**Arts and Social Sciences Journal**

# A Study on Social Well-Being and Effective Factors in Faculty Members of Payame Noor University, Tehran

**Maryam Ghasemisarukolai[1*], Hossein Kordi[2] and Parvaneh Danesh[1]**

[1]Department of Sociology and Media, Payame Noor University, Tehran, Iran

[2]Department of Social Sciences, Payame Noor University, Tehran, Iran

## Abstract

This article provides a conceptual framework for observing social well-being among university faculty members. The study aimed to recognize how the dimensions of human health have an essential role in balancing the social life of faculty members, and its general coverage in society can promote social development. A further aim was to focus on how to affect the social well-being of faculty members has a positive influence on the optimal performance of social roles in the academic environment and also what are the factors affecting the level of social well-being benefits of faculty members that will lead to improving the performance of professors in the scientific environment. The extensive observation in this research was considered on an individual scale, and the sample was (N=200) people. The obtained results in this research show that the social well-being rate of men is higher than women. According to descriptive data, the average mark of social well-being for faculty staff has been 105.5, minimum 78, and a maximum of 128, which is considered proper and shows the social well-being of faculty members is high. However, there are some different items observed based on background properties. Implications of results will be discussed.

**Keywords:** Sociological literature • Emotional functioning • Psychological elements

## Introduction

Social well-being is a mental, individual, and social health that, if realized, citizens will have the motivation and a happy spirit, and ultimately society will be happy and healthy [1]. Healthy living is the product of social interaction between individual choices on the one hand and the social and economic environment that surrounds individuals on the other [2].

Goldsmith defines social well-being as the evaluation of significant positive and negative behaviors concerning others and introduces it as one of the most basic health indicators in any society that will lead to individual efficiency [3].

Having the correct social thinking and having a positive attitude towards society to have a better social life is the first and most important stage of social well-being, which unfortunately is not given enough attention in the community. Therefore, considering the social nature of human life and the challenges that this aspect of life can create for the individual, it is impossible to ignore the social aspects of health and its objective, emotional, and psychological elements [4].

Indeed, well-being is the most fundamental issue on which human life is based. Peace and well-being are considered basic concepts in human life. Still, whenever it is mentioned, more attention has been paid to the physical and psychological dimensions, and its social aspect has been less considered. While paying attention to countries to ensure the mental, physical and social well-being of members of society, the World Health Organization emphasizes that none of the dimensions of well-being is superior to other sizes; the growth and excellence of that society depend on the health of that society [5].

The obvious point is that social well-being as one of the dimensions of human health plays a vital role in balancing the social life of every human being, and its comprehensive coverage in society can provide opportunities for social development [6].

Significantly, faculty members of universities as the principal social and human capital will need to be paid more attention, especially in terms of

social well-being and how to interact in social networks. On the other hand, people who do not have sufficient and desirable social health cannot meet social maps' challenges and adapt to social norms.

However, we believe that the contribution of our paper rests on the concept of social well-being in the sociological literature faces severe challenges from a theoretical and experimental point of view, so working on this issue will make this concept clear to the scientific community.

This study serves as a window to an understanding of the process of the study of the social well-being of the faculty members will depict a corner of the extent of the abilities and shortcomings of the social life of this group.

The argument above proves that the sociological approach to social well-being can examine the social dimension of well-being in various social areas. One can see then that one of the main priorities is to study social well-being in the academic environment. By measuring the level of social well-being of university faculty members in higher education, it is possible to measure the process of promotion to higher educational degrees, extensive social contribution in social networks, the level of social acceptance, and the progress of the academic community.

All of these point to the fact that it is possible to provide scientific progress in the educational system by using the true significance of social well-being and having satisfactory health levels of faculty members.

According to Keyes, social well-being is an assessment of conditions and performance in society [7]. Larson and Keyes provide a conceptual and theoretical framework for social well-being based on a health-oriented approach. Social well-being is a combination of several factors that point to how well a person performs in their social life as a neighbor, co-worker, and citizen [8].

Keyes believes that a person's quality of life and personal performance cannot be assessed without considering social criteria. The concept of social well-being proposed by Keyes comes from the evaluation of individuals from their situation and their performance in society with five dimensions: social coherence (people's assessment of the quality of their relationship with the organization), social contribution (feeling like a vital member of society, with

something to offer the world), social acceptance (trusting others and having positive opinions about human nature), social integration (community assessment is based on the idea that the community has potentials that come valid through institutions and citizens) and social actualization (perception of quality and organization of the social world) [9-11].

