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Investigating the Social and Mental Health of Employees in Bandar Abbas City

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ABSTRACT

Objective: This study aimed to investigate the social and mental health status of employees working in companies and industries in Bandar Abbas, Iran, in 2023, and to identify the key social factors influencing their well-being.

Methods: A correlational research design was employed. A total of 237 employees were selected through cluster sampling. Data were collected using the Keyes Social Well-being Scale and the Perceived Social Support Scale. Statistical analyses were performed with SPSS version 26, using both parametric and nonparametric tests. Correlation and multiple regression analyses were applied to examine the relationships between social and mental health and predictor variables.

Results: The average social and mental health index among workers was 81.4%. However, 73.5% of respondents reported low social trust, and 60% demonstrated average levels of social vitality. Overall, employees' mental health levels were below desirable standards. Significant correlations were observed: perceived social support ($r = .397$, $p < .001$), hope for the future ($r = .715$, $p < .001$), generalized social trust ($r = .620$, $p < .001$), and social vitality ($r = .551$, $p < .001$) were all positively associated with social health. Regression analysis indicated that 66.4% of the variance in social and mental health was explained by these four factors, with "hope for the future" exerting the strongest predictive effect ($\beta = 0.330$).

Conclusions: The findings suggest that employees in Bandar Abbas exhibit average levels of social and mental health, with notable deficits in social trust and vitality. Enhancing social support, fostering trust, promoting social vitality, and strengthening hope for the future are critical for improving employees' overall well-being.

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Introduction

Social environments and socioeconomic conditions play a significant role in determining each aspect of an individual's health. The concept of social health was first introduced by (Belloc et al., 1971) and a few years later by (Ware et al., 1980) and his colleagues. They believed that health was a broader concept than reporting symptoms of illness and a person's functional abilities. They argued that individual well-being and comfort were a different concept than physical and mental health (Tavakol & Mousavi, 2024). Social well-being has been recognized by the World Health Organization as one of several aspects of an individual's total health. Social health includes emotional, psychological and social well-being and influences cognition, perception and behavior (Samavi, 2022). According to the World Health Organization (WHO), it is a "state of well-being in which individuals recognize their abilities, cope with the normal stresses of life, work productively and fruitfully, and contribute to the well-being of their community" (Organization, 2021). Still, the concept of social health (well-being) is frequently associated with social indicators operationalized through economic measures (e.g., the Gross Domestic Product, the poverty rate) that reflect the "health" of narrow sectors of society. (Keyes, 1998) is a leading sociologist in the field of micro-level conceptualization and measurement of social health. He believes that social health (well-being) is a person's assessment of his or her functioning in society. Social health (well-being) can be defined as an individual's self-report of the quality of his or her relationship with other people, the neighborhood, and the community. Social health represents a fundamentally public (as opposed to private) phenomenon that focuses on the social obligations faced by people within social structures and communities. (Keyes, 1998) defines social health as a person's report of the quality of relationships with others (close people and social groups) to which he or she belongs. He believes that the key to deciding whether a measure of social well-being is part of an individual's health is whether the measure reflects internal responses to stimuli—feelings, thoughts, and behaviors that reflect satisfaction or dissatisfaction with the social environment (Kiarostami et al., 2022). The World Health Organization definition was the first to mention social health as a dimension of health. Numerous studies have shown that the quantity and quality of a person's relationships with others affects their physical and mental health (Poorgholamy et al., 2022) . Social health as a dimension of health is the ability to perform social roles effectively and efficiently without harming others; It is actually an evaluation of an individual's conditions and achievements in society. Some social factors shape various dimensions of social health, including social

integration, social acceptance, social participation, social flourishing, and social cohesion (Soofizad et al., 2022).

The rapid urbanization of the last decades, coupled with a disregard for the qualitative aspects of human life, has had detrimental consequences for the individual and social health of urban citizens, especially in industry companies located in the west of Hormozgan province. Research has shown that several factors influence social health, including socioeconomic status, education level, age, social support, and marital status. In addition, studies have shown that social health measures correlate with measures of vitality, life satisfaction, happiness, guilt, civic engagement, and prosocial behavior (Koivusilta et al., 2024);(Damari et al., 2021);(Ghafari et al., 2018); and (Keyes & Shapiro, 2004).

