Ilam University of Medical Sciences

Journal of Basic Research in Medical Sciences

Online ISSN: 2383-0972
Print ISSN: 2383-0506

Homepage: https://jbrms.medilam.ac.ir

The role of feeling of security in the relationship between psychological capital, social capital and social health in Shiraz government employees

Raha Tabe[1], Hojjatolah Javidi[1]✉, Azarmidokht Rezaee[1], Nowshad Ghasemi[1]

[1] Department of Psychology, Marvdasht Branch, Islamic Azad University, Marvdasht, Iran

Article Info

Article type:
Research Article

Article history:
Received: 3 Jan. 2021
Revised: 4 Sep. 2021
Accepted: 4 Oct. 2021
Published online: 4 May. 2023

✉**Correspondence to:**
Hojjatolah Javidi, Department of Psychology, Islamic Azad University, Marvdasht Branch, Marvdasht, Iran.
Postal Code: 73711-13119
Tel: +98 9173521596
Fax: +98 7143311172
Email: Javid 952@hotmail.com

ABSTRACT

Introduction: According to the Global Mental Health Movement, security provides a coherent conceptual framework and an ethical basis for the development of the mental health system. Therefore, mediating the role of the sense of security in the relationship of psychological capital and social capital with social health was investigated among government employees in Shiraz.

Materials and Methods: In this descriptive-correlational (structural equation) model, 705 government employees (255 females and 450 males) in Shiraz were selected as the sample group. Data were collected by Psychological Capital, Standard Social Capital, Security Feeling, and Social Health Questionnaires. The analysis of data was performed with the aid of Pearson's correlation coefficient and structural equation modeling using the SPSS 20 and LISREL 8.80 software.

Results: The results showed no statistically significant difference between the gender, age, and workplace of the study subjects ($P > 0.05$). Also, the performance indices were in good condition at REMSA = 0.01, GFI = 0.96, CFI = 0.91, RFI = 0.90, and NFI = 0.91. Standard coefficients of the direct and indirect effects of psychological and social capital on social health were significant based on the feeling of security ($P < 0.05$ for both).

Conclusion: Our findings revealed that health reflects social factors and a sense of security, and the improvement of social health is dependent on providing and strengthening a sense of security.

Keywords: Psychological capital, Social capital, Sense of security, Social health

How to cite this article: Tabe R, Javidi H, Rezaee A, Ghasemi N. The role of feeling of security in the relationship between psychological capital, social capital and social health in Shiraz government employees. J Bas Res Med Sci. 2022; 9(4) :21-27.

Publisher: Ilam University of Medical Sciences

Introduction

Social dimension of health is one of the essential and important points of evaluating the health of communities. Hence, benefiting from social health ensures the dynamics and efficiency of a society. Social health refers to evaluating the significant positive and negative behaviors of an individual towards others that lead to the efficiency of a person in society (1). According to experts, social health is one of the most fundamental indices of health in any country, which can be an instrument to prevent a variety of deviations.

Consequently, its irreparable outcomes will affect the society (2).

A person can be considered socially healthy when he/she can perform normal social activities and roles and has relationship with society and its norms. In other words, social health refers to individual's understanding of society as a meaningful and understandable complex with potential to grow and flourish. Social health in the workplace refers to social interactions and useful job activities formed as social protection and security in the workplace (3). As social health plays a significant role in ensuring the dynamics and efficiency of a society, its addressing is of paramount importance. The conscious, efficient and creative individuals are necessarily required for the growth and prosperity of any society; thus, training and strengthening the motivation for progress produce energy, leading to a proper orientation to the behavior, interests, and needs of society towards valuable and definite objectives (4).

Concept of security is an emerging model for understanding human vulnerabilities that was developed over the past two decades and was extensively recognized to be important for human prosperity (5). Since 1994, the concept of security was taken seriously and defined as a sense of confidence, peace, and relief from anxiety, and fear of meeting our needs at present or in the future (6). While relief from anxiety and need are two most important components of security, the supporters of security have considered this concept as something more than relief from fear and regarded it as relief of human from any threats that endanger human life and freedom (7).

