

The structural model of social well-being based on social responsibility with the mediating role of perceived social support in HIV patients

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Article Info

Article type:

Original Research

How to cite this article:

Mojtahedi, M., Safaei Rad, I., Jadidi, H., & Akbari, M. (2023). The structural model of social well-being based on social responsibility with the mediating role of perceived social support in HIV patients. *Journal of Assessment and Research in Applied Counseling*, 5(3), 38-43.

<https://doi.org/10.61838/kman.jarac.5.3.6>



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ABSTRACT

Objective: This research was conducted to develop a causal model of social well-being based on social responsibility with the mediating role of perceived social support in HIV patients.

Methods and Materials: The cross-sectional research method is correlational. The statistical population of the present study included patients with HIV who visited behavioral counseling centers in Alborz province in 2021; 400 people were selected by available and voluntary sampling. In this research, tools of social well-being (Keys, 1998), social responsibility (Carroll, 2012) and perceived social support (Zimet et al., 1988) were used. In order to analyze the data, SPSS-V25 and Smart PLS software were used. Also, in order to test the research hypotheses, structural equation modeling was used.

Findings: The research findings showed that the model maintains a good fit. The results showed that social responsibility has a direct effect on the social well-being of HIV patients. Social responsibility has an indirect effect on the social well-being of HIV patients through perceived social support.

Conclusion: Since one's satisfaction with the social support of the family prevents mental helplessness and, as a result, better social efficiency and a greater sense of responsibility for the health of the society, and because in this survey, most of the subjects had weak perceived social support, it is recommended by informing and educating the family of the affected; To improve the social welfare of these patients.

Keywords: social welfare, social responsibility, perceived social support, HIV.

1. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a type of fatal internal neurological disorder that results from a deficiency in the body's immune system, caused by

the Human Immunodeficiency Virus (HIV), a virus that grows inside the immune system cells of an individual and alters the body's defense against diseases (Schmitt, 2020). The global epidemiology of HIV/AIDS infection is the biggest challenge of the present era, to the extent that the

AIDS epidemic has elevated it to the level of a public health crisis (Kasymova, 2020). As of 2005, 65 million people worldwide have been infected with this disease, and so far, 24 million people have lost their lives due to this disease (Short & Schmidt, 2020). AIDS is one of the emerging diseases of the present era. Contracting this disease affects many aspects of the lives of those infected and puts their quality of life under scrutiny, to the extent that the lives of patients are transformed and take a different direction than before (Abramo, Cecchini, & Ullmann, 2020). Patients with chronic diseases such as AIDS live with constant uncertainty and doubt, which can affect their physical, social, spiritual, psychological, economic, and daily activities (Tegegne & Zeru, 2022). This uncertainty is accompanied by an increase in mood disorders, a decrease in quality of life, and a decrease in the adaptability of patients to the disease (Reddy & Berry, 2022). One of the concepts that seems to be effective in this research and in relation to HIV-infected patients is the concept of social welfare (Marshall & Cahill, 2022). According to Ryan and Deci (2001), there are two main approaches to defining welfare: hedonism and virtue. Considering welfare as hedonistic pleasure or previous happiness has a long history (Ryan & Deci, 2001). Personal wellbeing is defined as a person's emotional and cognitive evaluations of their life. Keyes (1998) believes that alongside the objective and personal aspects of welfare, its social aspect cannot be ignored (Keyes, 1998). Therefore, for a comprehensive understanding of mental health and welfare, social scientists must research and investigate its social dimension and thus fill the gap in welfare theories. In this regard, Keyes (1998) proposed the concept of social welfare. Social welfare refers to a fundamentally general phenomenon that focuses on the social obligations that humans face within their social structures and communities (Keyes, 1998; Murray, 2020).

