

Review Paper

Definitions and Measurement of Social Health: A Scoping Review to Inform Future Research

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ABSTRACT

Background: Social health is increasingly recognized as an essential component of overall well-being, yet its definition and measurement remain inconsistent. This review aimed to map existing definitions and measurement approaches of the individual level of social health to identify research gaps and contribute to a more unified understanding of the concept.

Methods: The search was conducted on April 13, 2023, in three databases—ISI Web of Science, Scopus, and PubMed—following the PRISMA-ScR guidelines for scoping reviews. The databases were searched using a predefined search strategy covering the period from 2000 to 2023. Studies were included if they focused on the conceptualization and measurement of social health, regardless of geographic location. Exclusion criteria included opinion pieces, discussions, and letters. Only peer-reviewed articles published in English were considered.

Results: Ultimately, 68 articles were assessed for eligibility. Of the studies selected for full-text review, 43 were excluded for various reasons. Also, 17 articles did not focus on the concept of social health, 15 articles that connected social health with another topic, and 11 articles used terms related to social health as outcome measures. Ultimately, data from 25 articles that met the inclusion criteria were included in the review.

Conclusion: Our findings show that many studies lack a clear definition of social health, leading to inconsistent measurements. This highlights the need for a unified approach to defining and measuring social health in future research.

Keywords: Social health, Measurement, Scoping review, Social determinants of health

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Introduction

A key challenge in health research is the conceptualization and measurement of abstract constructs, like social health. Because these constructs are difficult to measure directly, researchers must rely on indirect assessment methods. Effective measurement requires answering fundamental questions: (i) What is the conceptual definition being measured? (ii) What dimensions or components are included in this concept? (iii) Is the scope of the definition broad or narrow? These challenges have led to varied interpretations of social health in the literature [1, 2].

The concept of social health has historically shared a common origin with the broader notion of health. Like health itself, social health is a dynamic and evolving concept [2]. The changing definitions of health—from the early views, such as the Humoral theory, to the biomedical model's focus on health as the absence of disease, and finally to the [World Health Organization's \(WHO\)](#) 1948 definition—highlight this ongoing evolution.

The [WHO](#) defined health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity» [3]. This broad definition presents both challenges and opportunities for researchers and policymakers. This definition promotes a holistic view, critiques and rejects a one-dimensional approach, emphasizing the importance of physical, mental, and social aspects, and highlights the positive dimension of complete well-being and the negative dimension of the absence of disease or infirmity. Despite this comprehensive definition, the concept of social well-being remains conceptually and measurably ambiguous [2]. Despite its increasing recognition in social sciences, social health remains underexplored in health research [4].

Social health is increasingly recognized as a crucial dimension of overall health. However, despite its recognized importance, there is no consensus on a clear and universally accepted definition or measurement framework for social health, which hinders both research and policy development [2, 4]. A clear conceptualization of social health can help policymakers and researchers develop targeted interventions to improve well-being at both individual and societal levels. Given the growing recognition of the social aspects of health, defining and measuring social health is necessary for developing comprehensive health policies [5].

Existing literature conceptualizes social health in three primary ways. Firstly, it is viewed as a social aspect of an individual's overall health, complementing physical and mental well-being, and involves interacting with society. Secondly, it refers to a healthy society characterized by pro-health social conditions. Lastly, social health is understood as achieving a better social status, which varies in meaning and manifestation depending on the specific societal context [6]. Cho et al. further categorize social health into micro- and macro-level components, identifying physical and mental health as individual determinants, while social structures, norms, institutions, and culture function as broader determinants [7]. Despite these conceptualizations, research has increasingly focused on individual-level social health, highlighting the need for further empirical validation research [2].

To address these gaps, this scoping review aimed to consolidate existing definitions and measurement tools for individual social health, identify research gaps, and propose a refined, evidence-based definition. By mapping key conceptualizations and measurement tools, this study provides a foundation for developing standardized assessment tools for individual-level social health.

Methods

Due to the broad nature of the research question, a scoping review was selected as the study type to identify and map relevant literature. The goal was to summarize and disseminate the findings, specifically addressing the research question: What are the definitions and measurement tools related to the concept of individual social health? A comprehensive approach was adopted.