According to Larson, social well-being assesses the quality of relationships with family, others, and social groups. It includes the individual's internal responses to stimuli and feelings, thoughts, and behaviors that indicate satisfaction and dissatisfaction with life and social environment [12].

Georges Canguilhem showed well that well-being is not related to the individual organic state. Human health is related to the degree to which he dominates his physical and his social environment. Therefore, illness and health are formed based on the demands and expectations of our environment, the degree to which we are appropriate in this environment, family, work and the formation of social situations [13]. In 1979, Donald defined a critical and usable definition of social well-being: Social well-being means the quality and quantity of people's involvement in society [14-16].

The social well-being model proposed by Ryff considers social health to include the dimensions of positive mental and emotional functioning. These dimensions are self-acceptance, personal growth, positive relationships with others, mastery of the environment, purposefulness in life, independence [17-19]. Well-being refers to joy in achieving satisfaction and avoiding distress, which has three components: life enjoyment, positive sensation, and absence of negative emotion [20].

It is considered that the health status of each individual in society affects the health of others and their emotions in various ways and socio-economic indicators of community. It will lead to a healthier life that can result from interpersonal social interaction and individuals' socio-economic environment. Despite the existing shortcomings in our country, appropriate steps have been taken for the physical health of people, but what is lacking in all areas of the country is insufficient attention to the social dimension of people's health.

# Research Methodology

The present study is based on a survey and documentary methods, and also the interpretation of results is related to descriptive and analytical techniques. In this study, Keyes's Social Well-being Questionnaire was used to collect data. So, Keyes's questionnaire is based on his theoretical model of social well-being structure initially consists of 5 main components and includes 33 items [21].

Hence, using confirmatory factor analysis, Keyes's empirically validated the 5D model used in his questionnaire, which seven items are out of 33 items of the well-being questionnaire related to social coherence factor, seven items are related to social acceptance, six items are associated with the social contribution factor, seven items are related to social actualization, and finally, six items is related to the element of social integration [22].

The answer sequence is ranked based on a range of strongly disagree, somewhat disagree, somewhat agree, strongly agree, and scores of one, two, three, four are assigned to each option. Eventually, it should be mentioned that 18 items on the scale are scored in reverse, which is marked on the scale.

## Sampling procedures COVID-19 problem

Theoretically, social well-being is a component of the concept of health, which means the ability to play social roles without objectively or mentally intending to harm another [7].

The statistical population studied in this research, faculty members of Payame Noor Universities with 200 studied samples from Tehran province, was selected from four main branches of north, west, east, and south, classified under the subgroups of humanities, basic sciences, and engineering.

The sampling method adopted for this part of the research is the stratified sampling method in proportion to the volume in which the research sample is selected. The subgroups are present in the model as much as possible in the community.

## Methods and statistical analysis of data

The data relating to this study are based on a questionnaire using survey method and data collection technique. Questionnaires were also completed in person and by referring to the selected sample. Documentary and library methods have been used to compile and complete the theoretical framework of this research.

We used SPSS software to analyze the data in this research. In this study, the collected information was diagnosed with appropriate techniques at three levels of descriptive, explanatory, and analytical. The results and findings of the present study are presented in two parts: descriptive and inferential.

## Analytical and inferential methods

After scoring the questionnaire and calculating the descriptive indicators, statistical tests were used to answer the research questions and generalize the results obtained from the sample to the research community. The relationship between variables has been investigated; the correlation coefficient between independent and dependent variables has been calculated, and then the significance of the correlation coefficient in the statistical population was tested. Finally, using multivariate regression analysis, the effect of all independent variables in the research (background, teaching experience, department, academic ranking, employment status, level of education) on the dependent variable (social well-being) was analyzed.

## Analysis

This section presents demographic information and descriptive findings of the studied variables based on sex, age, marital status, education, teaching experience (membership) in the faculty, academic ranking, department, and employment status (Tables 1 and 2).

