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What are the predictor variables of social well-being among the medical science students?

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ABSTRACT

CONTEXT: Individuals with social well-being can cope more successfully with major problems of social roles. Due to the social nature of human life, it cannot be ignored to pay attention the social aspect of health.

AIMS: The purpose of this study was to identify variables that predict the social well-being of medical students.

SETTINGS AND DESIGN: A descriptive-analytical study was conducted on 489 medical science students of Gilan Province, the North of Iran, during May to September 2016.

SUBJECTS AND METHODS: The samples were selected using quota sampling method. Research instrument was a questionnaire consisting of two parts: demographic section and Keyes social well-being questionnaire.

STATISTICAL ANALYSIS USED: Data analysis was done using SPSS software version 19 and with descriptive and inferential statistics (*t*-test, ANOVA, and linear regression).

RESULTS: The results showed that majority of the students had average social well-being. Furthermore, a significant relationship between the academic degree ($P = 0.009$), major ($P = 0.0001$), the interest and field's satisfaction ($P = 0.0001$), and social well-being was seen. The results of linear regression model showed that four variables (academic degree, major, group membership, and the interest and field's satisfaction) were significantly associated with the social well-being ($P < 0.05$).

CONCLUSIONS: The findings demonstrate that the different effects of the demographic factors on social well-being and the need for further consideration of these factors are obvious. Thus, health and education authorities are advised to pay attention students' academic degree, major, group membership, and the interest and field's satisfaction to upgrade and maintain the level of their social well-being.

Keywords:

Health, Iran, research, students

Introduction

Health is an issue that has been discussed since human birth, but when talking about it, the physical dimension is often considered the most.^[1,2] The World Health Organization defines the health as a condition of complete welfare of physical, mental, and social, not merely the absence

of disease.^[3] Today, social well-being, as one of the aspects of health, is widespread alongside other aspects of health.^[4]

Social well-being is the ability to perform social roles effectively and efficiently, monitoring and evaluation of how they operate in the community, and the quality of relationships with other people, relatives, and social groups.^[5-8] Lower levels of social well-being were found to

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be the strongest predictors of negative mental health.^[9] Social health indicators are social contribution (feeling that one's life is useful to society and the output of one's own activities are valued by others), social integration (sense of belonging to a community, from which one derives comfort and support), social acceptance (positive attitude toward others while acknowledging and accepting people's differences), social actualization (belief in the potential of people, groups, and societies to evolve or grow positively), and social coherence (interest in society or social life, feeling that society and culture are intelligible, somewhat logical, predictable, and meaningful).^[3,10]

Individuals with social well-being can cope more successfully with problems in social roles.^[11] Due to the social nature of human life and their challenges, it cannot be ignored to pay attention of the social aspect of health.^[12]

On the other hand, the active participation of young people in social activities was considered as an indicator of the development of youth and their health promotion is one of the main goals of overall health policies in different countries.^[13] Among the community population, the students are country's future makers and attention to their health can provide the groundwork for a dynamic and healthy society.^[14] Thus, the students' health is very important.^[15,16] This issue becomes more important when some studies have shown increasing problems in this group.^[5] Entrance to university is considered as an important change in life because the individual encounters different challenges such as new social relationships and academic expectations.^[17] Medical students in addition to having problems like other students involved the particular problems such as psychological pressure caused by the hospital environment and dealing with patients' problems.^[1,18] The literature review indicates that little research has been done in this respect inside and outside of the country. For example, Abdelah Tabar *et al.* investigated the social well-being of students at University of Welfare and Rehabilitation.^[19] Cicognani *et al.* assessed the relationship between social participation, sense of community among American, Italian, and Iranian University students, and the impact of these variables on their social well-being.^[13] Despite conducted studies, literature review indicates that no study has been done to determine social well-being of Guilan University of Medical Sciences' students. Regarding the difference between cultures and the impact of social factors on the health of individuals and also considering the lack of such study in Gilan Province, this study aimed to identify predicting variables of social well-being among medical students.

Subjects and Methods

A descriptive-analytical study was conducted during May to September 2016. The study population included all Guilan University medical students who were studying in different majors.

Considering prevalence ratio of previous study,^[19] the sample size was calculated 489 based on the following formula:

$$n = \frac{z^2 pq}{d^2}$$

$$(P = 0.44, \alpha: 0.05)$$

The samples were chosen so that the subgroups are present as possible with the same proportion in the population (quota or stratified sampling) and then through the random sampling. The research instrument was a questionnaire consisting of two parts. The first part included demographic characteristics, and the second part was the translated of Keyes standard questionnaire. The Keyes questionnaire as one of the most commonly used questionnaires measures the social health in five domains: social integration (seven items), social acceptance (seven items), social actualization (seven items), social contribution (six items), and social coherence (six items).^[20] The questionnaire contains 33 items that were answered based on the five degrees of Likert scale ("completely disagree" to "completely agree"). Each item was assigned by zero to four scores. Accordingly, the possible range of the total score of questionnaire is 0–132. The obtained scores are divided into three groups of low (0–44), moderate (44–88), and high (89–132) social well-being. The validity and reliability were confirmed in different studies.^[2,5,8,21] In Hashemi *et al.*'s study which was designed to evaluate the psychometric properties of the short form of the questionnaire, the Cronbach's alpha was 0.81.^[21] The internal consistency reliability in our research was calculated using Cronbach's alpha ($\alpha = 0.86$).