The search was conducted on April 13, 2023, in three databases—[ISI Web of Science](#), [Scopus](#), and [PubMed](#)—following the PRISMA-ScR guidelines for scoping reviews [8]. The search method included a structured combination of keywords related to social health and its measurement. The databases were searched using the following strategy and without any time constraints:

“Social health OR community health OR healthy society OR health social dimension OR social wellbeing AND questionnaire OR measure OR scale OR indicator”

The inclusion and exclusion criteria for study selection were as follows:

Inclusion criteria

Studies focusing on the conceptualization and measurement of social health, all study types related to defining or measuring social health, peer-reviewed journal articles, no geographical restrictions, no time limitation, publications in English.

Exclusion criteria

Opinion pieces, discussions, and letters, Studies that mention social health without providing a clear conceptualization or measurement approach, Non-peer-reviewed articles.

Before the selection process, the research team developed a list of key topics by consensus, based on the scope of the review and the research question. The list included: i) The concept of social health (explaining a concept or definition related to social health, or what such a concept or definition should include), ii) Dimensions and indicators of social health, iii) Measurement tools for social health (tools designed to measure the concept of social health).

To ensure a systematic selection process, the screening and article selection method was as follows: After removing duplicate and irrelevant articles, two authors independently screened the titles and abstracts of all retrieved articles. Articles that appeared potentially eligible were obtained for full-text review (Table 1). Any discrepancies in article selection were resolved through discussion and consensus.

To extract and synthesize the data, we conducted a thematic analysis to identify patterns within the literature. A standardized data extraction form was developed to capture key details, including title, author names, year, country, study design, definitions and indicators of social health, measurement approaches, findings, discussion points, and conclusions. Given the diversity of study designs and conceptualizations, a narrative synthesis was employed to systematically summarize and integrate the main findings.

Results

In the initial search, 1,892 articles were retrieved, and 1,236 were retained after removing duplicates and irrelevant papers. After screening the titles and abstracts, 68 articles were assessed for eligibility. Of the studies selected for full-text review, 43 were excluded for various reasons (Figure 1):

17 articles did not focus on the concept of individual social health; 15 articles that connected social health with another topic; 11 articles used terms related to social health as outcome measures rather than as a primary concept. Ultimately, data from 25 articles that met the inclusion criteria were included in the review (Table 1).

Concept of social health

The results of this review indicate that the existing literature on individual social health can be categorized into two main areas:

Conceptual definitions that describe social health at the individual level. Measurement tools that assess individual social health, often including implicit conceptualizations based on the indicators used. The review highlights that no universally accepted definition of individual social health exists, as definitions vary depending on the research context, geographic region, and target population. However, key components consistently associated with individual social health include social support (SS), social relationships, social functioning, and social activities, with SS being the most frequently cited factor (Figure 2).

Social health from an individual perspective

A significant number of studies conceptualize social health as an aspect of individual well-being, alongside physical and mental health. For example, Keyes defines social health as an individual's perception of how well they function within society and the quality of their relationships with others [9]. The predominant themes extracted from these studies include social relationships [10, 11], SS [5, 12-18], social cohesion and trust [9, 16, 19, 20], participation and membership in voluntary organizations [14, 21-23], social functioning [5, 10, 11, 23-26], altruistic social activities [10, 27], feelings of happiness and life satisfaction [18, 19, 26, 28, 29], social responsibility [22], the need for meaning in social life [5, 20], social belonging [12], independence, a sense of control over one's environment [30, 31], self-acceptance [31], social progress [12, 19], and altruism [12]. This review confirms that individual social health is not merely the absence of social problems but rather an active state of social well-being, where individuals engage in meaningful interactions, receive and provide support, and experience a sense of belonging in their social environments.