Responsibility means the ability to respond or take on a task that is requested of someone. Social responsibility is a prerequisite for individual growth and independence, providing individuals with the ability to achieve self-awareness and self-knowledge. In a complex society, individuals who have individual independence and pursue goals that stem from their mental structure about reality are more successful than those who simply surrender themselves to circumstances and events (Tan, 2019). According to Velte (2022), many social issues, such as crime, offenses, and behavioral problems in society, are related to the low level of individual and social responsibility (Velte, 2022). According to Fatima and Elbanna (2023), experiences in

relationships and social roles have the ability to influence the strengthening of individuals' social responsibility (Fatima & Elbanna, 2023). Therefore, another factor that appears to be effective in this study in relation to patients with HIV is social responsibility.

Another problem for these patients is that they are also discriminated against in terms of public support and health care, and inappropriate and demeaning behaviors lead to patient isolation and deprive them of educational opportunities. Fear of stigma and rejection by family and friends causes them to hide their illness, which leads to the spread of infection (Siroka, Ponce, & Lönnroth, 2016). Therefore, another important variable in relation to these patients appears to be their perceived social support. Perceived social support evaluates an individual's assessment of the availability of support in critical and necessary situations (Abramo, Cecchini, & Ullmann, 2020). Family can provide social and psychological support that enables them to live with their family, which leads to appropriate adaptation to their illness (Ortiz, Cummins, & Karunanethy, 2015). Chandran and colleagues (2019) found in a longitudinal study that having family and friends support can increase adherence to treatment in patients with HIV (Chandran et al., 2019). Also, the results of the study by Rollen and colleagues (2017) showed a significant relationship between social support and a sense of responsibility in preventing others from getting infected and informing others of their problem in situations where the possibility of infection exists (Roelen et al., 2017). Cluver and colleagues (2016) showed that social support systems are one of the important predictors of quality of life in patients with AIDS (Cluver et al., 2016). Therefore, the present study seeks to answer the question of whether the social welfare model based on social responsibility with the mediating role of perceived social support is compatible with the empirical model.

2. Methods and Materials

2.1. Study Design and Participants

The present research method is descriptive-correlational through structural equation modeling. The statistical population of the study consisted of all HIV-positive patients who had referred to counseling centers in Alborz province during a six-month period (August 2021 to January 2022), which was approximately 1000 individuals. There are various opinions about the sample size in studies related to correlational research using structural equation modeling,

but all agree that structural equation modeling is similar to factor analysis and can be implemented with a large sample. There is no general agreement on the sample size in structural equation modeling, but according to many researchers, the minimum sample size in structural equation modeling is 200 individuals. However, considering caution and possible attrition, the sample size was increased to 400 individuals. The sampling method in this study was available and voluntary sampling.

2.2. Measures

2.2.1. Social Wellbeing

The Keyes Social Well-being Scale (1998) is a questionnaire consisting of 20 questions and 5 components of social flourishing (1, 2, 3, 4), social cohesion (5, 6, 7), social integration (8, 9, 10), social acceptance (11, 12, 13, 14, 15), and social contribution (16, 17, 18, 19, 20). The purpose of this questionnaire is to measure the level of social well-being (social cohesion, social integration, social contribution, and social acceptance). The questionnaire is scored based on a 5-point Likert scale (completely disagree, 1; disagree, 2; neutral, 3; agree, 4; completely agree, 5), and questions (1, 6, 13, 14, 15, 17, 18, 19, 20) are scored in reverse (Keyes, 1998). The reliability and validity of this questionnaire have been confirmed in various studies (Hediger, 2010; Roelen et al., 2017).

2.2.2. Social Responsibility

This scale is consisting of 35 items and 4 components of legal (1, 2, 3, 5, 6, 7, 8), economic (9, 10, 11, 12, 13, 14, 16), ethical (4, 15, 18, 20, 21, 22, 23, 28, 31), and friendly (17, 19, 24, 25, 26, 27, 29, 30, 32, 33, 34, 35). There are two ways to analyze this questionnaire: analysis based on the components of the questionnaire and analysis based on the obtained scores. The questionnaire is scored based on a 5-point Likert scale (completely disagree, 1; disagree, 2; neither agree nor disagree, 3; agree, 4; completely agree, 5).