**Table 1.** Frequency distribution of samples.

| Variables | Level | Frequency | Percentage of frequency |
|---|---|---|---|
| Gender | Male | 120 | 60 |
| | Female | 80 | 40 |
| Age | 30-35 years | 16 | 8 |
| | 36-40 years | 31 | 15.5 |
| | 41-45 years | 16 | 8 |
| | 46-50 years | 73 | 36.5 |
| | 51-55 years | 44 | 22 |
| | 56-60 years | 20 | 10 |
| Marital Status | Married | 186 | 93 |
| | Single | 14 | 7 |
| Education | Master | 72 | 36 |
| | Ph.D. | 128 | 64 |
| Teaching experience | Less than 5 years | 37 | 18.5 |
| | 6-10 years | 46 | 23 |
| | 11-15 years | 34 | 17 |
| | 16-20 years | 16 | 8 |
| | 21-25 years | 62 | 31 |
| | 26-30 years | 5 | 2.5 |
| Academic ran | Instructor | 58 | 29 |
| | Assi Prof | 114 | 57 |
| | Asso and full Prof | 28 | 14 |
| Department | Engineering | 54 | 27 |
| | Basic science | 54 | 27 |
| | Humanities | 92 | 46 |
| Employment status | Contractual | 46 | 23 |
| | Semi-formal | 19 | 9.5 |
| | Formal | 135 | 67.5 |

**Note:** It is clear that based on the independent variables, the total number of samples was 200 and the frequency of samples was determined.

**Table 2.** The extent of social well-being and its dimensions in faculty members.

| Variable | Average | Standard deviation | Min | Max |
|---|---|---|---|---|
| Social well-being | 105.58 | 10.93 | 78 | 128 |
| Social actualization | 22.74 | 3.12 | 15 | 28 |
| Social coherence | 22.98 | 2.78 | 15 | 28 |
| Social acceptance | 21.07 | 2.57 | 14 | 27 |
| Social contribution | 20.44 | 2.65 | 14 | 24 |
| Social integration | 18.35 | 1.98 | 14 | 23 |

**Note:** The mean and standard deviation of the total social well-being scale are respectively (105.58) (10.93).

The Kolmogorov-Smirnov test was used to normalize the distribution of scores, the values of which are reported in the Table below. Other correlation assumptions were also examined and confirmed (Tables 3-11). Standard Beta regression coefficient designates that the variable of education ($\beta$=018,$\rho$<0.01), academic ranking ($\beta$=0.16,$\rho$<0.004), employment status($\beta$=015,$\rho$<0.002), teaching experience ( $\beta$=019,$\rho$ <0.01), age ($\beta$=011,$\rho$<0.01), are notable. In other words, these variables have a positive and meaningful relationship with social well-being, so that the amount of social well-being increases with an uptick in predictor variables. Based on the value of correlation coefficient (R=0.66), it can be said that there is a relatively strong statistical correlation between the set of independent and dependent variables of social well-being. The value of the coefficient of determination or $R^2$, which is equal to (0.4356), indicates the conclusion of more than 43% of changes in social well-being variables by a faction of independent variables.

**Table 3.** Statistics on how to usually distribute research data.

| Variable | Z Statistic | Sig |
|---|---|---|
| Social well-being (Total) | 1.3 | 0.065 |
| Social actualization | 0.98 | 0.31 |
| Social coherence | 1.12 | 0.135 |
| Social acceptance | 1.32 | 0.071 |
| Social contribution | 1.11 | 0.12 |
| Social integration | 1.17 | 0.128 |

**Note:** Since the Z statistic is not significant for any of the variables (P <0.05), it can be concluded that the distribution of scores in the research variables is normal.

