

Psychometric assessment of the Persian translation of the higher education version of the Social Emotional Health Survey (SEHS-HE) with students

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ABSTRACT

Objective: The primary objective of this research is to establish the cross-cultural validity of the SEHS-HE in Iran, thereby providing a validated instrument for measuring the core dimensions of positive mental health (belief in self, belief in others, emotional competence, and engaged living) among Iranian youth in higher education.

Method and Materials: This study was purposed to initially translate it into Persian and then assess its psychometric properties among a sample of 308 female students ranging 20-25 years old. The face, content, construct and concurrent validity were investigated in order to check the validity of the scale. Also, the Cronbach's alpha and composite reliability were applied to evaluate the reliability.

Findings: The findings confirmed the SEHS-HE possesses an appropriate validity and reliability, the obtained AVE and CR values of this article were 0.54 and 0.96 and the Cronbach's alpha was 0.92. The Model fits of the SEHS-HE were at the appropriate range and the confirmatory factor analysis also affirmed the appropriateness of the items and four dimension of the survey.

Conclusion: In general, the information obtained from this research indicates that the psychometric properties of this instrument are suitable for evaluating the mental health of Iranian youths and it would be applicable in future studies.

Keywords: Social and Emotional Health Survey, Psychometric assessment, validation, youths, students.

1. Introduction

Human development is inherently characterized by personal, social, and economic transitions, and successfully navigating these phases necessitates a capacity for coordination and adaptation. Adolescence and young adulthood, in particular, are marked by profound physical and psychological maturation alongside escalating responsibilities, leading to a peak in the incidence of mental health disorders like depression and anxiety (Hernández-Torrano et al., 2020). The literature indicates that this significantly compromises the well-being of young people more than other segments of the population (Auerbach et al., 2018; Harrer et al., 2019; Morgan & Simmons, 2021). Further, according to the World Health Organization report, the prevalence of depression in all age groups has proliferated in recent years. The transition to university life can introduce specific stressors that adversely affect psychological well-being. These include apprehension about possessing the necessary competencies to secure desired future employment, insufficient peer support, and the adjustment to separation from family—often compounded by dormitory living with culturally diverse roommates. Such factors can increase vulnerability to mental health conditions, substance use, and other maladaptive behaviors (Porru et al., 2022). The ramifications are both immediate and enduring, manifesting short-term as academic difficulties and poor group integration, and long-term as challenges in forming effective interpersonal relationships and significant academic decline (Hernández-Torrano et al., 2020). Therefore, in light of escalating psychological distress and its detrimental effect on the quality of life among young adults, a critical investigation into their mental health is imperative.

Mental health extends beyond the alleviation of anxiety and the reduction of problems. In contemporary understanding, it encompasses a state of complete physical, mental and social well-being (Taheri et al., 2020). The scholarly discourse on well-being distinguishes two principal frameworks: hedonic (or mental) well-being and eudaimonic (or psychological) well-being. Rooted in the hedonistic tradition, theorists of mental well-being posit that subjective feelings and beliefs are the primary indicators of a pleasant and valuable life. Conversely, the psychological well-being perspective, grounded in eudaimonic principles, contends that an individual's well-being is characterized by a greater frequency of positive experiences, fewer negative experiences, higher life satisfaction, and the ultimate goal of

realizing one's true potential (Hernández-Torrano et al., 2020). Based on these various perspectives, some particular indicators have been proposed to measure mental health and well-being. Keyes (2007) has provided one of the most complete indicators (Keyes, 2007) and argued that mental health is considered as a continuum from mental distress to well-being (Renshaw & Bolognino, 2016). Contemporary definitions conceptualize mental health not merely as the absence of mental illness, but as a positive state of well-being characterized by factors such as life satisfaction, self-acceptance, and social engagement. Positive psychology is one of the psychological domains that has given much heed to the mental health and well-being of people. Positive constructs in positive psychology are defined as the deliberation of human strengths and virtues in each person. These constructs were initially expressed as first-order and were evaluated in each person with the meaning of defining and studying positive characteristics separately. But in recent years, by developments of studies, researchers have tried to examine the positive constructs compositely and have proposed the concept of second-order structures. According to the literature, the study of positive characteristics in a combined and second-order is more practical for evaluating the positive psychosocial development of people and provides more information to researchers (Paz et al., 2022).