Table 1. Characteristics of reviewed studies

Title	Year/ Country	Authors [ref]	Study type	Concept of social health	Measuring social health	Finding(s)
Development of a scale for measuring the social health of iranians living in three big cities	2014/Iran	Abachizadeh et al. [5]	Mixed-method	Focus on one domain of individual social health: social function, SS	Measurable scale for social health at an individual level in the Iranian community.	The scale demonstrated high stability over time and is compatible with Iranian culture.
Disparities in social health by sexual orientation and the etiologic: Role of self-reported discrimination	2016/ United States	Doyle and Molix [20]	Survey	Loneliness; friendship strain; familial strain; social capital	1-The three-item version of the Revised UCLA Loneliness Scale. 2-Four-item scales to assess strain in friendships and family relationships. 3-Two questions to assess social trust and mutual aid in the neighborhood.	The findings suggest that sexual minorities may face obstacles related to prejudice and discrimination that impair the functioning of their relationships and overall social health.
Evaluating a measure of social health derived from two mental health recovery measures: The CA-QOL and Mental Health Statistics Improvement Program Consumer Survey (MHSIP)	2011/ United States (California)	Carlson et al. [24]	Quantitative	Interaction with the social environment	Social Functioning Questionnaire (SFQ) to measure social health	Items were identified from the CA-QOL and MHSIP by their conceptual correspondence with social health. The identified scales demonstrated concurrent validity with social health.
Social health and dementia: a European consensus on the operationalization of the concept and directions for research and practice	2016/ Collaborative	Dröes et al. [27]	Expert-driven consensus	1. Capacity to fulfill potential and obligations 2. Ability to manage life with some degree of independence 3. Participation in social activities	Key dimensions of social health, such as the capacity to fulfill potential and obligations, the ability to manage life with some degree of independence, and participation in social activities	Operationalization of social health dimensions, influencing factors, and interventions.
Life Satisfaction in Adolescents: The Role of Individual and Social Health Assets	2018/Portugal	Calmeiro et al. [29]	Survey	1-Individual assets: academic achievement, social competence, self-regulation, and life objectives 2- Social assets: family support, peer support, parental monitoring, and school connectedness	Health Behavior Questionnaire to measure various health behaviors and beliefs	School connectedness and family support were the strongest predictors of adolescents' life satisfaction. Social competence, academic achievement, and self-regulation also significantly contributed to life satisfaction.
Measurement invariance of physical, mental, and social health PROMIS measures across individuals with spinal cord injury and traumatic brain injury	2022/ Switzerland	Patrick et al. [15]	Survey	-Social Emotional Support	The social health domain was measured by the Social-Emotional Support Scale, which included indicators of the availability of others, secure communication, trust in others, and feeling appreciated	Findings support the construct validity of the PROMIS tripartite structure of health, which includes physical, mental, and social health domains.

Title	Year/ Country	Authors [ref]	Study type	Concept of social health	Measuring social health	Finding(s)
Measurement of social health in a general population survey	1974/ Arizona	Renne [21]	Survey	Social Psychological Well-being, social integration, social participation	PROMIS global-10 to assess social health	The social health index correlated with psychological well-being and other psychological measures. It was also associated with the physical health spectrum and subjective evaluations of one's own health.
Measuring self-perceived social health of Iranians: Findings from the iran social health survey	2018/Iran	Abachizadeh et al. [33]	Cross-sectional	Perception of health; quality of life; life satisfaction ; happiness	Measuring social health with a four-index questionnaire	Aimed to develop a valid and reliable scale for measuring an individual's social health in Iran. An exploratory sequential mixed-method was used, resulting in a questionnaire with 33 questions.
Measuring social health in the PROMIS: Item bank development and testing	2010/USA	Hahn et al. [10]	Scale development, validation, and testing	1. Social function: Involvement in social activities and interactions 2. Social relationships: Quality and satisfaction of relationships	Developed and tested item banks for measuring social health. Specifically, it focused on creating and validating item banks related to social function and social relationships.	Valuable insights into self-perceived social health among Iranians, emphasizing the importance of assessing social health for effective health planning and policy development.
New english and spanish social health measures will facilitate evaluating health determinants	2014/USA	Hahn et al. [11]	Scale development, validation, and testing	1-Social function (ability to participate in social roles and activities, and satisfaction with social roles and activities). 2-Social relationships (companionship; emotional, informational and instrumental support; and social isolation)	The resulting PROMIS English and Spanish Language Instruments (v2.0) including both computer-adaptive tests and fixed-length short forms. These instruments assess two key aspects of social health	Measures of social health will play a key role in applications that use ecological (or determinants of health) models that emphasize how patients' social environments influence their health.
On social health: History, conceptualization, and population patterning	2024	Doyle and Link [2]	Theoretical framework development	Social health as an essential aspect of individuals' overall quality of life, alongside physical and mental health. Social connections manage social roles and relationships	-	<ul style="list-style-type: none"> -Social health is an outcome. -Health interventions can have divergent effects. -Social health independently affects quality of life. -Social health is dynamic and contextual. -Social health is embedded in humans. -The utility of the social health concept extends to understanding and addressing population health concerns.