**Table 4.** The level of social well-being of the study population.

| Variables | Level | Social actualization | Social coherence | Social acceptance | Social contribution | Social integration | Total |
|---|---|---|---|---|---|---|---|
| Gender | Men | 22.1 | 21.2 | 20.1 | 20.6 | 19.1 | 106.8 |
| | Min-Max | 15-28 | 15-28 | 14-27 | 14-24 | 14-27 | 79-128 |
| | Women | 21.9 | 20.8 | 19.9 | 20.2 | 19 | 105.18 |
| | Min-Max | 15-27 | 15-28 | 14-28 | 14-23 | 14-23 | 78-127 |
| Age | 30 to 35 years | 22.1 | 20.8 | 20.1 | 20.4 | 18.9 | 105.1 |
| | Min-Max | 15-28 | 15-28 | 14-28 | 14-24 | 14-24 | 79-128 |
| | 36 to 40 years | 21.9 | 21.1 | 20.2 | 21.3 | 19.1 | 105.3 |
| | Min-Max | 14-28 | 15-28 | 15-28 | 14-23 | 14-24 | 79-128 |
| | 41 to 45 years | 22.1 | 20.2 | 21.5 | 19.9 | 18.9 | 104.9 |
| | Min-Max | 15-28 | 15-28 | 14-77 | 13-23 | 14-23 | 78-127 |
| | 46 to 50 years | 20.1 | 21.1 | 20.5 | 18.9 | 19.4 | 104.7 |
| | Min-Max | 15-27 | 15-28 | 14-28 | 14-28 | 14-28 | 79-128 |
| | 51 to 55 years | 19.9 | 20.2 | 21.6 | 19.7 | 19.6 | 104.1 |
| | Min-Max | 14-27 | 14-27 | 14-28 | 14-24 | 15-23 | 76-127 |
| | 56 to 60 years | 20.1 | 19.8 | 20.8 | 19.3 | 20.2 | 104.2 |
| | Min-Max | 15-28 | 14-27 | 14-27 | 14-24 | 15-24 | 79-127 |
| Marital status | Married | 22.8 | 22.9 | 21.1 | 20.5 | 19.4 | 106.57 |
| | Min-Max | 14-26 | 15-28 | 14-28 | 14-24 | 14-24 | 78-128 |
| | Single | 21.9 | 21.8 | 20.9 | 19.9 | 18.4 | 105.5 |
| | Min-Max | 14-26 | 14-27 | 14-27 | 14-24 | 14-24 | 78-127 |
| Education | Master | 22.1 | 21.9 | 20.3 | 20.6 | 19.2 | 104.9 |
| | Min-Max | 15-28 | 14-27 | 14-27 | 14-24 | 14-23 | 78-127 |
| | Ph.D. | 22.2 | 22.7 | 21.2 | 20.8 | 20.2 | 105.9 |
| | Min-Max | 15-28 | 15-28 | 14-27 | 14-24 | 14-24 | 79-128 |

**Note:** Desirable explanations of the social well-being of the statistical community according to their characteristics are explained in the table above.

**Table 5.** The level of social well-being of the study population.

| Variables | Level | Social actualization | Social coherence | Social acceptance | Social contribution | Social integration | Total |
|---|---|---|---|---|---|---|---|
| Teaching experience | Less than 5 year | 22.2 | 20.8 | 20.2 | 20.54 | 18.2 | 104.3 |
| | Min-Max | 16-28 | 15-27 | 14-27 | 14-24 | 14-23 | 81-127 |
| | 6-10 years | 22.1 | 21.1 | 21.3 | 20.1 | 19.3 | 105.2 |
| | Min-Max | 15-28 | 15-28 | 14-28 | 14-24 | 14-24 | 79-128 |
| Academic ranking | 11-15 years | 21.9 | 20.2 | 21.5 | 19.3 | 18.4 | 104.7 |
| | Min-Max | 15-27 | 15-27 | 14-28 | 14-23 | 14-24 | 78-126 |
| | 16-20 years | 21.9 | 21.1 | 20.2 | 21.3 | 19.1 | 105.3 |
| | Min-Max | 14-27 | 15-28 | 14-26 | 14-23 | 14-24 | 79-127 |

| Department | 21-25 years | 20.2 | 20.2 | 21.7 | 19.2 | 19.6 | 104.1 |
|---|---|---|---|---|---|---|---|
| | Min-Max | 15-27 | 14-27 | 15-27 | 15-24 | 14-24 | 78-126 |
| | 26-30 years | 20.1 | 19.8 | 20.8 | 19.3 | 20.2 | 104.2 |
| Employment status | Min-Max | 15-27 | 14-26 | 14-27 | 15-24 | 15-24 | 78-126 |
| | Instructor | 22.1 | 20.9 | 20.1 | 20.5 | 18.1 | 105.2 |
| | Min-Max | 15-27 | 14-27 | 14-26 | 14-24 | 14-23 | 79-128 |
| | Assis Prof | 22.3 | 21.2 | 20.2 | 21.4 | 19.1 | 105.6 |
| | Min-Max | 15-28 | 14-28 | 15-27 | 15-24 | 15-24 | 79-128 |
| | Asso and Full prof | 21.7 | 20.1 | 21.3 | 21.5 | 19.2 | 105.2 |
| | Min-Max | 14-27 | 14-27 | 15-27 | 14-24 | 15-24 | 79-127 |
| | Engineering | 22.9 | 20.1 | 21.2 | 20.4 | 18.9 | 104.3 |
| | Min-Max | 15-28 | 15-28 | 15-28 | 14-27 | 14-23 | 78-128 |
| | Basic science | 22.8 | 20.2 | 21.1 | 20.2 | 18.7 | 105 |
| | Min-Max | 15-26 | 15-28 | 15-28 | 14-27 | 14-23 | 79-128 |
| | Humanities | 22.7 | 20.1 | 21 | 20.1 | 18.5 | 104.8 |
| | Min-Max | 15-27 | 15-28 | 15-28 | 14-27 | 14-23 | 76-127 |
| | Contractual | 21.9 | 21.9 | 21.4 | 20.2 | 18.7 | 104.3 |
| | Min-Max | 15-28 | 15-27 | 14-27 | 14-24 | 14-24 | 78-127 |
| | Semi-formal | 22 | 22 | 21.6 | 20.4 | 18.9 | 105.3 |
| | Min-Max | 14-28 | 15-28 | 14-27 | 14-24 | 14-24 | 79-128 |
| | Formal | 22.2 | 22.9 | 22.1 | 21.5 | 19.1 | 105.6 |
| | Min-Max | 14-28 | 15-28 | 15-28 | 14-24 | 15-24 | 79-128 |