In this regard, Furlong et al. (2014) have presented one of the proposed composite constructs which is a scale that measures the internal, external, psychological and social abilities of people by combining 4 general dimensions, each of which consists of three subscales (Furlong et al., 2014). The main purpose of the scale is to measure the overall well-being of people. The general dimensions of positive psychosocial factors of the scale compose of the belief in self, which consists of the self-efficacy, self-awareness and persistence subscales; the belief in others, which includes the school support, peer support, and family support subscales; the emotional competence, which consists of the emotional regulation, empathy, and self-control subscales; and finally, the engaged living, which includes the subscales of gratitude, zest and optimism (Furlong et al., 2020).

Before the development of this scale, some attempts were made to identify the individual strengths of youths in the form of combined characteristics including the study of Jones et al. (2013) that evaluated five first-order structures (Jones et al., 2013), including mental happiness, optimism, self-efficacy, life satisfaction and gratitude with a separate questionnaire, but the problem with the results of this

research was that they only governed the problems of internalization and personal adaptation of people and the interpersonal dimension and social support were not addressed (Arslan et al., 2020). Similarly, Denovan and Macaskill (2017) tried to investigate the well-being in a survey by combining first-order scales such as resilience, self-efficacy, and self-control, and measured the mediating role of stress on well-being (Denovan & Macaskill, 2017). But in this study, the role of social support and interpersonal issues have not been investigated. Renshaw and Bolognino (2016) operationalized the social dimension by combining indicators related to the academic environment (Renshaw & Bolognino, 2016), such as perceived academic qualification, positive school feelings, a sense of commitment, and overall satisfaction. However, this methodological approach omitted certain personal and emotional dimensions. Due to the use of separate first-order structures and their combination, the previous efforts have not been able to provide a complete and comprehensive report of the characteristics, so as to measure the impact of different measured items on each other simultaneously. Therefore, compared to the stated efforts, it seems that the composite scale of social emotional health (Furlong) has been able to fill this gap. Recently in Iran, some scales have been validated to evaluate the positive characteristics and approaches of Iranian youths including the Perceived Social Support Questionnaire (Bagherian-Sararoudi et al., 2013), the Emotional Regulation Questionnaire (Foroughi et al., 2021). It is noteworthy to notice that each of these aforementioned scales measures only one positive psychological domain and as well, the impact of a combined survey which can identify well-being of Iranian youths in several dimensions is profound. Thus, the social emotional health survey is one of the most complete scales developed in examining the combined characteristics of people (Furlong et al., 2020).

The Social-Emotional Health Survey (SEHS) was initially developed and validated in 2014 to measure adolescent mental health, and subsequently was validated on various samples from the United States (You et al., 2015; You et al., 2014), Korea (Lee et al., 2016), and Turkey (Telef & Furlong, 2016). Then the psychometric properties of the scale was investigated among the youths by Furlong et al. (2017), and afterwards it was validated among Turkish (Arslan et al., 2020) and Indian (Sarkar et al., 2022) youths. It was also validated in Iran by Taheri et al. (2020) among Iranian adolescents but no study has yet been conducted to

measure the psychometric properties of this scale with Iranian youths (Taheri et al., 2020).

Accordingly, the first target of the current research is to assess the psychometric properties of the SEHS with a sample of Iranian youths. According to the valid instruments available in Iran, it is required to have a suitable instrument to measure the various aspects of the well-being of Persian youths. Hereby, counselors and psychologists would have more explicit perspective about the mental health and well-being of young people in emotional and social dimensions. In order to measure the convergent validity, the Satisfaction with Life Scale (SWLS; (Diener et al., 2010)) was utilized. The main reason for this choice is the proven effect of the factors measured in both of SEHS and SWLS on the development of other positive characteristics such as flexibility, positive social behavior and emotional regulation in people, which the combination of these factors can increase well-being (Furlong et al., 2017). For divergent validity, a comparison was made between the findings of this scale and the variables of depression, anxiety and stress scale (DASS-21; (Lovibond & Lovibond, 1995)). Since the presence of social emotional health means to possess a high level of well-being, while high depression, anxiety and stress mean the absence of well-being in life, so these two concepts are in an absolute distinct position from each other (Arslan et al., 2020; Furlong et al., 2017).