Title	Year/ Country	Authors [ref]	Study type	Concept of social health	Measuring social health	Finding(s)
PROMIS pediatric peer relationships scale: Development of a peer relationships item bank as part of social health measurement	2013	DeWalt et al. [25]	Mixed-method	Social function; Sociability/ Peer Relationships/ Peer Acceptance/ Peer support	The PROMIS pediatric Peer Relationships scale to develop a measure of social health using item response theory as part of the PROMIS	The resulting 15-item bank measures the quality of peer relationships and has strong psychometric characteristics as a full bank or an 8-item short form
Regression-based normative data for social health scale for the elderly (short version) in eastern China	2020/ China	Yu et al. [14]	cross-sectional	SS; social integration; social interaction; social participation; social isolation	The SHSE-S short version includes various items assessing SS, participation, and integration among other factors.	This study provided normative data for the Social Health Scale for the elderly in eastern China. The results showed that various factors such as age, gender, marital status, education, and economic status affect social health scores.
Determining dimensions of Iranians' individual social health: A qualitative approach.	2013/Iran	Abachizadeh et al. [26]	Qualitative	Social health is the ability to form meaningful social relationships, engage in community life, and integrate socially	SS Social Function	A conceptual framework of social health at the individual level for Iranian people.
Social health needs and promotive health factors scale for college students: Scale development and initial validation	2020/USA	Johnson et al. [32]	Scale development	Social health needs refer to the emotional, practical, and informational support required for maintaining or enhancing social health. Promotive health factors are aspects that positively influence social health outcomes.	The TLS-C provides a valuable tool for assessing social health needs and promotive factors among college students.	The results showed that the new scale can effectively assess the social health needs and promotive health factors for college students.
The development of the social health scale for the elderly	2018	Bao et al. [30]	Expert panel and surveys	SS; social adjustment; perceived environment resource	SHSE: The population-based social health of the Chinese elderly can be validly and reliably assessed with the SHSE.	The SHSE consists of both a long form with 25 items and a short form with 14 common items. Both versions demonstrate concurrent reliability and validity.
Social health: An attempt to clarify this dimension of well-being.	1987	Russell et al. [17]	Conceptual	Social health is the ability to establish and maintain fulfilling social relationships and manage social roles.	SS, social integration, social interaction	It providing definitions and frameworks for understanding social health, which can inform the development of future scales and tools.

Title	Year/ Country	Authors [ref]	Study type	Concept of social health	Measuring social health	Finding(s)
Measuring social relationships: The interview schedule for social interaction	1980/UK	Henderson et al. [13]	Survey	SS (emotional, practical) and Social Isolation (lack of interaction)	Social health is measured in terms of frequency, intensity, and quality of social interactions.	The ISSI was found to be a reliable and valid tool for measuring various aspects of social relationships and their potential impact on mental health, particularly loneliness and social isolation.
The Measurement of Social Well-Being	1993/ United Kingdom	Larson et al. [18]	Conceptual development	That dimension of an individual's well-being that concerns how he gets along with other people, how other people react to him, and how he interacts with social institutions and societal mores.	Social adjustment SS	Social adjustment is a combination of satisfaction with relationships, performance in social roles, and adjustment to one's environment. SS is composed of the number of contacts in one's social network and satisfaction with those contacts.
The concept of social health from an Iranian perspective: A qualitative exploration	2022/Iran	Soofizad et al. [16]	Qualitative	Conceptual scope of social health (social health as social capital, social health as mental health, social health as moral health)	Social health dimensions (openness to interactions, social adaptability, social dutifulness, social self-esteem, mutual trust, communicational capability, social optimism, enjoying SS, public-oriented personality)	Social health is a biological, evolutionary, continuous, acquired, and relative concept.
Social well-being	1998	Keyes [9]	Survey	Dimensions of social well-being: Social integration, social contribution, social coherence, social actualization, and social acceptance	Keyes' tools to measure social well-being	Evaluates overall satisfaction and fulfillment from social interactions and social roles.
Measuring well-being across Europe: Description of the ESS well-being module and preliminary findings	2009/UK	Huppert et al. [12]	Survey	1- Personal: Satisfaction, optimism, self-esteem, autonomy, competence, interest in learning, sense of purpose, resilience 2- Interpersonal: Belonging, SS, social recognition, societal progress, social engagement, caring, altruism	The ESS Well-being Module provides a comprehensive framework for measuring well-being across Europe.	The data indicate strong correlations between well-being and factors such as income, employment status, education, and social relationships.