Sense of security is a mental judgment based on whether an individual sees that environment is manageable and safe or not. In other words, the sense of security refers to people's views about the social environment, workplace, and place of residence, as well as their perceived reactions to risky behaviors in such environments (8). Since the sense of security is a psychological-social construct, and its understanding by an individual depends on some factors. In this regard, numerous studies have been conducted; some of which have investigated the social factors with a social approach, and some others have claimed that the sense of security focuses on individual factors. Iqbal (2006) has implied that human security and its relationship with health, social factors, personal development, and human rights are inseparable concepts that need in-depth understanding by researchers (5).

Cognitive construct suggested in a recent research on security is a psychological capital that is related to one's perception of security (9). Psychological capital includes the positive aspects of human life and helps to improve an individual’s productivity and success. Psychological capital affects the attitude and behavior of individuals and acts as a powerful source to motivate and increase activity and effort. This construct gives people a clear and desirable vision of their capabilities. The high level of this capital assist people in illustrating important and effective plans for their future by focusing more on their abilities and restrictions (10).

Social capital, according to Lindström, is effective in promoting security and is considered a major factor in explaining the variances of insecurity in society. Social capital is derived from the daily interaction of individuals and addresses the social relations and social networks based on the principles of trust, mutual cooperation, and rules of social action (11).

The reflection of sense of security is clearly observed not only in the personal, psychological and social aspects of life but also in the work and professional environment. In fact, employees retain their professional skills and move towards progress with a sense of security. On the other hand, the sense of insecurity leads to job dissatisfaction and physical and psychological complications, as well as family problems (12). Workplace can also

affect the growth and prosperity of employees' talents, followed by the perception of sense of security and social health by considering underlying characteristics of an individual, including sufficient social capital and psychological capital (12). Therefore, the present research investigated the mediating role of the sense of security in the relationship of psychological and social capital with social health among the government employees in Shiraz.

Materials and Methods

This descriptive-correlational study was conducted on the employees of state departments in Shiraz. The statistical population, in the age range of 20 to 65, included all employees with recruitment, contract, corporate, and project ranks. Service staff, medical staff, and teachers were excluded to reduce the statistical dispersion. Overall, 705 employees were selected as the sample group by multistage cluster sampling. Following the random selection of five departments from government departments and an office from each department, all employees in the office were investigated. The sample size included 194 people from the University of Medical Sciences, 154 people from the Ministry of Education, 138 people from the Ministry of Cultural Heritage, 118 people from the National Petrochemical Company, and 101 people from the Law Enforcement Force. The data collection instrument were the questionnaires as follow:

1. Psychological capital questionnaire (10): it measures the structures of hope, resilience, optimism, and self-efficacy and includes 24 items and 4 (six-item) subscales. Each item was regulated on a six-point Likert scale, from totally disagree to totally agree. In this research, Cronbach's alpha of the questionnaire was 0.86.
2. Standard social capital questionnaire (13): it measures 3 structural, communicative, and cognitive dimensions and includes 28 items and 7 subscales of networks, trust, cooperation, mutual understanding, relationships, values, and commitment. Each item was regulated on a five-point Likert scale, from strongly agree to strongly disagree. In this research, Cronbach's alpha of the questionnaire was 0.85.
3. Sense of security questionnaire (14): it was written for the Iranian community and consists of 5 sections and 90 phrases. Each phrase determines the sense of insecurity based on a seven-point Likert scale, from 0 to 6. In this research, Cronbach's alpha of the questionnaire was 0.94.
4. Social health questionnaire (15): it consists of 23 items (1 item of social participation, 7 items of social cohesion, 7 items of social acceptance, 1 item of social correlation, and 7 items of social prosperity), which was regulated based on a five-point Likert scale. The higher scores (4 and 5) indicate better social health. In this research, Cronbach's alpha of the questionnaire was 0.91.