(Robitschek & Keyes, 2009) posited that the social model of health is an extension of mental health and provides the foundation for positive functioning. They defined social health as an individual's assessment and understanding of how he functions in society and how well his relationships are with other close people and social groups to which he belongs. Building on this, he proposes his five-factor model, in which the five factors of unity, acceptance, thriving, participation and social cohesion form the indicators of social health (Robitschek & Keyes, 2009). As a result, individuals with poor social health do not see the potential for positive development in society along their evolutionary path. This leads to a diminished sense of social flourishing. In addition, they may find society too complex to predict its future, leading to a decline in social coherence. Individuals with poor social health may also feel that there is no commonality between their personal values and societal values, leading to indifference and distrust of societal norms and values. This, in turn, can lead to a loss of positive regard from members of their community, leading to lower social acceptance. As these perceptions become entrenched, individuals may lose their sense of social responsibility and perceived social efficacy, leading to the belief that they cannot play a significant role in the progress and future of society. This leads to a decline in social contribution (Goudarzi & Sabzevar, 2022).

(Hosseinzadeh et al., 2021) conducted a case study with young adults in Khorramabad City and found a significant association between social capital variables and social health. Furthermore, they observed a direct relationship between life satisfaction and social health in young adults, while social alienation had an inverse relationship with social health. Regression analysis revealed that 51% of the variance in social health was explained by five social capital variables: social trust, social networks, social participation, social norms, and social sanctions.

(Ghafari et al., 2018; Lindström Sol & Ekholm, 2021) in their article entitled "There are no communicative spokespersons: Examining the factors affecting the Social Health of Ilam Province Citizens" examined the relationship between the variables "socioeconomic status", "education", "gender" and "marital status", "age" and "social health". The results of the study showed that there was a significant relationship with social health between the variables "socioeconomic status", "education", "marital status" and "age", while the same was true for the variables "gender" and "degree of religiosity". The results of the structural equation modeling also showed that among the dimensions of social health, "socioeconomic social health" had the highest effect. Taking into account the direct and indirect effects in the path analysis, the variables "social support", "social network", "social trust" and "social security" had the most significant association or effect on social health.

(Dawson-Townsend, 2019) examined social participation patterns in adults aged 64 and over using two waves of a large panel study in Swiss households in their study entitled "Social participation patterns and their associations with health and well-being for older adults, SSM - Population Health". Using descriptive, profiling, and self-rated health regression analyses, the study found that self-selection plays a role in social participation, with older adults targeting meaningful social activities that meet their diverse needs and preferences. The results suggest that social participation interventions should be tailored to the heterogeneous needs and preferences of older adults.

(Amoah, 2018) examined the relationship between social participation and health outcomes in a cross-sectional study of 777 rural and urban residents in Ghana. Using structural equation modeling, the study examined the mediating role of health literacy in this context. The results showed that all indicators of social participation had a significant impact on health literacy, which in turn was positively associated with health status and subjective well-being. These results suggest that promoting social participation could be an effective strategy for improving overall health.

The Persian Gulf Special Economic Zone (PGSEZ) is a major economic institution located in Bandar Abbas, Iran. The PGSEZ plays a critical role in transforming global supply chains and development models. The PGSEZ is located at Kilometer 13 of the Shahid Rajaei Highway in Bandar Abbas, Iran. It was initially set up on January 14, 1998 as a special economic zone for mining and metals. However, it later changed its name to Persian Gulf Special Economic Zone.

The PGSEZ is strategically located in the Persian Gulf region, known for its rich natural resources, particularly in the mining and metals industries (Noori et al., 2021).

Social and mental health are critical dimensions of overall well-being and affect the capacity of individuals to perform effectively in society and in the workplace. Despite extensive research on social health and its predictors, there are still major gaps in understanding how the work environment, especially in high-risk industrial settings, shapes these outcomes. Previous studies have focused to a large extent on the general population or on specific demographic groups, neglecting the unique socio-cultural and organizational context of Iranian industrial workers. Moreover, most existing research has given priority to quantitative measures, often neglecting the qualitative aspects of the lived experience and perceptions of employees. While previous studies have examined social health in urban populations (Hosseinzadeh et al., 2021) or generalized workforce mental health (Ghafari et al., 2018), this study is the first to integrate Keyes' social well-being model with perceived social support metrics specifically in Iran's high-stress industrial zones, where economic pressures and workplace isolation may uniquely modulate these relationships. This study addresses these gaps by focusing on the Persian Gulf Special Economic Zone (PGSEZ), a major industrial hub in Bandar Abbas, Iran. The PGSEZ represents a high-risk workplace environment, where social health plays a critical role in alleviating stress and enhancing employee well-being. By employing a mixed-method design, this research integrates quantitative and qualitative approaches to provide a holistic understanding of the predictors of social and mental health, including perceived social support, hope for the future, generalized social trust, and social vitality. The study's innovations include its context-specific focus on Iranian industrial workers, the use of validated scales to ensure reliability and validity, and the comprehensive exploration of predictive factors through multiple regression analysis. The findings offer actionable insights for improving workplace conditions and designing policies that prioritize employee well-being, contributing to both the academic literature and practical interventions in industrial settings.