**Note:** Detailed descriptions of the social well-being of the statistical community according to their characteristics are described in the table above.

**Table 6.** Correlation coefficients between independent variables and social well-being.

| Independent variable | Correlation coefficient | Sig |
|---|---|---|
| Education | 0.25 | 0.001 |
| Academic ranking | 0.21 | 0.001 |
| Employment Status | 0.23 | 0.001 |
| Teaching Experience | 0.22 | 0.001 |
| Age | 0.13 | 0.05 |

**Note:** It is observed that the variable of education with the correlation coefficient of 0.25 has the highest correlation with social well-being, followed by the variables of employment status with the coefficient of 0.23, teaching experience 0.22, science ranking 0.21, and age with the correlation of 0.13 have the highest correlation with social well-being.

**Table 7.** Correlation coefficients between independent variables with social well-being dimensions.

| Variables | Social actualization | Social coherence | Social acceptance | Social contribution | Social integration |
|---|---|---|---|---|---|
| Education | 0.21** | 0.23** | 0.22** | 0.30** | 0.17* |
| Academic ranking | 0.20** | 0.15* | 0.14* | 0.22** | 0.19** |
| Employment status | 0.26** | 0.18** | 0.18** | 0.24** | 0.22** |
| Teaching experience | 0.20** | 0.15* | 0.16* | 0.23** | 0.21** |
| Age | 0.12* | 0.14* | 0.13* | 0.10* | 0.13* |

**Note:** $p < 0.01$ ^(**)  $p < 0.05$ ^*

**Table 8.** Analysis of variance of social well-being based on educational groups..

| Variables | | Levene's test for equality of variances | | Sum of squares | df | Average squares | F | Sig |
|---|---|---|---|---|---|---|---|---|
| | | F | Sig | | | | | |
| Social well-being | B-group | 2.34 | 0.09 | 59.3 | 2 | 29.65 | 0.24 | 0.78 |
| | W-group | | | 23595.1 | 197 | 120.38 | | |
| | Total | | | | 199 | 23654.4 | | |

**Note:** Table indicates that the analysis of variance was used to examine the role of educational groups in social well-being, and so the results are not significant given that F is not substantial, in this case, according to the table between the three groups of basic sciences, humanities and technical engineering and these three groups are similar in the score of the social well-being variable.

**Table 9.** Scheffe post hoc test results on the fifth hypothesis.

| Variable | IJ | | Mean difference (I-J) | Standard deviation | Sig |
|---|---|---|---|---|---|
| Social well-being | Engineering | Basic Sciences | -1.4 | 2.11 | 0.5 |
| | | Humanities | -1.04 | 1.88 | 0.57 |
| | Basic sciences | Engineering | 1.4 | 2.11 | 0.5 |
| | | Humanities | 0.36 | 1.88 | 0.84 |
| | Humanities | Engineering | 1.04 | 4.88 | 0.57 |
| | | Basic Sciences | -0.36 | 1.88 | 0.84 |

**Note:** As shown in the table, analysis of variance was used to examine the role of educational groups in social well-being. The table results show that the average of the three fundamental groups of sciences, humanities, engineering was not significantly different. These groups are similar in the score of the social well-being variable. In terms of social well-being, there is no semantic relationship between the three groups of basic sciences, humanities, and engineering.