2. Methods and Materials

2.1. Study Design and Participants

This research was conducted in order to assess the psychometric properties of social emotional health survey by means of descriptive correlation method. The statistical population of the research comprises of the students of Al-Zahra University. The sampling method was a multi-stage cluster method, in which a list of existing faculties in Al-Zahra University was provided in consultation with the university education officer, and then 5 faculties were randomly selected. Afterwards, six classes of undergraduate students were randomly recruited among them. After samples were explained about the purpose and questions of the survey and its optionality, the link of the questionnaire was submitted to the participants in the form of a scannable QR code and those who were not able to scan received the link as a message on social networks.

In order to measure the face validity of the Persian version of the SEHS, first two English experts translated the items into Persian language independently and then a third

translator who was an arm's length distance from the study was asked to back-translate the translated items approved by the previous two translators into English. After editing and ensuring from the accordance of the semantic phrases, 30 undergraduate students of Al-Zahra University were randomly selected and requested to respond to the translated items as a small sample of the target population. Then in an interview, their comments were asked about the quality of translation. At last, the final version of the survey was prepared based on their suggestions and criticisms and compiled into an online questionnaire.

2.2. Measures

The Social Emotional Health Scale - Higher Education Version (SEHS-HE): This scale was designed by Furlong et al. (2017) which consists of 36 items and 4 general dimensions including belief in self (Furlong et al., 2017), belief in others, emotional competence and engaged living, and each dimension includes 3 subscales. A 6-point Likert scale (1 = very unlike me to 6 = very similar to me) was utilized to score this scale. The findings of Furlong et al. (2017) (Furlong et al., 2017) demonstrate a significant positive relation between this scale and the satisfaction with life scale (SWLS; (Diener et al., 2010)), and it has a significant negative relation with the depression, anxiety and stress scale (DASS-21; (Lovibond & Lovibond, 1995)). The Cronbach's alpha reported for this questionnaire is 0.88.

The Satisfaction with Life Scale (SWLS): This scale was developed by Diener et al. (2010), which consists of 5 items and is applied to figure out overall satisfaction or life satisfaction (Diener et al., 2010). A 7-point Likert scale (1=completely disagree to 7=completely agree) is used to score this scale. The results of the concurrent validity of this scale by Hayes and Joseph (2003) (Hayes & Joseph, 2003) illustrated a positive relation with the Oxford Happiness Inventory (OHI; (Hills & Argyle, 2002)), and a significant negative relation with the Depression-Happiness Scale (DHS; (McGreal & Joseph, 1993)). The Cronbach's alpha of this scale was reported by Diener as 0.87. In Iran, Maroufizadeh et al. (2016) investigated the psychometric properties of the scale and reported the Cronbach's alpha of 0.887 (Maroufizadeh et al., 2016).

The Depression, Anxiety and Stress Scale (DASS): This scale was proposed by Lovibond and Lovibond (1995) and consists of 21 items that are employed to measure the psychological distress of participants and consists of three

subscales to evaluate the negative emotional states including depression, anxiety and stress (Lovibond & Lovibond, 1995). Each subscale consists of 7 propositions. The participants were asked to answer the questions in a 4-point Likert scale (0=not at all to 3=completely true). The results of study of Yıldırım et al. (2018) (Yildirim & Alanazi, 2018) indicated that there is a significant positive relation between this scale and the Beck Depression Inventory (BDI; (Beck et al., 1988)), Beck Anxiety Inventory (BAI; Beck et al., 1988) and Cohen Perceived Stress Scale (PSS; (Cohen, 1994)). Also, Yıldırım et al. (2018) accounted a suitable internal consistency for all subscales (The Cronbach's alpha in the range of 0.87 and 0.90) (Yildirim & Alanazi, 2018). Recently, Kakemam et al. (2022) investigated the Persian version of the DASS and reported the Cronbach's alpha for depression, anxiety and stress subscales of 0.85, 0.75 and 0.87 respectively (Kakemam et al., 2022).