This study offers several novel contributions to the literature on social and mental health in industrial settings, with a particular focus on (PGSEZ) in Hormozgan Province, Iran. It addresses the unique sociocultural and organizational context of Iranian industrial settings, which has been largely overlooked in previous research. It extends the literature by focusing on high-risk industrial sectors where social health can play a critical role in alleviating work stress and improving safety. Given the lack of information on the social and mental health and psychological well-being of workers in Hormozgan Province, this study aimed to examine the

social and mental health of employees working in the companies and industries located in Bandar Abbas City, Iran in 2023.

Material and Methods

This study aimed to examine the social and mental health of employees working in the Persian Gulf Special Economic Zone located in Bandar Abbas, Iran. This study was conducted by using correlational design. Data were collected using Keyes Social Well-being Scale and Perceived Social Support Scale. SPSS software version 26, and parametric, and nonparametric statistical tests were used to analyze the results. The research population consisted of all employees working in the Persian Gulf Special Economic Zone in 2023. In this study, the Cochran formula was used to determine the sample size. The final sample size by using Cochran formula was 250 participants, and 237 participants answered the questionnaires. To observe the ethical considerations in this research, we collected the data after obtaining the participants' consent. Participants were assured of the confidentiality of their personal information, and the results were provided without specifying the names and details of the participants. Ethical considerations were also carefully considered throughout the research process, demonstrating the researcher's commitment to respecting the participants' involvement and confidentiality.

Keyes Social Well-being Scale:

The Keyes Social Well-being Scale is a 20-item questionnaire that measures various aspects of social well-being, including social support, belonging, social identity, and social acceptance. The questionnaire is based on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (completely agree)(Keyes, 1998). The total score can range from 20 to 100. In this study, cronbach's alpha was used to the internal consistency of measuring scale, which was 0.90 indicating an acceptable reliability. Also Cronbach's alpha for all dimensions of this questionnaire were Social Integration (α = 0.84), Social Acceptance (α = 0.91), Social Contribution (α = 0.89), Social Coherence (α = 0.84), Social Actualization (α = 0.91). Thus, the reliability of the questionnaire for Social Integration, Social Actualization, Social solidarity, Social Contribution, and Social Acceptance subscales were confirmed.

The validity of the Keyes Social Well-being Scale (KSWB) has been supported through various studies that demonstrate its effectiveness in measuring social well-being across different populations. Keyes (1998) provided evidence of both convergent and discriminant validity, showing that the dimensions of social well-being correlate significantly with other established

measures, such as anomie, generativity, perceived social constraints, community involvement, and overall social health (Keyes, 1998). To evaluate the validity of this scale, content validity and construct validity were examined in this study. Content validity focuses on whether the scale fully represents the theoretical construct of social well-being. In this study, content validity was assessed using the theories of experienced professors and the approval of sociology and psychology experts. This approach ensured that the content was not only theoretically sound but also practically relevant, as it incorporated insights from established scholars in the respective fields. The involvement of experts helped to enhance the credibility and reliability of the research findings. In this study, construct validity was assessed through confirmatory factor analysis (CFA) to ensure that the scale items loaded on the expected factors corresponding to the theoretical dimensions. The findings showed satisfactory fit indices with a comparative fit index (CFI) of 0.94 and a root mean square error of approximation (RMSEA) of 0.05. These results indicsted strong construct validity and confirmed that the scale effectively measured the intended constructs as theoretically predicted.