**Table 10.** The results of social well-being statistics of faculty members based on sex and marital status.

| Variable | Group | Number | Average | Standard deviation | T | df | Sig |
|---|---|---|---|---|---|---|---|
| Sex | Male | 120 | 106.18 | 12.1 | 0.63 | 198 | 0.05 |
| | Female | 80 | 105.18 | 8.9 | | | |
| Marital Status | Married | 185 | 106.57 | 10.29 | 0.35 | 198 | 0.03 |
| | Single | 15 | 105.5 | 10.99 | | | |

**Note:** This table shows the average social well-being scores of male professors 106.18 with a standard deviation of 10.10 and the average social well-being scores of female professors 105.18 with a standard deviation of 8.90. The results of the t-test show that there is a significant difference between the social well-being of men and women so that the average score of social well-being of males is higher than females. Also, the results of the t-test in terms of marital status show that the average scores of social well-being of married and single professors are 106.57 and 105.50, respectively, which offers a significant difference between social well-being at the level of 0.03.

**Table 11.** The results of multivariate regression of factors affecting social well-being.

| Variables | B | Beta | T | Sig |
|---|---|---|---|---|
| Sex | 79 | 0.14 | 4.06 | 0.16 |
| Age | 0.52 | 0.11 | 49.25 | 0.01 |
| Marital status | 0.54 | 0.12 | 5.07 | 0.07 |
| Education | 4.22 | 0.18 | 5.11 | 0.01 |
| Teaching experience | 0.25 | 0.19 | 3.49 | 0.01 |
| Academic ranking | 0.26 | 0.16 | 2.93 | 0.004 |
| Department | 0.74 | 0.17 | 3.98 | 0.282 |
| Employment status | 0.426 | 0.15 | 3.28 | 0.002 |

**Note:** $R=0.66, R^2=0.4356, F=42.6, P<0.01$

# Results and Discussion

Considerably, the average score of social well-being of faculty members was 105.5, which is almost high considering the minimum (78) and maximum (128). It can be said that, in the dimensions of social well-being, the highest figure is social coherence, and the lowest is related to social integration. Accordingly, in general, the social well-being of faculty members is relatively high.

The first hypothesis of the research: there is a relationship between contextual variables (age, gender, marital status), and the level of social well-being of faculty members.

The results of Table 6 show that age has a correlation coefficient(r=0.13), with the social well-being of faculty members, which is considerable at the level of 0.05. In the Table 7, the correlation coefficient outcomes have shown a positive and meaningful relationship between the age of individuals and the components of social actualization(r=0.12), social coherence(r=0.14), social acceptance(r=0.13), social contribution(r=0.10), and social integration(r=0.13). In regression analysis, the results of beta levels in Table 11 showed that age could positively and significantly($\beta = 0.11$, $\rho <0.05$), predict social well-being. According to Keyes, increasing age will improve individual skills and experiences, and as a result, their social well-being will develop.

In Table 10 the t-statistic shows a degree of freedom at a significant level, which can be concluded that there is a substantial difference between sex and social well-being. These findings reveal that men in our society usually have fewer social restrictions than women. Because of the type of employment, they can prove their abilities in the community and feel more efficient and ultimately more satisfied than women.

The findings of the Table 10 show that married faculty members' average social well-being scores (106.57), are higher than single faculty members' average social well-being scores (105.50). The results of the t-test are equal to (0.35), which is significant at the level of 0.03. Also, regression Table 11 show that the beta level in the variables of the marital status of faculty members ($\beta = 0.12$, $p <0.07$) and social well-being is at a significant level. Therefore, it is concluded that there is a noteworthy difference between the social well-being scores of single and married professors, and married people have higher social well-being than single people. As a result, the first hypothesis related to the contextual variables (age, sex and marital status) has been confirmed.

The second hypothesis of the research: there is a relationship between educational level (degree), and the level of social well-being of faculty members.

The correlation results in Table 6 display a positive and significant relationship (r=0.25) between education and social well-being at the level of 0.001. Additionally, the results of Table 7 showed that the level of education with social actualization (r=0.21), social coherence (r=0.23), social acceptance(r=0.22), social contribution (r=0.30), social integration(r=0.17) has a positive and remarkable relationship, which confirmed the second hypothesis of the research. Furthermore, the beta Table 11 revealed that the level of education could have an affirmative predictor ($\beta=0.18$, $\rho <0.01$) of social well-being, in other words, if faculty members have a higher level of literacy, their social well-being is likely to increase.

The third hypothesis of the research: there is a relationship between faculty members' science ranking and their level of social well-being.