2.3. Data Analysis

After performing the required sampling, inferential and descriptive statistics were utilized in order to analyze the data. The content validity (CVR) and content validity index (CVI) was examined to confirm the content validity (CV). The Cronbach's alpha and Pearson's correlation was measured in SPSS-26 to recognize the accuracy of internal reliability and convergent and divergent validity of the survey respectively. Afterwards, the construct validity was measured through confirmatory factor analysis in AMOS-24.

3. Findings and Results

The participants of the current research included 308 undergraduate students of Al-Zahra University ranging 20-25 years old ($M=21.68$ and $SD=1.31$). The course study of 79 people out of participants (25.6%) was basic sciences, 156 people (50.6%) were studying liberal arts, 44 people (14.3%) were studying technical sciences, 18 people (5.8%) were studying arts and 11 people (3.6 %) were enrolled in other disciplines. Among them, 39 participants (12.7 %) were married and the rest (87.3 %) were single. Of which, 294 people out of participants (95.5 %) had no children, 9 people (2.9 %) had one child, and 5 people (1.6 %) had two children. The majority of participants were identified just as students (80.2%), while the rest (19.8%) were working in addition to studying (see Table 1).

Table 1

Participant demographics

Variable	Percent (n)
Age	Twenty
	20.8% (n = 64)
	Twenty-one
	30.2% (n = 93)
	Twenty-two
	21.8% (n = 67)
Field of study	Twenty-three
	18.5 % (n = 57)
	Twenty- four
	5.5% (n = 17)
	Twenty-five
	3.2% (n = 10)
Marital status	Basic Science
	25.6% (n = 79)
	Liberal Arts
	50.6% (n = 156)
	Technical sciences
Employment status	14.3% (n = 44)
	Arts
	5.8% (n = 18)
	Other
	3.6% (n = 11)
Child status	Married
	12.7%(n = 39)
	Employed
	19.8% (n = 61)
	Not working
	80.2% (n = 247)
	Zero
	95.5% (n = 294)
	One
	2.9% (n = 9)
	Two
	1.6%(n = 5)

In the present study, both the qualitative and quantitative face validity of the SEHS-HE was investigated. In order to measure the qualitative face validity, 30 students were asked to express their opinions about some indicators such as difficulty, compatibility, complexity and relevance. Then the comprehensibility and expressiveness of the indicators was confirmed based on the students' qualitative point of view. To measure the quantitative validity, 10 other students were asked to comment on the importance of indicators (difficulty, compatibility, complexity and relevance) using a 5-point Likert scale ranging from 1 (not important) to 5 (completely important); Based on the results, the values of the impact score for all indicators were greater than 1.5, and since the impact score is equal to or greater than 1.5 for the indicators, they were considered suitable (Hajizadeh & Asghari, 2011), and all of them retained in the study.

The data analysis of the current research was conducted at the level of descriptive data and confirmatory factor analysis by softwares of SPSS-26 and AMOS-24, respectively. At first, the status of missing data was examined, and it was found that there was no missing data. In order to check the normal distribution of the data with AMOS, the skewness was evaluated between ± 2 and the kurtosis was obtained between ± 5 , which represented a suitable normality. The Mahalanobis index is used to detect

outlier data. The result of Mahalanobis index analysis showed that the highest calculated number was 121, which was divided by the number of items (i.e. 36) and the result was 3.36, which is less than 4. In this index, a number smaller than 4 indicates that there is no data outlier.

Also, the qualitative and quantitative content validity of the SEHS-HE was evaluated. In order to measure the qualitative content validity, 8 experts (4 consultants and 4 psychologists) were asked to comment on the grammar, the words used, and proper placement of phrases. According to experts, the indicators were acceptable and did not need to be modified. Then, the content validity ratio (CVR) and content validity index (CVI) were evaluated in order to inquire the quantitative content validity (Cook and Beckman, 2006). To compute CVR, 8 experts were asked to rate the nature of each indicator based on a 3-point Likert scale ranging from 1 to 3. The results illustrated that the value of CVR for all items was greater than 0.75 (see Table 2), which indicated an accurate content validity. The index of CVI was also used to measure features such as simplicity, clarity and relevance scales using a 4-point Likert scale (from 1= not relevant at all, to 4= completely relevant). The results represented that the CVI values for all indicators were greater than 0.7, which provided an acceptable support for content validity of all the items (see Table 2).

