completely disagree' and 5 stands for 'Completely agree'. Accordingly, the possible range of the total score of questionnaire is between 33 and 165. Higher scores of the questionnaire reflect better social well-being. Given the unequal numbers of items in

the dimensions of the questionnaire, we calculated the means, rather than the sums, of each dimension to maintain the 1–5 metric of the item responses. Therefore, meaningful comparison of scores across the dimensions was possible.

Content validity of Keyes's questionnaire in Persian was approved in the study by Babapour et al.^[23] For internal consistency Cronbach's alpha coefficients were 0.82 for social integration, 0.74 for social acceptance, 0.78 for social contribution, 0.71 for social actualization, 0.74 for social coherence and 0.81 in total.

To analyze data SPSS version 16 for Windows (SPSS Inc., Chicago, IL, USA) was applied. P-value<0.05 was considered statistically significant. The descriptive statistics were employed to show the key characteristics of samples. Two independent sample t-test and One-Way ANOVA was employed to compare social well-being between demographic subgroups.

RESULTS

Out of 300 distributed questionnaires, 272 valid questionnaires were returned (response rate = 90.7%).

The results revealed that the mean and the standard deviation of respondents' age were 36.19±8.13 years. The minimum and maximum age of respondents was 21 and 57 years, respectively. Other demographic characteristics of respondents are shown in table 1.

Table 1: Demographic characteristics of respondents (N=272).

Variables	N	%
Sex		
Male	181	33.5
Female	91	66.5
Educational Level		
High school diploma	34	12.5
Associate degree	62	22.8
Bachelor degree	139	51.1
Master and PhD degree	37	13.6
Marital Status		
Single	207	76.1
Married	65	23.9
Years of Experience		
<10	142	52.2
10-19	69	25.4
20 and higher	61	22.4

The means and the standard deviations of social well-being dimensions are shown in Table 2.

Table 2: Distribution of social well-being dimensions' scores in respondents.

Social well-being dimensions	Mean±Standard Deviation	Minimum	Maximum
Social integration	4.03±0.66	7	35
Social acceptance	2.85±0.58	7	32
Social contribution	3.81±0.68	11	30
Social actualization	3.63±0.56	10	30
Social coherence	3.19±0.71	9	35
Total social well-being	3.48±0.41	57	147

Table 2 shows that the participants' mean score of overall social well-being is partly more than average level (3.48). Moreover the results revealed that the least mean and the highest one were in social integration and social acceptance dimensions respectively (Table2).

The means and the standard deviations of social well-being in terms of demographic characteristics are displayed in Table 3.

Table 3: Respondents' social well-being means scores in terms of demographic characteristics.

Variables	Mean±Standard Deviation
Sex	
Male	3.47±0.41
Female	3.48±0.41
Educational Level	
High school diploma	3.46±0.41
Associate degree	3.39±0.40
Bachelor degree	3.46±0.40
Master and PhD degree	3.68±0.41
Marital Status	
Single	3.49±0.41
Married	3.42±0.41
Work Experience(Years)	
<10	3.49±0.41
10-19	3.43±0.41
20 and higher	3.48±0.41

Despite of some slight differences between subgroups, there are no statistically significant ($p>0.05$) differences in the overall social well-being mean score of the respondents in terms of demographic characteristics.

DISCUSSION

The aim of the study was to investigate social well-being among health workers working in health centers in Khomeinishahr city in Iran. Their mean social well-being score was partly more than average which needs improvements. Among the five dimensions, mean score of the social integration and social acceptance dimensions were the highest and lowest respectively.

In total, the scores indicate the medium level of social well-being in health workers. Such status can be attributed to the difficulties and the conditions of health workers' working life.

This is an important finding given the potential effect of providers' social well-being on the quality of care that they give. If health workers have high social well-being status, they can be more efficient in fulfilling their tasks,^[24] This condition in caregivers may be due to insufficient support from the managers,^[3] The sensitive

nature of care giving necessitates more support from organizations, co-workers and the community. Proper support can reduce their job stress, raise their job satisfaction and,^[25] social well-being status,^[15] and finally promote community health.^[26]

In line with this study, some earlier researches,^[9,20] were evaluated social well-being around average. Findings of some other studies^[3,13] were inconsistent with our study.

There were no significant relationship between age and social well-being. This finding is inconsistent with findings of studies of Darabinia,^[20] Arafa et al.,^[27] Van Lente et al.,^[28] and Mozaffari.^[3] The correlation of social well-being with age is complicated,^[29] and needs further investigations.

In line with our study, results of some earlier studies,^[3,27,30,31] showed no significant relationship between social well-being and marital status. In other researches,^[5,17,32,33] married ones had higher social well-being than single ones which is not consistent with this study. The effect of marital status on social wellbeing may relate to cultural properties in different countries.^[21]

There were no significant differences between females and males social well-being. Assuming that male and female health workers have active role in community, this result was expected. This finding is consistent with results of Yazdanpanah,^[30] Amini,^[5] and inconsistent with findings of studies of Lee,^[33] Farrell and Geist-Martin 2005,^[34] and Mozaffari,^[3]

The results also indicated that there was no significant relationship between social well-being and work experience. This isn't in line with the findings of Key-Roberts.^[9] and Mozaffari.^[3]

CONCLUSION

The finding showed majority of health workers assess their perception of social well-being as moderate. Accordingly social well-being in health workers deserves attention. Designing and conducting programs for promotion of social well-being can be helpful. Thus efficient well-being promotion strategies should be getting done for promoting their social well-being particularly in areas of social acceptance and social coherence.

This study experienced some limitations. The study was conducted only in a single city. So, generalizability of the results might have limited. The present study relied on participants' self-reporting.

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