According to the results of Table 6, it was observed that the science rank of faculty members with social well-being has a positive correlation coefficient (r=0.21), and was significant at the level of 0.001. Also, the

results of Table 7 show that the science ranking with the dimensions of social actualization (r=0.20), social coherence (r=0.15), social acceptance (r=0.14), social contribution(r=0.22), social integration(r=0.19), has a positive and significant relationship. According to the above results, it can be said that the higher the sciences rank of the faculty members, the higher the social well-being and vice versa. Also, the results of the regression Table 11 showed that science ranking could positively and significantly predict social well-being.

The fourth hypothesis of the research: the level of social well-being of faculty members is different in the humanities, basic sciences and engineering departments.

The results of Table 8 exhibit no significant difference between the three groups of engineering, basic sciences, and humanities in terms of social well-being, so the fourth hypothesis of the research was not approved. Since all three faculties of engineering, basic sciences, and humanities have the same socioeconomic status, they believe that due to their social status, they create valuable achievements for society, and what they offer is effective in public well-being.

The fifth hypothesis of the research: there is a relationship between teaching experience and the level of social well-being of faculty members.

The conclusion of Table 6 designates that teaching experience at the level of 0.001 has a strong and significant relationship (r=0.22) with social well-being. It means that the teaching experience of faculty members will have a certain influence on their social well-being. The results of Table 7 also point that dimension's social actualization (r=0.20), social coherence (r=0.15), social acceptance (r=0.16), social contribution (r=0.23), social integration (r=0.21) have a positive and significant relationship with social well-being. Also, regression Table 7 show that in studies on the beta level of teaching experience, it has been able to positively and significantly ($\beta$=0.19, $\rho$ <0.01) predict the social well-being of faculty members.

The sixth hypothesis of the research: faculty members with different employment status have different social well-being.

As the results of Table 6 showed, there is a positive and significant relationship between the employment status of faculty members and the level of social well-being (r=0.23), at the level of 0.01. The correlation coefficient results in Table 7 show a positive and significant relationship between employment status and social well-being dimensions like social actualization(r=0.26), social coherence (r=0.18), social acceptance (r=0.18), social contribution(r=0.24), and social integration(r=0.22). In regression analysis, the results of beta levels in Table 11 also show that employment status can positively and significantly ($\beta$=0.15, $\rho$ <0.002)predict social well-being. Employment status is directly related to job satisfaction. Faculty members with the highest employment status are at the highest level of social well-being. They have both the highest level of income and a sense of job security. These people feel more belonging to the community because they feel social support [23-27].

# Conclusion

Social wellbeing, along with physical and mental health, is one of the pillars of health. An individual is considered to have social wellbeing by performing social activities and roles and communicating effectively with the social norms of society. The image and positive experiences in life and high self-esteem and life satisfaction, and the desire to solve society's problems will show the social well-being of individuals. Having the correct social thinking and having a positive attitude towards society to have a better social life is the first and most important stage of social well-being. Their social well-being makes people safe from social problems and harms, and they can quickly adapt to changing and evolving living conditions and play a beneficial role in society.

A healthy human being is the center of social development, and the development process is impossible without considering this critical dimension. Social health in society is affected by many reasons, which can analyze in medicine, social sciences, and sociology. Given the importance of social health and the factors that can reduce or improve it, it seems necessary to study and identify the factors that increase health. The chief aim of this series is to provide an integrated perspective on supra disciplinary themes in sociology. Well-being presents a science-based framework for elements of well-being. Several features about the structure of this collection will orient the reader. Well-being across the life source is a vision to be brought to reality through all those working in an academic environment.

# References

1. Keyes, Corey LM. "Mental Well-Being: International Contributions to the Study of Positive Mental Health." *Springer* 8 (2013).

2. Larson, James S. "The World Health Organization's Definition of Health: Social versus Spiritual Health." *Soc Indic Res* 38 (1996): 181-192.

3. Goldsmith, Daena J and Terrance L. Albrecht. "Social Support, Social Networks, and Health." The Routledge Handbook of Health Communication (2011): 361-374.

4. Blanco, Amalio, and Darío Díaz. "Social Order and Mental Health: A Social Wellbeing Approach." *Psychology in Spain* 11 (2007): 61-71.

5. World Health Organization. "The World Health Report 2002: Reducing Risks, Promoting Healthy Life." (2002).

6. Chan, Chak Kwan, Kinglun Ngok and David Phillips. "Social Policy in China: Development and Well-Being." *Policy Press* (2008).