Table 2

CVR and CVI for the items of SEHS-HE scale

No	Items	CVI	Relevancy(1–4)	Clarity (1–4)	CVR
		Simplicity (1–4)			Essential (1–3)
1	Generally, I feel capable of overcoming obstacles	1	1	1	1
2	I will be able to achieve most of the goals that I have set for myself	1	1	1	1
3	I will be able to successfully overcome many challenges	1	1	1	1
4	I do not stop my work even if it is very difficult	1	1	1	1
5	I persist on tasks that I cannot immediately complete	1	1	1	1
6	I stay focused while studying despite distractions	0.9	1	1	1
7	I am able to identify the motivations behind my actions	0.8	1	0.8	1
8	I recognize my moods and feelings	1	1	1	1
9	I have a good sense of why I have certain feelings most of the time	1	1	0.9	1
10	My family continues to love and support one another in tough situations.	1	1	1	1
11	There is a sense of togetherness within my family.	1	1	1	1
12	My family gets along well with each other.	1	1	1	1
13	Outside of my friends, there are other people on campus who care about my well-being.	1	1	1	0.9
14	I feel like there is a strong feeling of togetherness on my campus.	1	1	1	1
15	I feel like I belong at this university.	1	1	1	1
16	I have a friend at my college who cares about me.	1	0.9	1	1
17	I have a friend who gives me the emotional support I need.	1	1	1	1
18	I can talk to my friends about pretty much anything.	1	1	1	1
19	When I feel down, I try to focus on the positives.	1	1	1	1
20	I can lift my mood by redirecting my thoughts to positive ideas.	1	1	1	1
21	I am able to think about the alternatives to a problem under stressful situations.	0.9	0.9	1	1
22	I am aware of others' hardships.	0.9	1	0.9	1
23	I feel badly when my friends are put down.	1	1	1	1
24	I feel for my friends who are afraid or nervous about graduating.	0.8	1	1	0.8
25	I think about potential consequences before I act.	1	1	1	1
26	I can wait for what I want.	1	1	1	1
27	I think before I act.	1	1	1	1
28	I appreciate the relationships I have developed throughout my life.	1	1	1	1
29	I appreciate those who are close to me.	1	1	1	1
30	When I reflect on my life, there is much to be grateful for.	1	1	1	0.8
31	My friends describe me as full of life.	1	1	1	1
32	I approach life with excitement and energy.	1	1	1	1
33	I feel energetic in my life right now.	1	1	1	1
34	I am able to stay positive even when facing uncertain situations.	0.9	1	1	0.8
35	Each day I look forward to having a lot of fun.	1	1	1	1
36	I usually expect to have a good day.	1	1	1	1

In order to investigate the construct validity of 4 dimensions of the SEHS, confirmatory factor analysis

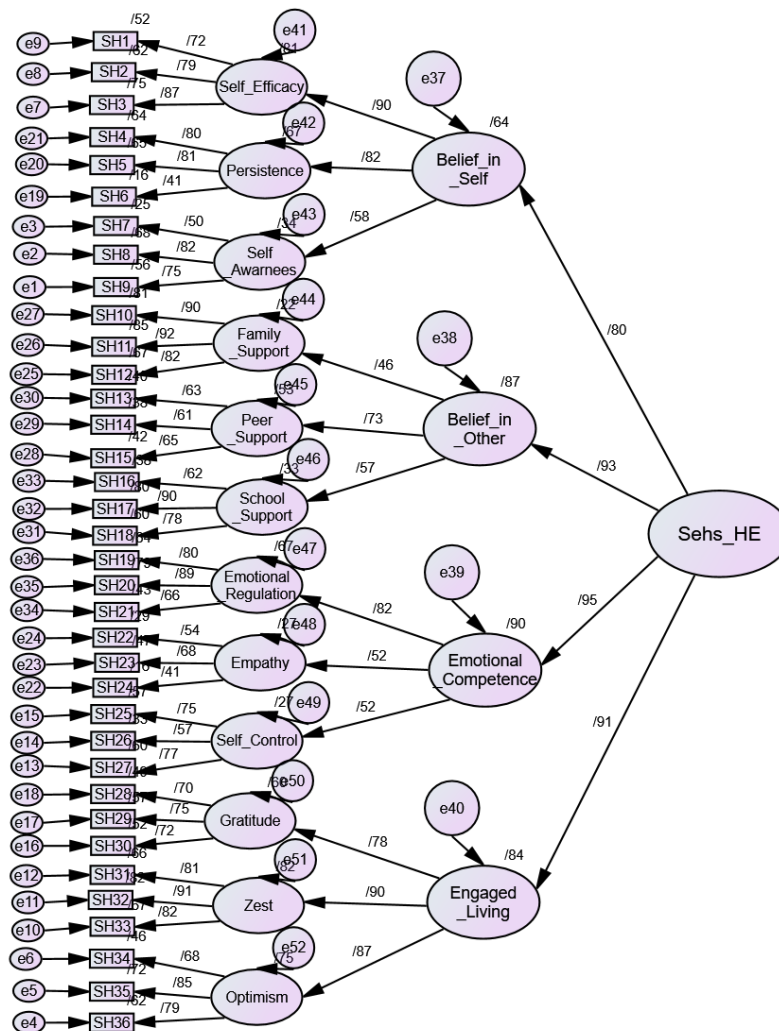
(CFA) was carried out in AMOS. The sample size required for confirmatory factor analysis is considered to be 5 to 20