The study was approved by the ethic committee of Islamic Azad University, Marvdasht Branch, Marvdasht (ethical code: IR.IAU.SHIRAZ.REC.1397.006). Participants' consents were obtained unwritten.

Statistical Analysis

Pearson’s correlation coefficient was used to test the relationship of variables with the distance and relative measurement level of the research and the sense of security. LISREL 8.80 software was employed to analyze the data using structural equation modeling and model fitting. Descriptive information of the subjects was calculated by using SPSS 20 software.

Results

In this study, 450 (63.7%) subjects were male, while 255 (36.2%) were female. Also, 205 (29.1%) cases had more than 50

years of age. Among workplaces studied, University of Medical Sciences had the greatest number of participants (194/27.5%). There was no statistically significant difference between gender, age, and workplace of study subjects with the sense of security (p-value >0.05) (Table 1).

Table 1. Demographic information of the subjects participating in the study.

Variables	Frequency	Percentage	P value
Gender			
Male	450	63.8	
Female	255	36.2	0.055
Age			
20-30	137	19.4	
31-40	179	25.4	
40-50	184	26.1	0.867
>50	205	29.1	
Workplace			
University of Medical Sciences	194	27.5	
Ministry of Education	154	21.8	
Ministry of Cultural Heritage	138	19.7	0.605
National Petrochemical Company	118	16.7	
Law Enforcement Force	101	14.3	

Before checking the fit of the model, the relationship between the variables should be checked .In this study, we used Pearson's correlation coefficient to investigate the relationship between research variables (Table 2). As illustrated in this Table there is a significant positive relationship between social health, social capital, and psychological capital and the sense of security. In addition, the highest value belonged to the relationship between social capital and sense of security. This means that social capital has the greatest influence on the feeling of security.

Table 2. Pearson's correlation test for the variables of the study.

Variable	1	2	3	4
Sense of security	1			
Social health	0.14□□	1		
Social capital	0.16□□	0.43□□	1	
Psychological capital	0.13□□	0.27□□	0.18□□	1

□P < 0.05, □□P < 0.01.

Model fit shows how well the model designed by the researcher is supported by real data. In other words, it shows the compatibility of the experimental model with the theoretical model. Theoretical model means a model obtained by the researcher based on research literature or qualitative content analysis. The meaning of the experimental model is the model that is implemented based on the data collected by the researcher. There are a wide set of criteria and fit indices that can be used to measure the entire model. The important point is that a researcher must use different criteria to judge the fit of the model. In the modeling of structural equations in Lisrel software, there are also a large number of fitness indicators.

The results of the conceptual model demonstrated that the fit index, Root Mean Square Error of Approximation (REMSA), with a value of 0.01, and Goodness of Fit Index (GFI), Comparative Fit Index (CFI), Relative Fit Index RFI, and Normed Fit Index (NFI) with values of 0.96, 0.91, 0.90, and 0.95 (> 0.90), respectively, were in the

favorable fit position. Results of factor analysis showed that the factors of the main variables of the research significantly affect the formation of the main variables.

Table 3 shows that all standard coefficients (beta) of direct paths were significant at the level of 0.05. The standard coefficients for the path of psychological and social capital to sense of security were 0.25 and 0.29, respectively, whereas social and psychological capital to social health were 0.36 and 0.24, respectively, Also, the standard coefficient for of security to social health was 0.69. The direct effect of psychological capital and social capital on social health was confirmed. Based on Table 4, both social and psychological capitals affect the social health via the sense of security) t values 0.29 and 0.25). Therefore, the mediating role of the sense of security in the relationship of psychological capital and social capital with social health was confirmed.

Table 3. Direct relationship between the different study variables.

Hypothesis	Beta	t	Significance level
Relationship of psychological capital with sense of security	0.25	13.23	0.000
Relationship of social capital with sense of security	0.29	14.23	0.000
Relationship of social capital with social health	0.36	10.23	0.000
Relationship of psychological capital with social health	0.24	9.15	0.02
Relationship of sense of security with social health	0.69	11.21	0.003

Table 4. Direct and indirect effects of social capital and psychological capital on social health.