The data were analyzed with descriptive (frequency distribution, mean, and standard deviation) and inferential statistics (ANOVA, *t*-tests, and linear regression) using SPSS Statistical Software version 19 (IBM Company, Armonk, NY, USA). To examine the relationship between health status and sociodemographic variables, initially, the Kolmogorov–Smirnov test was used to determine the normality of the data.

To adhere the ethical principles, the researcher after receiving permission from the Social Determinants of Health Research Center of Guilan University of Medical Sciences and the Ethics Committee of

the University, by entering the research setting, presented herself completely to the participants and gave adequate information about the purpose of the study to the students. Also by ensuring that the questionnaires are anonymous, was trying to obtain informed consent. As well as it was explained the samples that participation in this study is completely free, and if only with their satisfaction, the information will be acquired.

Results

The findings in relation to the overall status of social well-being showed that the majority of students (87.9%) had average social well-being and 11% had high social well-being [Table 1].

To assess the relationship between demographic variables and social well-being, the findings revealed no significant relationship between the age, gender, marital status, academic year, family living place, housing status, student’s employment status, student’s father and mother occupation, economic status, quota of admission, the number of participate in entrance examination, and social well-being. However, there a significant relationship between the academic degree ($P = 0.009$), major ($P = 0.0001$), student’s living place (in terms of native or nonnative) ($P = 0.006$), father’s education ($P = 0.004$), mother’s education ($P = 0.024$), group membership (in academic, athletic, mobilization, etc.) ($P = 0.008$), the interest and satisfaction of disciplines ($P = 0.0001$), and social well-being [Table 2].

Among the variables of study, 13 parameters (age, academic degree, discipline, academic year, group membership, student’s living place, family living place, housing status, father’s occupation, father’s education, mother’s education, the interest and satisfaction of disciplines, and satisfaction of job future) entered the second stage of analysis (regression model). In the final phase, only four variables (academic degree, major, group membership, and the interest and satisfaction of disciplines) had remained as the main variables that significantly associated with the social well-being ($P < 0.05$) [Table 3].

Discussion

In this study, the majority of students had moderate social well-being. Consistent with this, the result of Abdelah Tabar *et al.* and Salehi *et al.*’s studies showed that students’ social health was moderate.^[19,22]

The findings showed no significant relationship between social well-being and age, gender, marital status, and employment status of students. In conjunction with age, the result is consistent with Abdelah Tabar *et al.*’s study.^[19] However, some studies have shown that overall patterns of well-being vary by age.^[23] Furthermore, the relationship of social well-being with age is complex^[24] and it needs to investigate further.

In relation to gender, similar results were obtained in a study that found gender does not affect the social well-being of students.^[5] However, some studies have reported different results.^[8,13,19] However, assuming that male and female students have active role in society, this result was expected. In line with our results, many studies reported no significant relationship between marital status and social well-being.^[19,25] Shapiro and Keyes stated that married persons do not have a decisive social well-being advantage over unmarried persons. However, married persons do have a significant social well-being advantage over nonmarried cohabiters.^[26]

Lack of correlation between employment status and social well-being has reported in Abdelah Tabar *et al.*’s study.^[19] By the way, it is assumed that greater income is equivalent to higher well-being. Although most people would claim that wealth cannot buy happiness, socioeconomic differences in psychological well-being have been documented. However, the individual correlation between personal income and measures of happiness has been found to be quite small.^[23] Contradictory findings in the present study with literatures show the different effects of demographic factors on health and reveal the need for further consideration of these factors.

In present study, four variables (academic degree, major, group membership, and the interest and satisfaction of

Table 1: Student’s social well-being status based on dimensions of social well-being

Dimensions of social well-being	Low social well-being, n (%)	Moderate social well-being, n (%)	High social well-being, n (%)	Mean±SD
Social integration	9 (1.8)	307 (62.8)	173 (35.4)	18.26±3.79
Social acceptance	26 (5.3)	413 (84.5)	50 (10.2)	14.13±3.44
Social contribution	26 (5.3)	306 (62.6)	157 (32.1)	14.56±3.59
Social coherence	42 (8.6)	413 (84.5)	34 (7.0)	12.48±3.02
Social actualization	26 (5.3)	413 (84.5)	50 (10.2)	15.47±3.63
Overall status of social well-being	5 (1.0)	430 (87.9)	54 (11.0)	74.91±11.88

SD=Standard deviation

disciplines) had remained as the main variables that significantly associated with the social well-being.

