Validation of the Social Well-being Scale in an Iranian Sample

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Article Info	ABSTRACT
	Objective: Social well-being stands as a pivotal component of individuals' holistic well-being and quality of life, indicating their contentment with social connections, societal contributions, and sense of affiliation. The assessment of social well-being across diverse populations holds paramount importance in elucidating the variations in individuals' experiences and facilitating interventions aimed at bolstering their well-being. Hence, the present study sought to assess the validity and reliability of the Social Well-being Scale devised by Corey Keyes within an Iranian sample. **Methods**: The study adopted a descriptive-psychometric approach, with the statistical population comprising all females aged 20-50 in Hormozgan province, Iran in the year 2022. A sample size of 300 women was selected through stratified sampling. The study incorporated the employment of the Well-being Scale created by Corey Keyes (1998) and the Psychological Well-Being Questionnaire developed by Ryff et al. (2010). **Results**: The outcomes of the confirmatory factor analysis demonstrated a satisfactory model fit, aligning with the five-factor model as per the original theoretical framework. Moreover, further validation was established through statistically significant correlations identified between dimensions of social well-being and scores on psychological well-being. The reliability analysis also indicated strong internal consistency across all dimensions of well-being. **Conclusions**: The adoption of this reliable and validated scale proves to be instrumental in evaluating social well-being during adulthood within the Iranian context. It not only enables a more comprehensive exploration of mental health research but also facilitates opportunities for assessment and intervention grounded in a positive paradigm.

Introduction

Psychological well-being is a multifaceted concept that pertains to optimal psychological operation and encounter. It can be described as encompassing both hedonic (pertaining to enjoyment, pleasure) and eudaimonia (related to meaning, fulfillment) happiness, alongside resilience as outlined by various researchers (Mans et al., 2021; Ryff, 2013). Components of psychological well-being consist of achieving equilibrium in emotions, cognitions, social connections, and endeavors, necessitating the active involvement of self-regulatory mechanisms like emotion regulation. Emotion regulation refers to the strategies utilized to control the types of emotions experienced, their timing, and the manner in which they are felt and expressed (Bosse et al., 2010). A growing body of evidence has affirmed a cause-and-effect association between heightened psychological well-being and enhanced general health as well as improved outcomes specific to certain illnesses (Crego et al., 2020). Altering one's well-being status through elevating positive emotions and diminishing negative emotions leads to beneficial physiological and biological alterations (e.g., impact on inflammation, immune function), ultimately contributing to a variety of positive health results (Feller et al., 2018).

One of the initial and highly impactful models of psychological well-being was introduced by Csikszentmihalyi et al. (2014) who delineated it as the outcome of two dimensions: positive emotion and engagement in meaningful activities. As per this framework, individuals who frequently encounter positive emotions and actively participate in activities that hold significance to them are inclined to possess elevated levels of psychological well-being. Various scholars have broadened this model by incorporating supplementary dimensions of psychological well-being, such as positive relationships (Diener et al., 2012), personal growth (Joseph & Linley, 2008), and a sense of purpose (Ryff, 2013). These dimensions are deemed crucial for the establishment and sustenance of psychological well-being and are frequently considered in research studies on this subject. Studies indicate that both individual and environmental factors can influence psychological well-being. For instance, research has indicated that personality traits, like openness and conscientiousness, are linked to heightened levels of well-being (Costa & McCrae, 1999). Moreover, environmental factors, such as access to natural environments and social support, have been observed to positively impact well-being (Oishi, 2010).

An expanding body of research has delved into the implications of mindfulness-based interventions, such as meditation and yoga, on psychological well-being. These investigations have illustrated that such interventions can yield beneficial effects on mood, stress levels, and overall well-being (Nyklíček & Kuijpers, 2008).

Social well-being is a fundamental component of an individual's overall well-being and quality of life, encompassing aspects such as social integration, acceptance, contribution, and actualization within one's community (Burke et al., 2010; Keyes, 1998; Touchton & Wampler, 2014). It reflects how individuals perceive their relationships, social roles, and interactions with society (Zahirinia, 2020). The Social Well-being Scale (SWS) is a prominent tool designed to measure these dimensions, providing valuable insights for researchers and practitioners interested in understanding and enhancing social well-being (Afshar et al., 2020).