times more than the total number of the scale items (Johnson, 1996). Accordingly, the sample number of 308 students was considered for the current study. The first stage of the investigation included the calculation of the factor loadings of the items, in such a way that the factor loading of any negative item should not be greater than 1 and less than 0.4, in this case the item will be excluded. The results of confirmatory factor analysis of the SEHS showed that all factor loadings of the items were positive, less than 1 and greater than 0.4, so all items were retained (Figure 1). The mean and standard deviation of all items can be seen in Table 3. The next step was to check the fit indices. Thus, the value

of the normalized chi-square index CMIN/DF, RMSEA, NFI, TLI, CFI, and GFI were examined. According to the literature, the resulting value for the normalized chi-square should be less than 5, the value of the root mean square error of approximation (RMSEA) should be between 0.03 and 0.08, and the value of comparative fit index (CFI), goodness of fit index (GFI), normalized fit index (NFI) and Tucker-Lewis index (TLI) should all be higher than 0.9 (Byrne, 2013). According to the results obtained from confirmatory factor analysis of the SEHS illustrated in Table 4 and comparing with the appropriate values aforementioned, it is concluded that all dimensions have a good fit.

Table 3

Confirmatory factor analysis with factor loadings for the four subscales of SEHS-HE ($p < .001$)



Note: Self-Efficacy (SH1, SH2, SH3), Self-Awareness (SH4, SH5, SH6), Persistence (SH7, SH8, SH9), School Support (SH10, SH11, SH12), Family Support (SH13, SH14, SH15), Peer Support (SH16, SH17, SH18), Emotional Regulation (SH19, SH20, SH21), Empathy (SH22, SH23, SH24), Self-Control (SH25, SH26, SH27), Optimism (SH28, SH29, SH30), Gratitude (SH31, SH32, SH33), and Zest (SH34, SH35, SH36).