According to this method of analysis, you add up the scores obtained and then judge based on the following table. Scores between 20 and 30 indicate a low level of social responsibility, scores between 33 and 66 indicate a moderate level of social responsibility, and scores above 66 indicate a high level of social responsibility (Carroll, 2012). The reliability and validity of this questionnaire have been confirmed in various studies (Fatima & Elbanna, 2023; Velte, 2022).

2.2.3. Perceived Social Support

This 12-item scale is developed to assess perceived social support from three subscales of friends, family, and significant others. The aim of the multidimensional Perceived Social Support Scale is to measure the extent to which participants receive perceived social support from these three subscales. Its scoring is based on a 7-point Likert scale ranging from strongly disagree (scored as 1) to strongly agree (scored as 7), resulting in a range of 4 to 28 for each item and 12 to 84 for the scale. So, if the mean score of the scale or subscales is between 1 and 2.9, it can indicate low perceived social support, a score of 3 to 5 can indicate moderate perceived social support, and a score of 5.1 to 7 can indicate high perceived social support (Zimet et al., 1988). The reliability and validity of this questionnaire have been confirmed in many studies (Amarloo & Shareh, 2018; Chandran et al., 2019).

2.3. Data analysis

Data analysis was performed using SPSS-25 and Smart PLS software to analyze the results obtained from the questionnaires. Additionally, structural equation modeling was used to test the research hypotheses.

3. Findings and Results

Table 1 displays the mean, standard deviation, skewness and kurtosis of the variables.

Table 1

Descriptive statistics (M= Mean; SD= Standard Deviation)

| Variable | Component | Mean | SD | Skewness | Kurtosis |
|-----------------------|----------------------|-------|------|----------|----------|
| Social wellbeing | Social flourishing | 12.98 | 3.44 | -0.07 | -0.31 |
| | Social cohesion | 9.57 | 2.86 | 0.10 | -0.580 |
| | Social coherence | 9.68 | 2.70 | 0.07 | -0.41 |
| | Social acceptance | 15.37 | 4.26 | 0.17 | -0.27 |
| | Social participation | 16.77 | 4.20 | -0.05 | -0.14 |
| Social responsibility | Legal | 23.03 | 5.74 | -0.09 | -0.01 |

| | | | | | |
|--------------------------|--------------------|-------|------|-------|-------|
| Perceived social support | Economic | 23.12 | 5.55 | -0.17 | 0.18 |
| | Moral | 29.13 | 7.17 | -0.25 | 0.47 |
| | Altruistic | 37.75 | 9.20 | -0.10 | 0.26 |
| | Friends | 13.57 | 3.01 | 0.19 | -0.14 |
| | Family | 14.26 | 2.59 | 0.00 | 0.13 |
| | Significant others | 14.24 | 2.68 | -0.52 | 1.88 |

The information in Table 1 shows statistical characteristics such as mean, standard deviation, skewness, and kurtosis for research variables. Moreover, considering the values of skewness and kurtosis that fall within a reasonable range for guessing the normality of the data, it is

possible to assume and accept the normality of the data. To examine the direct and indirect effects of independent variables on the dependent variable, it is necessary to present the total, direct, and indirect effects for the variable within the model. These effects can be observed in Table 2.