The findings indicated that there is a significant correlation between the academic degree and social well-being. Results of one study revealed an overall decrease in well-being for persons with less education as well as an increase in the variability in well-being scores as one moves down the educational hierarchy.^[23] Contrary to a study,^[19] the remarkable point of the results

was that undergraduate students had the highest mean score for social well-being and postgraduate students had the lowest average. In fact, it is expected with physical-mental maturity and increasing in awareness and life skills among postgraduate students; the social well-being would be higher. This difference could be due to the different status of employment in graduate students compared to undergraduate. Because the graduate students are mostly employed and other than continuing to study, they are engaging in issues such as providing living expenses and set up work schedules to avoid interrupting their curricula which naturally cope with these issues for them, in comparison with students who are solely interested in studying, imposes a double pressure upon them and can affect their social well-being.

Table 2: Relationship between demographic variables and social well-being

Demographic variables	Values of statistical tests	df	P
Age	F=2.064	3	0.104
Gender	t=0.902	487	0.367
Marital status	F=0.529	3	0.663
Academic degree	F=3.890	3	0.009
Major	F=3.055	12	0.000
Academic year	F=1.935	6	0.074
Student's living place	t=2.736	487	0.006
Family living place	F=2.459	2	0.087
Housing status	F=2.303	4	0.058
Student's employment status	F=0.682	2	0.056
Student's father occupation	F=1.638	5	0.148
Student's mother occupation	F=0.771	5	0.571
Father's education	F=4.586	3	0.004
Mother's education	F=3.162	3	0.024
Economic status	t=0.142	487	0.887
Group membership	t=2.661	487	0.008
Quota of admission	F=0.675	5	0.642
The number of participate in entrance examination	F=1.217	3	0.303
The interest and satisfaction of disciplines	F=8.192	2	0.000
Satisfaction of job future	F=3.482	2	0.032

The findings in relation to significant relationship between major and social well-being do not match the results of Abdelah Tabar *et al.*'s study.^[19]

The finding regarding the group membership is consistent with Abdelah Tabar *et al.*'s study.^[19] The team working by participating in group activities can provide mental health background. Some of the functions of membership in formal and informal groups are social security and satisfying psychological needs.^[19,27]

The results regarding the interest and field satisfaction are consistent with job satisfaction issue. People who are satisfied with their jobs, their social health are high,^[11] and social well-being is associated with job satisfaction.^[25]

The main limitation of this study was difficult access to students because of their overload of classes. Hence, the researchers attempt to meet them at the end of each class and explain their research purpose.

Table 3: Predictors of student's social well-being based on regression model

Demographic variables	Unstandardized coefficients		Standardized coefficients	t	Significant	95% CI for B	
	B	SE				β	Lower bound
Constant	76.108	7.313	-	10.407	0.000	61.737	90.479
Age	0.183	0.183	0.049	0.997	0.319	-0.177	0.543
Academic degree	-2.374	0.786	-0.200	-3.020	0.003	-3.918	-0.829
Major	-0.334	0.160	-0.137	-2.086	0.038	-0.648	-0.019
Academic year	-0.221	0.450	-0.025	-0.491	0.623	-1.105	0.663
Group membership	-2.878	1.092	-0.117	-2.636	0.009	-5.023	-0.732
Student's living place	-1.357	1.371	-0.054	-0.990	0.323	-4.050	1.336
Family living place	-1.448	1.089	-0.067	-1.330	0.184	-3.588	0.692
Housing status	0.510	0.470	0.060	1.085	0.279	-0.414	1.433
Father's education	0.091	1.283	0.005	0.071	0.943	-2.430	2.613
Mother's education	0.330	1.143	0.020	0.288	0.773	-1.916	2.575
Father's occupation	0.109	0.463	0.011	0.234	0.815	-0.802	1.019
The interest and satisfaction of disciplines	3.561	1.041	0.198	3.420	0.001	1.515	5.606
Satisfaction of job future	0.504	1.059	0.027	0.476	0.634	-1.577	2.585

SD=Standard error, CI=Confidence interval

Conclusions

In general, the results showed that the academic degree, major, group membership, and the interest and satisfaction of major affect the social well-being more than the other variables. Furthermore, the findings demonstrate that the different effects of the demographic factors on social well-being and the need for further consideration of these factors are obvious. Health and education authorities are advised to pay attention academic degree, major, group membership, and the interest and field's satisfaction to upgrade and maintain the level of students' social well-being.

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Conflicts of interest

There are no conflicts of interest.

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