Table 4

Means and standard deviations of the items of SEHS-HE

No	Items	Mean	Std. Deviation
1	Generally, I feel capable of overcoming obstacles.	4.38	1.02
2	I will be able to achieve most of the goals that I have set for myself.	4.45	1.07
3	I will be able to successfully overcome many challenges.	4.38	0.96
4	I do not stop my work even if it is very difficult.	4.10	1.20
5	I persist on tasks that I cannot immediately complete.	4.02	1.14
6	I stay focused while studying despite distractions.	4.14	1.27
7	I am able to identify the motivations behind my actions.	4.51	1.10
8	I recognize my moods and feelings.	4.65	1.09
9	I have a good sense of why I have certain feelings most of the time.	4.36	1.10
10	My family continues to love and support one another in tough situations.	4.50	1.47
11	There is a sense of togetherness within my family.	4.57	1.43
12	My family gets along well with each other.	4.40	1.40
13	Outside of my friends, there are other people on campus who care about my well-being.	3.35	1.48
14	I feel like there is a strong feeling of togetherness on my campus.	3.88	1.34
15	I feel like I belong at this university.	4.61	1.31
16	I have a friend at my college who cares about me.	4.79	1.33
17	I have a friend who gives me the emotional support I need.	4.60	1.35
18	I can talk to my friends about pretty much anything.	4.62	1.27
19	When I feel down, I try to focus on the positives.	3.84	1.26
20	I can lift my mood by redirecting my thoughts to positive ideas.	4.06	1.21
21	I am able to think about the alternatives to a problem under stressful situations.	3.98	1.05
22	I am aware of others' hardships.	4.92	0.93
23	I feel badly when my friends are put down.	5.08	0.92
24	I feel for my friends who are afraid or nervous about graduating.	4.60	0.99
25	I think about potential consequences before I act.	4.84	1.02
26	I can wait for what I want.	4.43	1.14
27	I think before I act.	4.76	0.94
28	I appreciate the relationships I have developed throughout my life.	4.62	1.20
29	I appreciate those who are close to me.	4.97	0.98
30	When I reflect on my life, there is much to be grateful for.	4.94	1.17
31	My friends describe me as full of life.	4.12	1.35
32	I approach life with excitement and energy.	4.13	1.33
33	I feel energetic in my life right now.	3.77	1.43
34	I am able to stay positive even when facing uncertain situations.	3.65	1.22
35	Each day I look forward to having a lot of fun.	4.06	1.27
36	I usually expect to have a good day.	4.38	1.12

Table 5

Model fits of the SEHS-HE

Index	RMSEA	CMIN/DF	GFI	CFI	TLI	NFI
Value	0.06	2.24	0.86	0.86	0.85	0.78

The next step is to assess the convergent validity (CV), the construct reliability (CR) and the Cronbach's alpha coefficient (see Table 5). To measure the convergent validity, the average variance extracted (AVE) index was applied, and the AVE value of greater than 0.05 represented an accurate convergent validity. The combined values of CR and the Cronbach's alpha coefficient were utilized to

investigate internal consistency and reliability. The variable has composite reliability if the value of CR and Cronbach's alpha is greater than 0.7 (Tabachnick & Fidell, 2012). Thus, according to the results represented in Table 5, it was revealed that the four dimensions of the SEHS achieved a suitable values and have a favorable convergent validity and structural reliability.

Table 6

AVE, CR, and the Cronbach's alpha for four subscales of the SEHS-HE

Variable	AVE	CR	Cronbach's alpha
Belief in self	0.53	0.88	0.83
Belief in others	0.59	0.87	0.79
Emotional competence	0.47	0.87	0.78
Engaged living	0.57	0.89	0.89
Covitality	0.54	0.96	0.92

Note: CR= Construct Reliability, AVE= Average Variance Extracted

The concurrent validity of the SEHS was examined using the SWLS. According to Table 6, it seems that there is a significant positive correlation between the four subscales of the SEHS and the SWLS. Also, the result of analyzing the

correlation between the DASS and the SEHS dimensions manifested that the SEHS has a significant negative correlation with the DASS (Table 6).

Table 7

Correlations between the studied variables

Variables	1	2	3	4	5	6	7
1) DASS	1						
2) Life satisfaction	-0.60**	1					
3) Belief in self	-0.49**	0.55	1				
4) Belief in others	-0.56**	0.55	0.49	1			
5)Emotional competence	-0.48**	0.43	0.59	0.45	1		
6) Engaged living	-0.65	0.71	0.57	0.60	0.59	1	
7) Covitality	-0.68	0.70	0.80	0.80	0.78	0.86	1

**Correlation is significant at the 0.01 level.

4. Discussion

The current study was purposed to investigate the psychometric properties of the Persian version of the social emotional health survey among Iranian female students. At first the Brislin et al.'s (1986) method was used in order to translate the SEHS. In such a way (Brislin et al., 1986), the survey was initially translated by two bilingual experts independently and back-translated to the original language.

And then it was examined by another group of mental health experts and tested in a sample of the target population. Afterwards, it was confirmed that the Persian version of the SEHS corresponds to its original one. Therefore, the results showed that the SEHS has an acceptable content validity. Also, the comprehensibility and transparency of the survey items indicated a favorable face validity. The construct validity of the present study revealed that the four

dimensions of this survey have a confirmed factorial structure.