Title	Year/ Country	Authors [ref]	Study type	Concept of social health	Measuring social health	Finding(s)
The social well-being survey in Indonesia	2018/Indonesia	Paulus et al. [19]	Survey	Satisfaction with life, contact frequency, quality of relation, trust in people, fair competition, equal opportunity, inclusive society, social progress, Institutional trust.	The measurement tool included a questionnaire designed to evaluate different dimensions of social well-being.	The mean of social well-being is 7.3, while personal and relational well-being means are 8.03 and 6.90, respectively.
Development and validation of the IrSHQ	2017/Iran	Rafiey et al. [22]	Design, Validation, and testing of the questionnaire	Social interaction, social responsibility, conscientiousness, attitude to society, empathy, family relationship, social participation	IrSHQ, consisting of a 29-item The questionnaire is organized into seven subscales	Internal consistency using Cronbach's α coefficient was 0.86. The validity and reliability of our questionnaire were confirmed.
Recognition of social health: A conceptual framework in the context of dementia research	2022	Vernooij-Dassen et al. [23]	Concept development	Social health as wellbeing that relies on capacities both of the individual and the social environment	The capacity to fulfill one's potential. The ability to manage life with some degree of independence. The ability to actively participate in social activities structure refers to the social ties between persons in networks. Function refers to actual exchanges between network members. Appraisal of the quality of the relationship and interaction	Social health acts as a driver for the use of cognitive reserve, which can then slow cognitive impairment or maintain cognitive functioning.



Abbreviation: CA-QOL: California quality of life; SHSE: Social health scale for the elderly, PROMIS: Patient-reported outcomes measurement information system; IrSHQ: Iranian Social health questionnaire.

Measuring social health

Various measurement tools have been developed to assess individual social health, each capturing different aspects of the concept. Below are the key tools identified in the reviewed studies:

Social health scale for individuals (2014)

This scale measures social health in the Iranian population using three dimensions: family, community, and friends and relatives. It categorizes the indicators into two main groups: 1) Social functioning, which includes financial assistance to others, emotional support, participation in social groups, involvement in community activities, social decision-making, spending time with family and friends, caregiving, participation in household chores, environmental protection, adherence to social norms, community involvement, and trust in others, and 2) SS, which includes expressions of love, legal security,

moral and spiritual enhancement, appreciation, sense of community, quality of marriage, resolution of emotional issues, problem-solving in daily life, earning money, education, protection against violence, finding suitable employment, coping with the death of a family member or friend, support during illness, support during disability, being valued, and access to recreational facilities [5].

The social health scale for the elderly-short version (SHSE-S) is a reliable psychometric tool that was developed in 2020. It consists of three dimensions and 14 items: SS, social Adjustment, and perceived environmental resources (PER). Items 1-4 of the scale 1) Support in major decision-making; 2) Emotional care; 3) Providing comfort; 4) Assistance with daily tasks during illness) pertain to the SS dimension. Items 5-8. 5) Participation in group recreational activities; 6) Interaction with children; 7) Interaction with friends; 8) Interests and hobbies) are associated with the social adaptation (SA) dimension. Items 9-14 9) Built environment; 10) Public transpor-