Variable	Direct effect	Indirect effect	Total effect	Variance inflation factor
Social capital	0.36	0.20	0.56	0.35
Psychological capital	0.24	0.17	0.41	0.41

To investigate the mediating role of the sense of security in the relationship of psychological capital and social capital with social health, the structural equation method (confirmatory factor analysis and path analysis) was used. First, the normal distribution of the scores of the variables and then the confirmatory factor analysis (model fit and interface between variables) were investigated as default Thereafter, the path analysis (direct and indirect) was conducted. Results of the direct and indirect effects of independent variables on social health are shown in Figure 1. According to the figure, 24% of social health changes are predicted by psychological capital and 36% of social health changes are predicted by social capital. Also, in the relationship between psychological capital and social capital with social health, the sense of security has a predictive role of 69%.

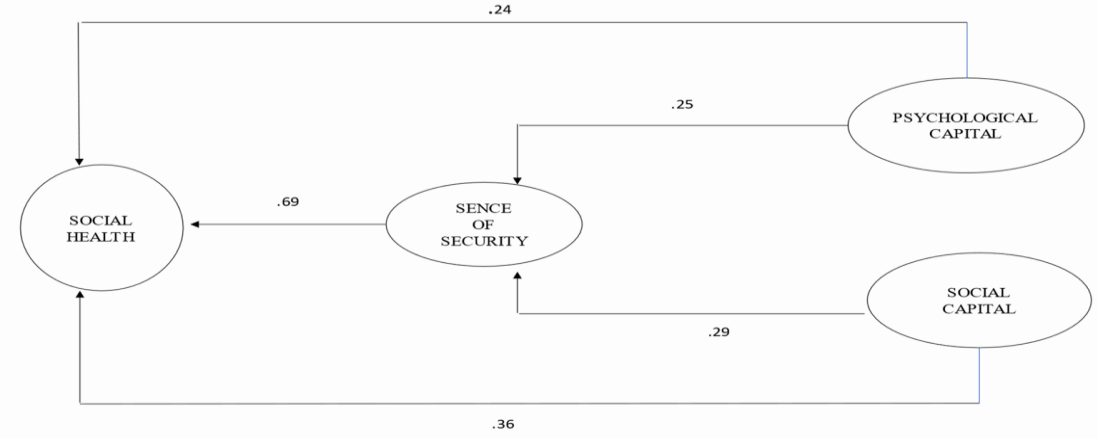

Figure 1. Direct and indirect effects of independent variables on the social health in the study.

Discussion

Findings of this study showed that the sense of security has a mediating role between the research variables, and the experimental model resulted from the data is relatively matched with the conceptual model. The conceptual model of the study indicated that although psychological capital and social capital had a significant and direct effect on the employees' social health, their impact on social health increased when a sense of security was considered as a mediating variable. A sense of security leads to a positive effect on social health by activating the system of relationships, interactions, and trust, as well as by searching for personality traits, such as self-efficacy, hopefulness, adaptability, and optimism. As a result, an environment that provides a sense of security to the employee reduces the stress, tension, fear, and restlessness and facilitates the adaptability, positive interactions, efficiency, and correlation. This mechanism could offer a condition for providing and promoting employees' health and reduce the psychological and social harms and occupational hazards (3, 4, 16).

The significant positive effect of psychological capital on social health, a remarkable finding of the present study, was consistent with Ghorbani et al.'s (17) and Jackson's (18) findings. Psychological capital refers to an individual's positive assessment of conditions, having an objective to reach success, and resistance against life problems. Therefore, it underscores the positive aspects of people and not their negative and inefficient aspects (19). An individual with psychological capital would have favorable social relations and be efficient and successful in social activities. In fact, psychological capital covers a wide range of psychological mechanisms and affects individuals' performance. Hence, an employee with high psychological capital benefits from powerful psychological resources that make the person to be less exposed to the negative effects of the experiences an individual is dealing with in the workplace. Thus, the psychological capital can affect the social level.