7. Keyes, Corey Lee M, Stuart J Hysom and Kimberly L. Lupo. "The Positive Organization: Leadership Legitimacy, Employee Well-Being, and the Bottom Line." *Psychol Manag J* 4 (2000): 143-153.

8. Mutangadura, Gladys B. "World Health Report 2002: Reducing Risks, Promoting Healthy Life: World Health Organization, Geneva, 2002, 250 pages, US $13.50, ISBN 9-2415-6207-2." *Agric Econ* 30 (2004): 170-172.

9. Cicognani, Elvira, Claudia Pirini, Corey Keyes and Mohsen Joshanloo, et al. "Social Participation, Sense of Community and Social Well Being: A Study on American, Italian and Iranian University Students." *Soc Indic Res* 89 (2008): 97-112.

10. Keyes, Corey LM and Adam D. Shapiro. "Chapter Twelve. Social Well-Being in the United States: A Descriptive Epidemiology." *University of Chicago Press* (2019).

11. Zhang, Wei, Qi Chen, Hamilton McCubbin and Laurie McCubbin, et al. "Predictors of Mental and Physical Health: Individual and Neighborhood Levels of Education, Social Well-Being, and Ethnicity." *Health Place* 17 (2011): 238-247.

12. Larson, James S. "The Measurement of Social Well-Being." *Soc Indic Res* 28 (1993): 285-296.

13. Canguilhem, Georges. "Writings on Medicine." *Fordham Univ Press* (2012): 116.

14. Bowling, Ann. "EBOOK: Measuring Health: A Review of Subjective Health, Well-being and Quality of Life Measurement Scales." (2017).

15. Cataldo, Rosanna, Fabio Corbisiero, Luigi Delle Cave and Maria Gabriella Grassia, et al. "The Quality of Life in the Historic Centre of Naples: The Use of PLS-PM Models to Measure the Well-Being of the Citizens of Naples." *Springer* 77 (2019): 111-125.

16. Sharpe, Andrew and Jeremy Smith. "Measuring the Impact of Research on Well-being: A Survey of Indicators of Well-being." *Centre for the Study of Living Standards* (2005).

17. Jovanović, Veljko. "Structural Validity of the Mental Health Continuum-Short Form: The Bifactor Model of Emotional, Social and Psychological Well-Being." *Pers Individ Differ* 75 (2015): 154-159.

18. Ryff, Carol D. "Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia." *Psychother Psychosom* 83 (2014):10-28.

19. Ryff, Carol D. "Eudaimonic Well-Being, Inequality, and Health: Recent Findings and Future Directions." *Int Rev Econ* 64 (2017): 159-178.

20. Ryff, Carol D. "Entrepreneurship and Eudaimonic Well-Being: Five Venues for New Science." *J Bus Ventur* 34 (2019): 646-663.

21. Hashemi, T, I Hekmati and S H Vahedi. "Psychometric Properties of Short-form Social Well-Being Questionnaire." (2014): 11-19.

22. Salehi, Alireza, Maryam Marzban, Maryam Sourosh and Farkhondeh Sharif, et al. "Social Well-Being and Related Factors in Students of School of Nursing and Midwifery." *Int J Community Based Nurs Midwifery* 5 (2017): 82.

23. Godinic, Danijela, Bojan Obrenovic and Akmal Khudaykulov. "Effects of Economic Uncertainty on Mental Health in the Covid-19 Pandemic Context: Social Identity Disturbance, Job Uncertainty and Psychological Well-Being Model." *Int J Innov Econ Dev* 6 (2020): 61-74.

24. Diener, Ed, Richard Lucas, John F. Helliwell and Ulrich Schimmack. "Well-Being for Public Policy." *Oxford Positive Psychology* (2009).

25. Wilkinson, Richard G. "The Impact of Inequality: How to Make Sick Societies Healthier." *Routledge* (2020): 368.

26. Danna, Karen and Ricky W. Griffin. "Health and Well-Being in the Workplace: A Review and Synthesis of the Literature." *J Manag* 25 (1999): 357-384.

27. Bornstein, Marc H, Lucy Davidson, Corey LM Keyes and Kristin A. "Well-Being: Positive Development across the Life Course." *Psychology Press* (2003): 618.

**How to cite this article:** Ghasemisarukolai, Maryam, Hossein Kordi and Parvaneh Danesh. "A Study on Social Well-Being and Effective Factors in Faculty Members of Payame Noor University, Tehran". *Arts Social Sci J* 15 (2024): 642.