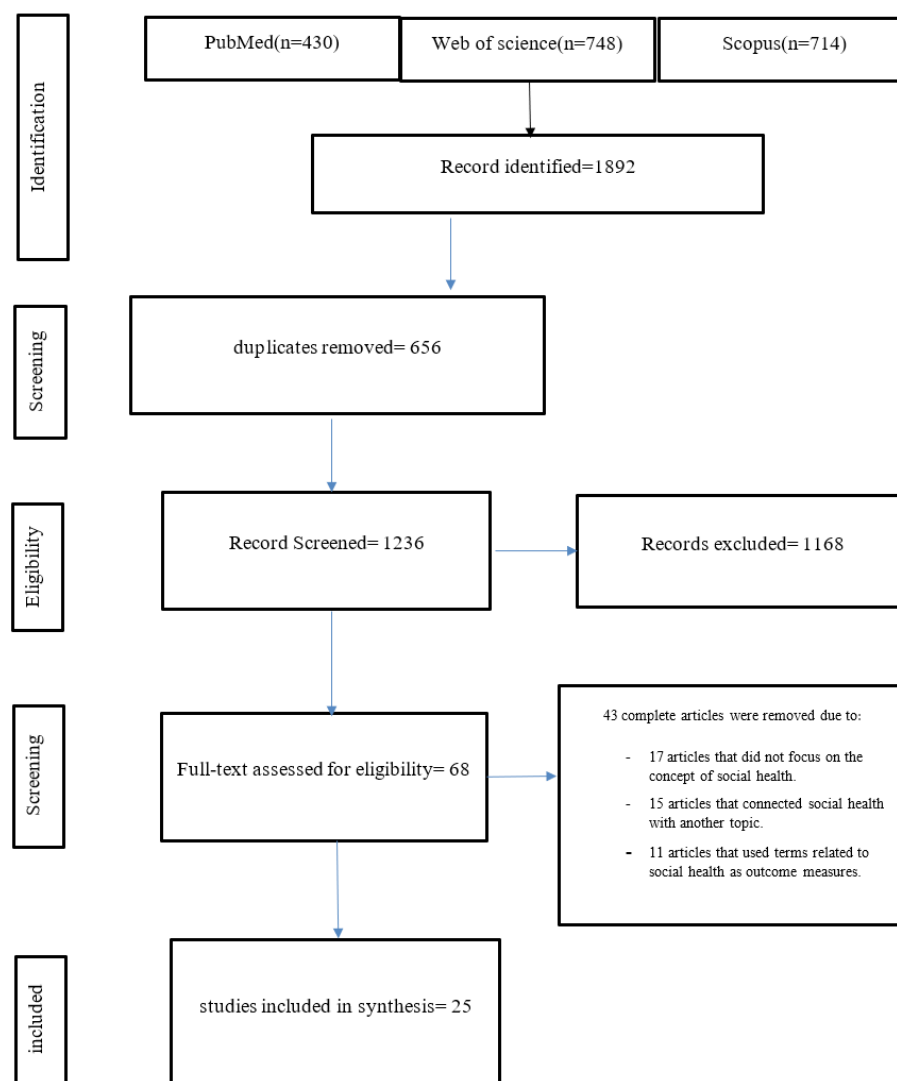


Figure 1. Study selection and screening process



tation facilities; 11) Fitness/recreational facilities; 12) Medical institutions; 13) Activity organization; 14) Free public services) fall under the PER dimension [14].

The life screen pictorial (TLS-P) is a standardized and innovative assessment tool administered electronically. It includes 11 items designed to assess both general social health needs and specific social needs of university students, utilizing the Life Screen Social Health Screening Tool developed by Johnson (2020). For university student populations, it is recommended to use all 11 items. For non-student populations, it is advised to use only the first seven items, which address general social health questions. The 11 items evaluating general social health needs are food insecurity, unstable housing/homelessness, hazardous living conditions, intimate

partner violence (IPV) from family or parents, violence from significant others, financial concerns, stress, difficulties with socialization at university, feelings of safety on campus, engagement in risky sexual behaviors, and concerns about student loans [32].

The social health reflective behaviors questionnaire, developed in 2018, evaluates how individual and social assets contribute to life satisfaction as an indicator of social health. Individual assets include educational attainment, social skills, self-control, and the achievement of life goals. Social assets encompass family support, peer support, parental supervision, and school connections [29].



Figure 2. Word cloud related to the definition of social health



Iranian social health questionnaire (IrSHQ) (2017)

This scale measures individual social health with 29 items across 7 dimensions, which include the following subscales: Social interaction, social responsibility, conscientiousness, attitude to society, empathy, family relationship, and social participation [22].

Iranian social health scale (ISHS) (2018)

This tool assesses social health based on four indicators: life satisfaction, happiness, quality of life, and self-perceived health [33].