The present study found a significant positive effect of social capital on social health. This result was in line with the findings of Ghorbani et al., (17), Yiengprugsawan (2011) (20), and Burke et al., (21). A plenty of evidence shows that social capital with various mechanisms is effective in health promotion. Social capital in the communication dimension creates better social relations by providing trust, norms, and commitments. There is definitely interaction and empathy in an organization where there is trust and employees work and cooperate with each other in peace and away from tension. In the cognitive dimension, providing a common insight of goals and values among employees prevents differences and confusion in the work and provides an introduction to optimal activity. One of the characteristics of social capital is the smoother relations without inhibitors among employees, which leads to tendency and desire of employees towards sincere cooperation and professional exchanges. Social capital mechanisms result in an integrated and friendly professional environment, a critical channel for promoting employees' health (21).

Generally, employees require assets such as psychological capital, social capital, and a sense of security along with the availability of organizational factors, because these structures can probably better ensure mental and social health following the positive effects on employees' mental well-being (22), although ongoing and further studies are required. The conceptual model of the present study can be useful in understanding the relationships between organizational variables and facilitating the health promotion of state employees. The quality of the workplace is largely dependent on the physical, mental, and social health of its employees. Investigating the quality of the workplace is one of the

issues that provides constructive feedback for officials to analyze the problems, make basic decisions, and have strategic planning, making them aware of the quality of the workplace and the need for improvement. Given the fact that almost one-third of every employee's life is spent in the workplace (23), meeting desired conditions in the workplace reduces the rate of absenteeism and desertion of staff and leads to retention in the organization. There is no doubt that welfare and livelihood factors largely provide intellectual comfort and peace of mind for the employees of any organization and result in job satisfaction (24). The employers and employees are suggested to use research findings to solve health issues and improve social performance.

Conclusions

The findings of the present study suggest that health reflects social factors and a sense of security, and by providing and strengthening a sense of security, social health can be improved.

Acknowledgments

Authors would like to thank the cooperation of all the research centers and units at the Islamic Azad University, Marvdasht Branch, Marvdasht, Iran.

Funding

This study did not or will not receive directly or indirectly benefits in any form from ay commercial party.

Authors' Contribution

RT and HJ designed the conception of the study; HJ, AR and NGH focus of the statically analysis; RT, HJ and AR technical support and conceptual advice. All authors contributed to the drafted the manuscript, revised it critically and approved the final version.

Conflict of Interest

The authors declare that they have no Conflict of interest.

References

1. Shirazi MR, Keivani R. Critical reflections on the theory and practice of social sustainability in the built environment–a meta-analysis. Local Environment. 2017;22(12):1526-45. doi:10.1080/13549839.2017.1379476.
2. Niazi M, Shafaei Moghaddam E, Shadfar Y. Relationship between Social Capital and the Sense of Security among Women in Northern Regions (1, 2) and Southern Region (20, 19) of Tehran. Sociol Stud Youth. 2011;2(3):131-60.
3. Harpham T, Grant E, Rodriguez C. Mental health and social capital in Cali, Colombia. Soc Sci Med. 2004;58(11):2267-77. doi: 10.1016/j.socscimed.2003.08.013.
4. Edrisi A, Sheykhdadzadeh L, Bazregari M. [The effect of feeling of social security on the social health of physicians (Case study: Physicians in Tehran)]. J Med Council Iran. 2014; 34(3):49-70.215-232. (In Persian).
5. Iqbal Z. Health and human security: The public health impact of violent conflict. International Studies Quarterly. 2006 Sep 1;50(3):631-49. doi:10.1111/j.1468-2478.2006.00417.x.
6. Chen T, Turner JA. Extending social security coverage to the rural sector in C hina. Int Soc Secur Rev. 2014;67(1):49-70. doi:10.1111/j.1468-2478.2006.00417.x.
7. Adebayo GO. Counter-radicalization policies and policing in education: making a case for human security in Europe. Heliyon. 2021;7(2): e05721. doi: 10.1016/j.heliyon. 2020.e05721.
8. Wang J, Long R, Chen H, Li Q. Measuring the psychological security of urban residents: Construction and validation of a new scale. Front Psychol.