In line with research hypotheses, the results of Pearson's correlation analysis indicated that the factors of the SEHS including belief in self (self-awareness, self-efficacy, persistence), belief in others (peer support, family support, school support), emotional competence (emotional regulation, self-control, and empathy) and engaged living (gratitude, optimism, zest) have a positive relationship with the SWLS (Furlong et al., 2020). This result aligns with a well-established corpus of research (Bao et al., 2013; Bieda et al., 2019; Fergusson et al., 2015). According to Bandura's self-efficacy theory and Lent et al.'s model (2005) (Lent et al., 2005), the relationship between self-efficacy and satisfaction with life can be clarified in such a way that if people have a sense of efficacy facing environmental demands and realities, they would be motivated and meaningful in life. The self-efficacy would increase the problem solving ability and make people more flexible, and consequently, it would enhance people's life satisfaction (Azizli et al., 2015; Castelli & Marcionetti, 2024; Ekinci & Koç, 2023; Jia & Wang, 2024; Kalinkara & Talan, 2025). The findings regarding the relationship between cognitive re-evaluation and life satisfaction are also in line with the self-determination theory (SDT), which argues that people would achieve growth and prosperity and, subsequently, more satisfaction with life through the development of their communication and independence and the satisfaction of their basic needs. One of the most efficient ways to enhance the sense of independence and as a result the development of self-determination is cognitive re-evaluation and emotional regulation by increasing managed and purposeful behaviors, which the person will consequently experience higher well-being and satisfaction with life. (LeBlanc et al., 2021).

Furthermore, another finding of this study was the positive correlation of the optimism and gratitude with life satisfaction, which are in accordance with the attribution theory. The attribution theory indicates the relationship between optimism and life satisfaction in such a way that optimistic people relate the good results obtained in different conditions to permanent, internal and global factors, while they attribute negative events to external situations. According to the literature, this thinking method would lead to higher life satisfaction (Jiang et al., 2022; Kardas et al., 2019). Fredrickson's broaden-and-build theory also points to the effect of experiencing positive emotions on increasing life satisfaction. So that gratitude, as one of the strongest positive emotions, creates a broader positive view of life and

creates more positive emotions and as a result, it would have a great impact on one's satisfaction with life (Chauhan et al., 2025; Jiang et al., 2022; Kaur, 2025; Lambert et al., 2009).

In addition, according to the research hypothesis, the SEHS scores had a significant negative correlation with the depression, anxiety and stress scale (DASS), which is consistent with Seligman's learned helplessness theory. In this regard, it indicates that the depression causes negative cognitive processing in situations increases the expectation of bad events in a person, and the person's inability to manage these conditions has a negative effect on his self-efficacy and optimism (Sharma & Kumra, 2022). Based on this, grateful people, due to more positive relationships and higher self-esteem, have a very positive cognitive processing in the majority of cases, and for this reason, they are safer against stress and depression (Lambert et al., 2009; Lin, 2015; Petrocchi & Couyoumdjian, 2015; Wood et al., 2008).

5. Conclusion

This study provides preliminary evidence of validity and reliability for the social emotional health survey of female students, and the results indicate that it would be an applicable scale for measuring the well-being of young people and can be used by counselors and other proficient in this field.

6. Limitations & Suggestions

It would be pertinent to consider that the findings of the current study should be interpreted with caution due to some limitations of this study. First, it should be noticed that the results of this study are limited to female students of a university in Tehran. Also, cross-Sectional Design is another limitation for this article, the study uses a cross-sectional design (data collected at a single point in time). This means that while correlations can be established, it cannot demonstrate the stability of the scale over time (test-retest reliability) or its ability to predict future outcomes (predictive validity).

Suggestion

It would be noteworthy if future studies evaluate this survey with male and female students in different regions of Iran. Also, conduct longitudinal studies to establish the test-retest reliability and the predictive validity of the scale. For example, can SEHS-HE scores predict academic persistence or well-being one year later?

Investigate the scale's clinical and practical utility. Can it be used as a screening tool in university counseling centers?

Does it respond to well-being or mental health interventions? This would make the research more impactful for practitioners.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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