Assessment of Perceived Social Support Scale:

To assess perceived social support, the Multidimensional Scale of Perceived Social Support (MSPSS) developed by (Canty-Mitchell & Zimet, 2000) was used. This scale consists of 12 items measuring three components: 1. Perceived Support from Family (4 items) 2. Perceived Support from Significant Others (4 items) 3. Perceived Support from Friends (4 items). All items on the scale are rated on a 5-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). The total score for the scale ranges from 12 to 60. To ensure the reliability of the questionnaire, a pilot study was carried out in advance. The questionnaire was distributed to 30 people from the target population to ensure a balanced and representative sample. The collected data were analyzed using SPSS software to calculate Cronbach's alpha coefficient for each scale and the entire questionnaire. After necessary adjustments to some scales, the reliability coefficient of the research instrument questionnaire reached a high level. The Cronbach alpha coefficient obtained for the set of indicators of the independent variables indicates a high level of reliability of each individual variable constituting the research instrument. The Cronbach alpha coefficient obtained for the set of indicators of the independent variables indicates a high level of reliability of each individual variable constituting the research instrument. In this study, Cronbach’s coefficient alpha, a measure of internal reliability, was obtained for the scale as a whole for each subscale. For the Significant Other, Family, and

Friends subscales, the values were .91, .87, and .85, respectively. In this study, the reliability of the total scale was .88.

This research utilized the expertise of sociology professors as consultants to ensure the validity of the questionnaire. In the questionnaire development phase, the guidance of experienced professors and feedback from experts in the field were used to make necessary revisions and modifications to ensure the face validity of the questionnaire. In addition, any formal and content-related deficiencies in the questionnaire were corrected in a pilot study. Furthermore, given the variety and variety of constructs assessed in this study, content validity, a specific type of face validity, was also employed. Content validity addresses the question of whether the full content of a definition is represented in a measure. A conceptual definition is the embodiment of ideas. It provides a structure for ideas and concepts. Measures should be valid examples or representations of the conceptual space within this definition.

Demographic findings revealed that 209 participants (80%) were male and 28 participants (20%) were female. Regarding education, 22 participants (9.3%) had a high school degree, 49 participants (20.67%) had a diploma degree, 31 participants (13.08%) had a college or associate's degree, 93 participants (39.24%)) had a bachelor's degree, and 42 participants (17.72%) had postgraduate (master and ph.d) degrees. Finally, 38 participants (16%) were permanent and formally employed and 199 participants (84%) were temporary and contract employees.

Results

Data collected using questionnaires were analyzed at both descriptive and inferential statistical levels using SPSS software version 26. In the descriptive statistics section, the frequency and percentage of the research variables were presented in tables. In the inferential statistics section, Pearson correlation coefficient tests, one-sample independent t-Test, linear regression, analysis of variance (ANOVA) tests, and multicollinearity test were used.

Table 1. Skewness and Kurtosis Values for Data on Social Health, Mental Health, and Social-Mental Health Variables

Variable	Skewness	Kurtosis
Social Health	0.085	-0.395
Mental Health	0.676	-0.562
Social-Mental Health	0.072	

The results of Table 1 showed that the data on social health, mental health and social-mental health variables were normally distributed in terms of skewness and kurtosis. This is because the skewness and kurtosis values for all three variables are in the range of (-2, 2).

To explain and interpret the social health status of the employees, a one-sample t-test was used at an acceptable sufficiency level (Q2) with a value of 3 and a desirable sufficiency level (Q3) with a value of 4, with a confidence interval of 95% (5% error).

Table 2. Results of the One-Sample t-Test for Social and Mental Health of Employees

Mean	Sd	Acceptable Sufficiency Level (Q2)	T value	DF	P	Desired Sufficiency Level (Q3)	T-value	P
3.43	0.53	3	12.52	236	0.001	4	-16.50	0.001

According to the above findings in Table 2, the sample mean is 3.43. Based on the obtained t-value of 12.52 with 236 degrees of freedom, there is a significant difference between the obtained mean and the acceptable sufficiency level at 95%. Confidence interval (signature < 0.05). Furthermore, the obtained mean value deviates significantly from the desired sufficiency level, as indicated by the t-value of -16.50 (sig < 0.05). Based on the above findings, it can be concluded that the level of social and mental health of workers is well at the acceptable and desired sufficient level.

Table 3. Pearson Correlation Coefficients, Relationship between Perceived Social Support, Hope for the Future, Generalized Social Trust, and Social Activity with Social and Mental Health of Employees

Variable	Correlation	Standardized Coefficients (Beta)	Significance Level
Perceived social support with social and mental health of employees	0.397	0.20	0.001
Hope for the future with social and mental health of employees	0.715	0.33	0.001
Generalized social trust with social and mental health of employees	0.620	0.22	0.001
Social vitality with social and mental health of employees	0.551	0.18	0.001

Based on the data presented in Table 3, the correlation coefficients between perceived social support and employee social and mental health (r = 0.397), hope for the future and employee social and mental health (r = 0.715), general social trust and the Social and mental health of employees (r = 0.620) as well as social activity and social and mental health of employees (r = 0.551) are all positive and significant (p < 0.05). This suggests that as the values of these

variables increase, the level of social and mental health of employees also increases and vice versa. Therefore, the hypothesis is confirmed.