2019; 10:2423. doi:10.3389/fpsyg.2019.02423.

9. Bergheim K, Eid J, Hystad SW, Nielsen MB, Mearns K, et al. The role of psychological capital in perception of safety climate among air traffic controllers. J Leadersh Organ Stud. 2013;20(2):232-41. doi:10.1177/1548051813475483.
10. Luthans F. Brief Summary of Psychological capital and introduction to the special issue. Leadersh Organ Stud. 2014; 2(2): 125-129. doi:10.1177/1548051813518073.
11. Lindström M. Social capital, anticipated ethnic discrimination and self-reported psychological health: A population-based study. Soc Sci Med. 2008; 66(1):1-3. doi: 10.1016/j.socscimed 2007; 07.023.
12. Probst TM, Gailey NJ, Jiang L, Bohle SL. Psychological capital: Buffering the longitudinal curvilinear effects of job insecurity on performance. Saf Sci. 2017; 100:74-82. doi: 10.1016/j.ssci.2017.02.002.
13. Nahapiet J, Ghoshal S. Social capital, intellectual capital, and the organizational advantage. Acad Manage Rev. 1998; 23(2):242-66. doi:10.5465/amr.1998.533225.
14. Delavar A, Ahmadvand AM, Rezaee AM. [Psychometric Characteristics of Feeling Security Scale (TFSS) for Tehran Population]. Clin Psychol Person. 2003; 15 (28):49-60. (In Persian).
15. Keyes CLM. (2014). Mental Health as a Complete State: How the Salutogenic Perspective Completes the Picture. In: Bridging Occupational, Organizational and Public Health. Springer, Dordrecht. doi:10.1007/978-94-007-5640-3_11.
16. Beheshti SS, Moradi R, Khalili Dare Bang R. [Sociological Explanation of the Relationship Between Social Security Sense and Social Health]. SJSPH. 2020; 18 (2):173-88. (In Persian).
17. Ghorbani S, Jahanizadeh MR, Mirbod SM, Omidi L. [Investigation the relation of psychological and social capitals with social health, with regards to the mediator variable of social support]. Soc Psychol Res. 2020;10(38):83-100. (In Persian).
18. Jackson M. Personality traits and occupational attainment. Eur Sociol Rev. 2006; 22(2):187-99. doi:10.1093/esr/jci051.
19. Newman A, Schwarz S, Borgia D. How does microfinance enhance entrepreneurial outcomes in emerging economies? The mediating mechanisms of psychological and social capital. Int Small Bus J. 2014; 32(2):158-79. doi:10.1177/0266242613485611.
20. Yiengprugsawan V, Khamman S, Seubsman SA, Lim LL, Sleigh AC. Social capital and health in a national cohort of 82,482 Open University adults in Thailand. J Health Psychol. 2011; 16(4):632-42. doi:10.1177/1359105310386264.
21. Burke M, Marlow C, Lento T. Social network activity and social well-being. Proc SIGCHI Conf Hum Factor Comput Syst. 2010; 10: 1909-1912. doi:10.1145/1753326.1753613.
22. Tanner S, Prayag G, Kuntz JC. Psychological capital, social capital and organizational resilience: A Herringbone Model perspective. Int J Disaster Risk Reduct. 2022; 78:103149. doi: 10.1016/j.ijdrr.2022.103149.
23. Kompier MA. New systems of work organization and workers' health. Scand J Work Environ Health. 2006:421-30.
24. Cole D. Quality of working life indicators in Canadian health care organizations: A tool for healthy, health care workplaces? Occup. Med. 2005; 2;54-59. doi:10.1093/occmed/kqi009.