Table 2

The summary of direct and indirect effects

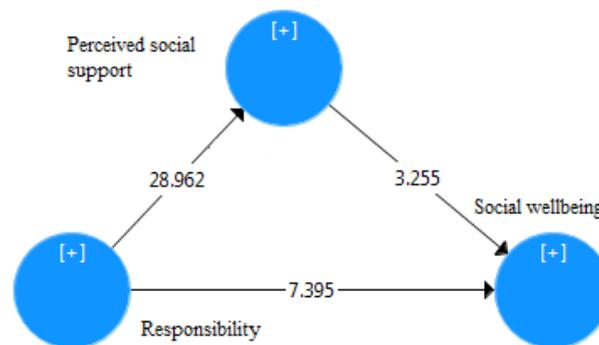
| Independent variable | Dependent variable | Effect | | |
|--------------------------|--------------------------|--------|-------------------|-------|
| | | Direct | Indirect | Total |
| Social responsibility | Perceived social support | 0.532 | ---- | 0.532 |
| Perceived social support | Social wellbeing | 0.406 | ---- | 0.406 |
| Social responsibility | Social wellbeing | 0.454 | 0.406*0.532=0.216 | 0.670 |

As can be seen in Table 2, the indirect effect of social responsibility on social well-being through perceived social support is 0.670. Additionally, the t-value in the

measurement model (Figure 1) indicates that the direct paths are significant, and therefore, the model maintains a good fit ($P_t < 0.01$).

Figure 1

Final model with t-values



4. Discussion and Conclusion

The present study aimed to develop a structural model of social well-being based on social responsibility with the mediating role of perceived social support in patients with HIV. The results showed that social responsibility has a direct effect on social well-being in patients with HIV. Consistent with this finding, Sand (2008) showed that teaching the concepts of social responsibility, freedom, their

values, and applications can alleviate pain and stress in cancer patients (Sand, 2008). The results also showed a significant relationship between social responsibility and the sense of well-being. Additionally, the results showed that social responsibility has an indirect effect on social well-being in patients with HIV through perceived social support.

In the explanation of these findings, it can be stated that Amarloo and Sharah (2018) found in their research that social support can have a close relationship with social responsibility (Amarloo & Sharah, 2018). Karami et al.

(2017) stated in their study that moral intelligence and social support contribute to improving social responsibility (Karami, Galavandi, & Galaei, 2017). Given that social responsibility increases social ability, motivation, attention to ethical and social issues, personal discipline, sense of duty towards others, respect for others, and commitment to society, attention to this issue in this regard is very important and becomes doubly important. Social responsibility as a relationship between the individual and others and with the larger social organization and environment is one of the concepts that has gained increasing importance nationally and internationally. Social responsibility is an internal commitment and obligation of the individual to perform all activities that are assigned to the person. Based on this finding, it is concluded that social support moderates and weakens the undesirable effects of psychological stress on HIV patients and has a protective role that has a positive effect on the social well-being of the individual, leading to increased life satisfaction, reduced stress, and increased social responsibility, regulating personal ideals, and creating motivation for patients to tackle their life problems. Regarding the perceived social support and social responsibility relationship, the results showed that family, friends, and social support indirectly through social responsibility are effective in increasing the social well-being of HIV patients. Although no research has investigated this indirect relationship, this finding can be explained based on the relationship between family support, social support, and friend support with social well-being, as well as the relationship between social responsibility and social well-being (Amarloo & Shareh, 2018; Chen, 2005; Ndro, Ndlovu, & Nyasulu, 2022; Tombs, 2017). Based on these findings, it can be said that comprehensive family and friend support during illness can significantly reduce the psychological damage of these patients by creating a sense of hope, optimism, ability, and resilience against problems.

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5. Suggestions

In light of these results, family, friends, and caregivers should be aware of their indispensable role in improving the psychological status of HIV patients and their consequences and appropriate programs should be designed to provide social support for these patients to increase social responsibility and social well-being. Officials should pay attention to the role of perceived social support of HIV patients in their social well-being based on the results of this study and design appropriate and practical programs to improve their social well-being. In addition, based on the results of this study, counselors, clinical psychologists, and therapists can improve the perceived level of social support of patients to improve their social well-being. For this purpose, the use of educational workshops run by experts and experienced individuals is useful. It is recommended that the necessary grounds be provided to positively integrate HIV patients into social norms and educate their families in this regard so that they can easily find their positive social aspects and use social facilities and related programs in the community.

Acknowledgments

The cooperation of all participants in the research is thanked and appreciated.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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