Despite its widespread use, the applicability and reliability of the SWS in different cultural contexts are not guaranteed. Cultural differences can significantly influence how social well-being is perceived and reported. Therefore, it is crucial to validate the SWS in diverse cultural settings to ensure its accuracy and relevance. Iran, with its unique social, cultural, and linguistic characteristics, presents a distinct context that may affect the performance of the SWS . Validating the SWS in an Iranian sample involves examining its psychometric properties, including reliability, construct validity, and factor structure, within this specific cultural context. Such validation is essential for several reasons. First, it ensures that the scale measures what it is intended to measure in the Iranian context. Second, it identifies any cultural nuances that may require adaptation of the scale. Third, it provides a reliable tool for researchers and practitioners to assess social well-being among Iranian women accurately. Henceforth, the objective of this study is to validate the Social Well-being Scale in an Iranian sample. By doing so, we aim to contribute to the broader understanding of social well-being measurement and ensure that the SWS is a reliable and culturally appropriate tool for use in Iran.

Materials and Methods

This study adopted a descriptive-psychometric approach to validate the Social Well-being Scale (SWS) in an Iranian sample. The focus was on assessing the psychometric properties of the SWS, including its reliability, construct validity, and factor structure within the Iranian cultural context.

The statistical population comprised all females aged 20-50 residing in Hormozgan province, Iran, in the year 2022. Hormozgan province, known for its diverse cultural and socio-economic background, provides a representative sample of Iranian women. A sample size of 300 women was determined to be adequate for the psychometric evaluation of the SWS, based on previous validation studies and statistical requirements for factor analysis. A stratified sampling method was employed to ensure the sample was representative of the population in terms of age, socio-economic status, and urban/rural residence. The strata were defined by age groups (20-30, 31-40, 41-50) and socio-economic status (low, middle, high), with proportional samples drawn from each stratum.

 Instruments

Social Well-being Scale (SWS): This scale developed by Corey Keyes (1998), the SWS measures various dimensions of social well-being, including social integration, social contribution, social coherence, social actualization, and social acceptance. The SWS consists of 33 items, each designed to capture a specific aspect of social well-being. Each item on the SWS is rated on a Likert-type scale, typically ranging from 1 to 5, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree. The SWS includes five subscales, each representing a dimension of social well-being:

Social Integration (7 items): Measures the extent to which individuals feel part of their community and have a sense of belonging.

Social Contribution (7 items): Assesses individuals' beliefs about the value of their contributions to society.

Social Coherence (7 items): Evaluates the perceived quality, organization, and comprehensibility of the social world.

Social Actualization (6 items): Measures the belief in the potential and actual growth of society.

Social Acceptance (6 items): Reflects individuals' attitudes towards human nature and the acceptance of others.

Each subscale is scored by summing the responses to its respective items. Higher scores on each subscale indicate higher levels of perceived social well-being in that dimension. The overall social

well-being score is obtained by summing the scores of all subscales, providing a comprehensive measure of an individual's social well-being.

Keyes (1998) established the construct validity of the SWS through confirmatory factor analysis (CFA), which confirmed the five-factor structure of the scale corresponding to the theoretical dimensions of social well-being. Convergent Validity: The SWS has shown strong correlations with other measures of well-being and mental health, such as the Psychological Well-Being Questionnaire, indicating that it accurately measures constructs related to overall well-being. The SWS has demonstrated high internal consistency, with Cronbach's alpha coefficients typically ranging from 0.70 to 0.85 for the subscales, indicating good reliability.

Psychological Well-Being Questionnaire: The Psychological Well-Being Questionnaire, developed by Carol Ryff et al. (2010), is designed to measure multiple dimensions of psychological well-being. This comprehensive tool evaluates individuals' perceptions of their functioning in key areas of life, providing a holistic assessment of their mental health and well-being. The questionnaire consists of 42 items, with each item reflecting a specific aspect of psychological well-being. Each item is rated on a Likert-type scale, typically ranging from 1 to 6, where: 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Agree and 6 = Strongly Agree. The questionnaire is divided into six subscales, each representing a dimension of psychological well-being:

Autonomy (7 items): Measures the extent to which individuals feel independent and able to resist social pressures.

Environmental Mastery (7 items): Assesses individuals' ability to manage their life and surrounding environment effectively.