Patient-reported outcomes measurement information system (PROMIS) (2010)

This scale was developed to measure social health. This tool evaluates two main subdomains: social functioning (which generally addresses the difference between ability and satisfaction) and social relationships (which encompasses the concept of SS). These subdomains were explored within four contexts: family, friends, work, and leisure [10].

Social health assessment for chronic illness patients (2014)

This scale is a psychometrically validated tool developed to measure social health, considering cultural and linguistic factors through a comprehensive conceptual model. This tool is designed for assessing social health in individuals with chronic illnesses. It evaluates two main concepts: Social functioning and social relationships. Social functioning includes indicators of the ability to engage in social roles and activities and satisfaction with these roles and activities. Social relationships en-

compass indicators of social companionship, emotional, informational, and instrumental support, as well as social isolation [11].

Lifescreen-c (TLS-C) (2020)

This is a screening tool designed to enhance colleges' ability to identify students at risk of prevalent social health issues. This concise dual-purpose tool evaluates both general social health needs, as identified by the WHO (e.g. food insecurity), and specific social health needs of college students, identified through literature review and existing practices (e.g. campus dating). Additionally, it identifies social health-promoting factors, such as spirituality, based on the same sources. The tool encompasses three domains: i) General social health needs, including indicators, such as housing and food insecurity; ii) Social health-promoting factors, which cover indicators, like spirituality, SS, and social engagement; iii) Specific student social health needs, addressing issues, such as dating, campus safety, internet use, alcohol and drug use, sexual behavior, suicidal thoughts, financial concerns, loans, and stress [32].

Social health scale validation study (2011)

This scale evaluates how social health scales align with mental health assessment tools, demonstrating that validated measures of social functioning and relationships correlate strongly with broader health indicators [24].

Discussion

This scoping review explored the definitions and measurement approaches of individual-level social health. The findings indicate that the literature on social health

can be categorized into two broad domains: conceptual definitions and measurement tools. Despite the extensive body of research, many studies lack a clear or explicit conceptualization of social health to justify their selection of measures. Furthermore, there is no consensus on a standardized definition, highlighting the variability in how social health is conceptualized and measured across studies [2].

Most studies adopt an individualistic perspective, commonly defining social health through key concepts, such as ‘social relationships’ and ‘social activities’. The literature reveals a set of widely recognized components including: social relationships [10, 11], SS [5, 12-18], social cohesion and trust [9, 16, 19, 20], participation and membership in voluntary organizations [14, 21-23], social functioning [5, 10, 11, 23-26], altruistic social activities [10, 27], feelings of happiness and life satisfaction [18, 19, 26, 28, 29], social responsibility [22], the need for meaning in social life [5, 20], social belonging [12], independence, a sense of control over one’s environment [30], self-acceptance [31], social progress [12, 19], and altruism [12]. These elements provide a comprehensive understanding of social health and serve as important building blocks for further research and applications.

The review also highlights the existence of multiple measurement tools, each designed to reflect a unique definition and approach. The increasing development and publication of social health measurement instruments suggest a growing interest in assessing social health at the individual level [2]. This trend may be attributed to the relative simplicity of measuring individual social health compared to the complexity of macro-level social health indicators.

Variability in definitions and measurement approaches

An important finding of this review is that different measurement tools employ unique items based on their underlying definition of social health. For instance, the social health measurement tool designed in Iran in 2014 assesses social health at the family, community, and friends/relatives levels [6], whereas the social health status exam for the elderly (SHSE-S) emphasizes SS, social adjustment, and environmental resources, underscoring the importance of age-specific factors [30]. Such diversity in measurement tools presents a significant challenge in comparing and synthesizing findings across studies. This finding aligns with the results of other studies that have examined the measurement of social indicators, such as social isolation. For example, a study in Canada

examining diverse definitions of social isolation found substantial inconsistencies due to varying definitions and indicators. Similar to the present review, that study highlighted the need for standardized measures to ensure comparability across studies and contexts [34].

Evolution of social health measurement tools

This review underscores the dynamic nature of social health measurement tools, which continue to evolve in response to changing societal needs. The development of tools, such as TLS-P and TLS-C, tailored for specific populations, like students, reflects a broader trend of adapting measurement instruments to different demographic groups [11]. This aligns with prior research advocating for the continuous refinement of health assessment tools to accommodate lifestyle changes, technological advancements, and cultural shifts [27].