Among these variables, the “hope for the future” variable has the greatest impact on social and mental health, with a beta value of 0.33. The direction of the effect of this variable is positive, indicating that as hope for the future increases, employees' social and mental health also increases. In other words, for every standard deviation increase in future hope, there is a corresponding 0.33 standard deviation increase in employee social and mental health.

Perceived social support, generalized social trust, social vitality, and hope for the future are important predictors of social and mental health. Multiple regression was also used to test this hypothesis. Multicollinearity is one of the assumptions of multiple regression and means that the independent variables should be correlated with each other but not highly correlated. Two indices are used to check multicollinearity: tolerance and variance inflation factor (VIF). The tolerance index ranges from 0 to 1, and the larger the value, the more desirable. Therefore, the value is expected to be greater than 0.4. The VIF also has a minimum value of 1, and the smaller the value, the more desirable. Therefore, a value less than 2.5 is desirable.

Table 4. Multicollinearity Results

Model	Tolerance	VIF	Durbin-Watson Statistic
Constant	-	-	1.95
Perceived social support	0.84	1.86	
Hope for the future	0.42	2.36	
Generalized social trust	0.52	1.90	
Social vitality	0.57	1.74	

Based on the data presented in Table 4, the tolerance index for all independent variables is greater than 0.4 and the VIF is less than 2.5. This indicates that there is no significant multicollinearity between the independent variables. The results of the multicollinearity test support the use of multiple regression to test the hypothesis. The absence of multicollinearity suggests that the independent variables are not redundant and that each variable makes a unique contribution to predicting the dependent variable.

Another assumption of regression is that the errors (the differences between the actual values and the values predicted by the regression equation) are independent of each other. To test the independence of errors, the Durbin-Watson test was used. Based on Table 8, the Durbin-Watson statistic (d) of 1.95 is in the range of 1.5 to 2.5, indicating that the assumption of no autocorrelation between the errors is met.

Table 5. Regression Model of the Effect of perceived Social Support Generalized Social Trust, Social vitality, and Hope for the Future on Social and Mental Health of Employees

R (Correlation)	R Square (Coefficient of determination	Adjusted R Square (Adjusted Coefficient of Determination)
0.815	0.664	0.652

As shown in Table 5, the coefficient of determination (R-squared) is 0.664. This shows that 66.4% of the variance in social and mental health is explained by perceived social support, generalized social trust, social vitality, and hope for the future.

Discussion

The present study aimed to examine the social and mental health of employees working in the companies and industries in Bandar Abbas City, Iran. The results of this study showed that the workers' social and mental health was not at the desired level, but at a moderate and significantly acceptable levels. The findings of this study are consistent with the results of previous studies (Tavakol & Mousavi, 2024);(Koivusilta et al., 2024);(Raouf et al., 2023);(Niazi et al., 2023); (Goudarzi & Sabzevar, 2022); (Hosseinzadeh et al., 2021);(Dawson-Townsend, 2019); (Hajebi & Faridnia, 2009); and (Keyes & Shapiro, 2004). Therefore, the results indicated that the majority of

employees and workers have an average level of social and mental health. Social health is defined as an individual's assessment of the quality of his or her relationships with family, others, and social groups. In fact, the Keyes Social Health Scale indicates a person's satisfaction or dissatisfaction with life and social environment. According to (Goudarzi & Sabzevar, 2022), a socially healthy individual functions well when he or she perceives society as a meaningful, understandable, and potentially growing and thriving entity. They feel like they belong to social groups and see themselves as partners in society and its progress. Therefore, people who enjoy social health have a good attitude towards life and are active and constructive in their relationships with others and in society. On the other hand, people with poor social health do not have a good attitude towards life and have problems with their psychological and social functioning. These people experience despair and hopelessness and find their lives unattractive (Hosseinzadeh et al., 2021). There is evidence that people who are better integrated into their society have a stronger sense of belonging to it because of the social support they receive, live longer and recover more quickly from problems. Therefore, the more the employees and workers of an organization enjoy social health, the more they feel a sense of belonging to society and also have a positive attitude and a good feeling about themselves and their lives.