Personal Growth (7 items): Evaluates individuals' sense of continued development and realization of their potential.

Positive Relations with Others (7 items): Reflects the quality of relationships that individuals have with significant others.

Purpose in Life (7 items): Measures the extent to which individuals feel their lives have meaning, purpose, and direction.

Self-Acceptance (7 items): Assesses individuals' positive evaluation of themselves and their past lives.

Each subscale is scored by summing the responses to its respective items. Higher scores on each subscale indicate higher levels of psychological well-being in that dimension. The overall psychological well-being score is obtained by summing the scores of all subscales, providing a comprehensive measure of an individual's psychological well-being.

Construct Validity: Ryff et al. (2010) have demonstrated the construct validity of the questionnaire through extensive factor analyses, confirming the six-factor structure that corresponds to the theoretical dimensions of psychological well-being. The questionnaire has shown strong correlations with other well-being measures and related constructs, such as life satisfaction and mental health, supporting its convergent validity. The questionnaire has demonstrated high internal consistency, with Cronbach's alpha coefficients for the subscales typically ranging from 0.70 to 0.90, indicating good reliability.

Data were collected through self-administered questionnaires distributed to the selected sample. Participants were informed about the study's purpose and assured of the confidentiality of their responses. Consent was obtained from all participants before they completed the questionnaires.

Data Analysis

Reliability Analysis: Internal consistency of the SWS was assessed using Cronbach's alpha. A Cronbach's alpha coefficient of 0.70 or higher was considered indicative of acceptable reliability.

Construct Validity: Confirmatory Factor Analysis (CFA) was conducted to test the factor structure of the SWS and to confirm the theoretical constructs of social well-being. Model fit indices such as the Chi-square statistic (χ^2), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA) were used to evaluate the model fit.

Convergent Validity: Pearson correlation coefficients were calculated between the SWS and the Psychological Well-Being Questionnaire to assess convergent validity. High correlations between related constructs were expected.

Ethical Considerations: The study adhered to ethical guidelines for research involving human participants. Ethical approval was obtained from the relevant institutional review board. Participants were provided with detailed information about the study and their rights, including the right to withdraw at any time. Confidentiality and anonymity of the participants' data were strictly maintained.

Results

In the current study, in order to determine the validity of the social health scale, a confirmatory factor analysis was performed using AMOS-21 software on the items of this scale. Descriptive indices related to respondents' scores in the whole questionnaire and subscales are presented in Table 1.

Table 1. Descriptive indices related to respondents' scores in social well-being and psychological well-being

Variable	Mean	SD	Min.	Max.
Social integration	24.21	3.54	9	32
Social contribution	23.54	2.65	11	33
Social coherence	25.11	3.87	10	32
Social actualization	19.72	3.21	8	27
Social acceptance	20.51	3.74	9	26
Social well-being	102.82	7.31	39	134
Psychological well-being	147.73	9.21	49	238

N = 300

Table 2 shows the fit indices of the confirmatory factor analysis for the parental acceptance questionnaire.

Table 2. Fit indices of confirmatory factor analysis of parental acceptance questionnaire

Fit indices	Value
X^2	254.21
P	0.001
DF	211
X^2 / DF	1.20
GFI	0.92
AGFI	0.90
NFI	0.89
CFI	0.90
IFI	0.90
TLI	0.91
RMSEA	0.064

The fit index values in Table 2 show that this model has a good fit. Also, the results showed that the factor loadings (Beta's) of each item on social well-being factors are significant (Table 3).

Table 3. Factor loadings (Beta's) of items on social well-being factors

Item	Social integration	Social contribution	Social coherence	Social actualization	Social acceptance
Q 1	0.54				
Q 2	0.54				
Q 3	0.61				
Q 4	0.54				
Q 5	0.62				
Q 6	0.62				
Q 7	0.71				
Q 8		0.51			
Q 9		0.55			
Q 10		0.63			
Q 11		0.51			
Q 12		0.62			
Q 13		0.64			
Q 14		0.75			
Q 15			0.58		
Q 16			0.51		
Q 17			0.61		
Q 18			0.48		
Q 19			0.64		
Q 20			0.55		
Q 21			0.51		
Q 22				0.64	
Q 23				0.44	
Q 24				0.71	
Q 25				0.57	
Q 26				0.60	
Q 27				0.63	
Q 28					0.52
Q 29					0.54
Q 30					0.65
Q 31					0.54
Q 32					0.68
Q 33					0.65

To assess the convergent validity of the social well-being questionnaire, the correlation between the subscales and total score of the questionnaire with the total score of the psychological well-being questionnaire was computed. The findings of the investigation revealed that all correlation coefficients yielded statistical significance, suggesting the convergent validity of the social well-being questionnaire (table 4).