Cultural sensitivity in social health measurement

The findings further underscore the significance of cultural considerations in the development of social health measurement tools. For instance, the 2018 tool, specifically designed for the Iranian population, highlights the necessity of integrating cultural awareness into social health assessments to improve the validity and reliability of measurements [28]. Cross-cultural variations in social norms, behaviors, and values can substantially impact how social health is perceived and measured. Previous studies have warned that neglecting cultural nuances may result in measurement bias and misinterpretation of findings [22]. Thus, the development of culturally sensitive instruments is essential for ensuring more accurate and meaningful assessments across diverse populations.

Conceptual ambiguity and the need for standardization: The findings of this review reinforce that social health remains an under-specified and contested concept, with no universally accepted definition or standardized measurement tools. While there is broad consensus on the importance of social health as a key component of overall well-being, variations in definitions and measurement approaches persist. Most studies emphasize the individual dimension of social health [20], often treating it as an independent aspect alongside mental and physical health, with a strong focus on individual status and behaviors. This aligns with the increasing recognition of social determinants in shaping health outcomes, but also highlights a gap in integrating societal-level indicators into measurement frameworks.

Implications for research, policy, and practice

There is an urgent need for a clearer conceptual framework to enhance the application of social health in research, interventions, and policymaking. Given its critical role in shaping individual and community well-being, further exploration and refinement of its definitions and measurement tools are necessary. A standardized yet adaptable framework could enhance comparability across studies while allowing flexibility to accommodate specific social and cultural contexts.

Conclusion

This study highlights the persistent gaps in defining and measuring individual social health. The absence of a clear, standardized definition has contributed to conceptual ambiguity and methodological inconsistencies in social health research. Providing precise theoretical and operational definitions across various levels can enhance our understanding of social health, clarify its distinctions from related concepts, and facilitate the development of targeted interventions. To address these gaps, future research should prioritize refining the definition of social health and its operationalization, ensuring it reflects emerging societal needs and cross-cultural variations. Further exploration of the determinants of social health at individual, community, and societal levels will be crucial in complementing existing research. Despite the increasing body of literature, the broad and evolving nature of social health has hindered consensus on its conceptualization and measurement. Based on our review and research experiences, we propose the following definition of individual social health: Is a characteristic of individuals that stands alongside their physical and mental health and pertains to the well-being of their social life—defined as the quality and quantity of their social relationships and social activities. It represents the social dimension of their mental health and relates to their healthy participation in social interactions, both interpersonal and institutional. In this sense, it serves as the social dimension of mental health, reflecting an individual's capacity for healthy social participation. Furthermore, our research team is currently developing a validated questionnaire to facilitate the empirical assessment of this construct in future studies.

Strengths and limitations

To the best of our knowledge, this study is among the first to comprehensively review both the conceptualization and measurement of individual social health using a broad and systematic search strategy. A key strength of

this review is the consultation process with experts in social health, ensuring a well-informed synthesis of findings. However, several limitations must be acknowledged. The study was restricted to English-language publications within a specific time frame, which may have excluded relevant studies in other languages or outside the search period. Additionally, the review focused on selected databases, potentially omitting relevant research from other sources. Moreover, many studies mentioning social health in their titles or texts did not explicitly define the concept or utilize specific measurement tools, limiting the ability to draw definitive conclusions. Despite these limitations, this study provides valuable insights into the current landscape of social health research. By identifying key conceptual trends and measurement approaches, it lays the groundwork for future studies to refine definitions and develop more precise measurement tools. Policymakers and public health professionals can also leverage these findings to design targeted interventions aimed at improving social health outcomes in diverse populations.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of the [University of Social Welfare and Rehabilitation Sciences](#), Tehran, Iran (Code: IR.USWR.REC.1402.068).

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Authors' contributions

Conceptualization, writing of the original draft, critical review, and supervision: Fardin Alipour and Hassan Rafiey; Review, and editing: Meroe Vameghi; Literature review and data analysis: Mostafa Mardani and Minire Balochi; Writing, review, and editing: All authors.

Conflict of interest

The authors declared no conflicts of interest.

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