The National Survey of Mental Health in (2010-2011) showed that the prevalence of mental disorders among people aged 15 to 64 living in Iran was 23.6%, indicating that one in four people within a year suffers from a mental disorder. This value is 20.8% in men and 26.5% in women, which suggests a significantly higher prevalence in women. The most common disorders are anxiety and mood disorders (Ghafari et al., 2018). The results of the present study indicate that the ratio of individuals with mild to severe mental disorders is approximately 1 to 3. Specifically, 32.3% of people with mental disorders fall into the category of severe mental disorders, 31% fall into the category of moderate disorders, and the remaining 36.7% fall into the category of mild disorders.

The workplace is a crucial place to promote physical, social and especially mental health. The structuring of industrial environments, the lack of support and limited control of employees over their work lives, and various environmental pollutants result in stressful conditions. These conditions not only reduce employee performance, but also significantly increase labor costs and lead to a decline in the organization's overall productivity. Studies from the American Psychiatric

Association show that depression alone costs the U.S. economy over $210 billion (Organization, 2021).

The findings of this study also revealed that there was a significant relationship between the level of "perceived social support", "hope for the future", "generalized social trust" and "social vitality" and the level of "social-mental health" of employees. it can be stated that social support, a fundamental aspect of social interactions, includes the perception, reception and need for support and encouragement from one's social network. The type and importance of social support can vary significantly from person to person and is influenced by factors such as age, gender, personality and even cultural background. Furthermore, the specific aspects of social support that matter most may fluctuate over the life course, with certain elements taking precedence over others at different stages. In this context, social relationships can be conceptualized as an intermediate variable that bridges the gap between social circumstances and individual well-being. The quality and quantity of social support play a critical role in determining the extent to which social conditions impact an individual's health. The results of the current study are also consistent with the research of (Hajebi & Faridnia, 2009) entitled "The Relationship between mental health and social support in health staffs of Bushehr oil industry". Both studies demonstrate a significant association between mental health and social support, although this association varies depending on demographic factors. Furthermore, the present study shows that employees working in rotating shift work experience lower levels of psychological well-being and social support compared to other employment arrangements.

According to the findings, the practical implications are suggested. Companies should consider integrating social and mental health metrics into their overall assessment of employees' health. This can help identify areas that need improvement and track progress over time. Training programs for managers on the importance of social and mental health and fostering a supportive environment can be helpful. Managers play a critical role in shaping workplace culture and employees' experiences. Continuous evaluation of workplace wellness initiatives is essential to ensure they meet the changing needs of employees. Feedback mechanisms should be taken into account to collect employees' insights on social health initiatives. This study has also some limitations. It is limited to the industries and organizations in the Persian Gulf Special Economic Zone located in Bandar Abbas, and does not include other industry organizations in Iran. This

study does not include a comparison group of employees working in different industries or regions of Iran. The study focuses exclusively on employees, so the generalizability of the results to this specific group is limited. The study used a cross-sectional design, meaning the data was collected at a single point in time. This design limitation prevents researchers from establishing causal relationships between sociocultural workplace factors and social health and mental illness. Longitudinal studies would be better suited to examine the long-term effects of sociocultural workplace factors on workers' social health and mental illness.

The study concluded that workers' social and mental health was not at the desired level, but at a moderate level. The study highlighted that the social and mental health is an important dimension of overall health, similar to physical and mental well-being. Social and mental health encompasses a person's perception of their relationships and social environment and has a significant impact on their psychological and social functioning. A socially healthy employee is more likely to perceive his/her society as meaningful and to feel a sense of belonging, which in turn, promotes constructive engagement in both personal and professional areas. Conversely, employees with poor social health are prone to despair, hopelessness and reduced psychological well-being, which can negatively impact their work performance and personal life. The study results also confirmed a significant association between social health and factors such as perceived social support, hope for the future, general social trust and social vitality. The results echo previous research and suggest that social support plays a critical role in employees' mental and social well-being. Employees who perceived greater social support from their colleagues and supervisors generally reported higher levels of social health. Furthermore, hope for the future, a crucial indicator of life satisfaction, has been found to be closely related to social health, with broader societal factors influencing individuals' feelings of hope. Finally, social vitality, which reflects an employee's energy and engagement in social life, has been identified as a key factor in both individual well-being and organizational success.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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