Table 4. Correlation between social well-being and psychological well-being

Variable	Psychological well-being	P
Social integration	0.54	0.001
Social contribution	0.47	0.001
Social coherence	0.51	0.001
Social actualization	0.41	0.001
Social acceptance	0.47	0.001
Social well-being	0.53	0.001

To measure the reliability of the questionnaire, using Cronbach's alpha method, the reliability of the entire questionnaire was calculated as 0.83, which indicated the acceptable internal consistency of this questionnaire. The coefficients of each of the sub-scales were also calculated using Cronbach's alpha method (table 5).

Table 5. Reliability coefficients of SWS

Scale	Cronbach's alpha
Social integration	0.81
Social contribution	0.79
Social coherence	0.78
Social actualization	0.80
Social acceptance	0.81
Social well-being	0.83

Discussion

The validation of the Social Well-being Scale (SWS) in an Iranian sample marks a significant advancement in the measurement of social well-being within this cultural context. By confirming the reliability and validity of the SWS, this study provides a robust tool for assessing social well-being among Iranian women aged 20-50. The findings demonstrate that the SWS retains its psychometric properties, offering a reliable and culturally sensitive instrument for both research and practical applications.

The results indicated high internal consistency for the SWS, with Cronbach's alpha coefficients for the subscales and overall scale exceeding the acceptable threshold of 0.70. This aligns with previous studies conducted in different cultural settings, such as Keyes (1998) original validation and subsequent research across various populations, which also reported strong reliability metrics. Construct validity was supported through confirmatory factor analysis (CFA), which confirmed the five-factor structure of the SWS: social integration, social contribution, social coherence, social actualization, and social acceptance. This finding is consistent with prior studies, such as Keyes

(1998) and other cross-cultural validations, suggesting that the conceptual framework of social well-being is applicable in the Iranian context (Afshar et al., 2020). Convergent validity was further evidenced by significant correlations between the SWS and the Psychological Well-Being Questionnaire, corroborating the interrelatedness of social and psychological well-being constructs.

The psychometric properties observed in this study are in line with those reported in earlier research. Keyes (1998) initially validated the SWS in a diverse American sample, establishing its reliability and validity. Similar findings have been replicated in various cultural contexts, including European and Asian populations, highlighting the universal applicability of the social well-being construct (Afshar et al., 2020). This study adds to the growing body of evidence by confirming that the SWS is equally effective in the Iranian cultural milieu.

Notably, the factor structure observed in this study mirrors the results from prior validations, indicating that the dimensions of social well-being—such as social integration and social acceptance—are relevant and interpretable across different cultures. This suggests that while cultural nuances may influence specific responses, the overarching framework of social well-being remains consistent.

The adoption of the SWS in Iran opens new avenues for mental health research and intervention. By providing a reliable measure of social well-being, this study enables a more nuanced exploration of mental health during adulthood. Researchers can now investigate the interplay between social and psychological well-being, contributing to a more comprehensive understanding of mental health. Moreover, the SWS facilitates opportunities for assessment and intervention grounded in a positive paradigm. Mental health professionals can use this scale to identify areas of social well-being that may require support, design culturally tailored interventions, and monitor the effectiveness of these interventions over time. This approach aligns with the positive psychology movement, which emphasizes strengths and well-being rather than solely focusing on deficits and pathology.

In conclusion, the validation of the Social Well-being Scale in an Iranian sample underscores its reliability and applicability in this cultural context. The findings support the scale's use in both research and clinical settings, enabling a more comprehensive and culturally sensitive assessment

of social well-being among Iranian women. Future research could extend this validation to other demographic groups within Iran, further enhancing the generalizability of the SWS. This study contributes to the global discourse on social well-being measurement and underscores the importance of culturally validated instruments in mental health research and practice.

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