

Understanding Well-Being. Review of European Literature 1995-2014

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Abstract

Well-being is a widely used concept embodying different dimensions of quality of life. This paper presents the results of a systematic review on the definition and usage of the concept in European literature. The study is based on the joint efforts of researchers from eleven countries who participated in the European Union research project Measuring Youth Well-Being (MYWeB). In order to assist and prepare a future European youth research, Researchers collected studies on youth well-being that were published in their own language and in English between 2009-2014. The inclusion criteria also covered the origin of the study being a partner country of the project, the type and age of the target groups (normal population, 10-25 years), the availability of full-text articles, and the methodological robustness of the study. After a three-phase procedure, 95 papers were selected for review. The examination of the notion of well-being revealed six domains and their corresponding indicators used for the construction of the concept. Well-being emerged as a predominantly psychological concept with strong cognitive, health-related, behavioural, and social aspects. Our paper concludes that more focus is needed on indicators of the social domain and the aspects of communication, the institutional environment and the embeddedness into information society.

Keywords: Well-Being; Children; Youth; Review; Europe.

Introduction

The objective of this paper is to learn how well-being is defined and used in the European social science literature.

The World Health Organization (WHO) defines mental health as a state “of wellbeing in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community” (World Health Organization, 1998). Research has shown that individuals with higher levels of well-being are more productive, less likely to have a mental illness, and form more fulfilling and close relationships (Humphreys et al., 1999; Seeman, 2000).

While measurements of well-being regularly appear in social and psychological studies, there is no consensus on the components of holistic well-being. Well-being could be measured by using both

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objective and subjective measures. Objective measures are those which are not filtered by perceptions and are independent from personal evaluations. These may be material, physical, social, environmental, and health-related aspects of the quality of life. Subjective measures draw on human perception and place the individuals themselves to decide what is crucial in assessing their lives. The difficulty of providing a systematic definition of the concept has practical implications for scholars and policy makers whose stated aim is to evaluate and improve well-being. Without a clear definition of well-being it is problematical to recognize and communicate when and how it is realized. Moreover, the concept of wellbeing implies judgments about how life ought to be. Scholars and policy makers must consider those value judgments in light of the populations they study or serve.

In defining subjective well-being, two theories dominate the field. The *hedonic* approach emphasizes the subjective nature of well-being and sees it as the frequent experience of positive affect (or positive emotions and moods) and high life satisfaction and the infrequent experience of negative affect (Diener & Lucas, 2000). This approach to well-being maintains that well-being consists of subjective happiness that includes all judgments about the good/bad elements of life and that happiness can be derived from attainment of goals or valued outcomes (Deci & Ryan, 2000). The second theory, *eudemonia* or psychological well-being, focuses on human functioning and achievement of self-actualization. Ryff & Keyes (1995; Ryff, 1989) hypothesized that there is more to being mentally well than being happy and satisfied, and presented psychological well-being as a multidimensional construct with six distinct aspects of human actualization: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relationships. These two approaches were later combined in the self-determination theory (SDT) that suggests that fulfilment of three basic psychological needs of competence, autonomy, and relatedness foster psychological health (Ryan & Deci, 2001). In addition, personality is believed to predict subjective well-being with about 140 personality traits associated with happiness.

In the present study, we present the results of a systematic review on the definition and usage of the concept of well-being in contemporary European literature. The study is based on the joint efforts of researchers who participated in the European Union research project MYWeB*.

Material and methods

To identify how well-being is conceptualized in the European social science literature, we employed a systematic review of published literature in key electronic databases: EBSCO, Sociological Abstracts, ERIC, MEDLINE, Ovid, Web of Science, and local academic databases in the participant countries.

Since the time allotted for the research project did not allow the conduction of a full systematic review, rapid evidence assessment methodology was utilized to undertake a systematic review in about 6 months. We included studies that were published in English and the languages of the partner countries between in the last twenty years.

For the review, the following key search terms were used:

- well-being, wellness, quality of life, life satisfaction, health, happiness (and synonyms);
- young, youth, children, teen, teenager, adolescent, student, pupil, minor, boy/girl, underage person (and synonyms).
- research, study.

Searching was also done by using Boolean operators OR and AND.

The search has generated a long list of potentially relevant papers. These were stored in a database and were assessed for relevance based on titles and abstracts. Following that the full text of relevant studies was retrieved and re-assessed for relevance. By using established scales for quantitative and qualitative studies (e.g. The Maryland Scale of Scientific Methods for quantitative studies and the 'Quality in Qualitative Evaluation' scale for qualitative studies) relevant studies were then screened for methodological rigor.

* MYWeB (Measuring Youth Well-Being) explores the feasibility of conducting a longitudinal youth well-being survey across Europe. MYWeB is being implemented by a consortium of 13 research institutions.

Partners were asked to collect literature in their own language (Croatian, Estonian, Georgian, German, Greek, Hungarian, Latvian, Portugal, Slovakian, Spanish and Catalan, and the UK) about studies on youth well-being.

Criteria for inclusion

- Interval: publication date between 2009-2014
- Target age groups: between 10 and 25 years
- Territorial: EU or project partners' country.

Exclusion process

Collected papers were pre-reviewed for relevance in three phases. As seen in Table 1 below, using the keywords produced a robust material, especially in English language academic papers. Therefore, the Zotero² bibliography software was used for identify duplicates and managing the database.

In the first phase, papers were excluded based on titles and abstracts using the following exclusion criteria:

- The study population was not from Europe or the partner country
- The study focused on a population with special health characteristics (clinical population, clinical condition, chronically ill, disabled)
- The age of the study sample was under/above the age limit (10-25)
- The focus of the paper was on mortality
- The paper was about an intervention or experiment; only observational studies were included
- The paper was an editorial
- The paper was thematically irrelevant according to aims and objectives of the review

In the second phase, papers were reviewed for relevance based on the full text. In this phase, further exclusion criteria were applied, and papers were excluded if:

- The purpose of the paper was a debate on an ethical issue
- Measures of well-being have not been subjected to some level of empirical testing/piloting.

In the third exclusion phase, upon the independent judgment of 2 researchers, papers were evaluated for methodological robustness (see Appendix 1). Project-level thresholds were set (at the mean value) for qualitative and quantitative papers, and papers reaching this value were selected for review.

As a result of this three-phase procedure, the research teams of the partner countries narrowed from 491 titles selected in the first phase to 125 papers for the review.

Table 1: Results of the three-phase exclusion process

Language	Nr. of papers selected in the first phase	Nr. of papers selected in the second phase	Nr. of papers selected in the third phase
1. Croatian	20	9	9
2. English	336	274	88
3. Estonian	37	17	14
4. Georgian	8	5	2
5. German	19	8	5
6. Greek	6	3	2
7. Hungarian	4	6	5
8. Latvian	13	7	2
9. Portuguese	15	15	4
10. Slovakian	9	4	3
11. Spanish/Catalan	24	23	12
TOTAL	491	371	125

² Zotero is a production of the Center for History and New Media at George Mason University.
https://www.zotero.org/support/credits_and_acknowledgments

After eliminating the duplicates and some further cleaning, 95 articles remained for reviewing the definition and usage of the concept of well-being in scientific European literature.

Results

The final list of the literature review on children and youth well-being contains 95 articles. The articles that met the requirements of the three-phase exclusion criteria were searched for three aspects of well-being related themes:

- Definitions of well-being
- Domains and indicators of well-being
- Well-being measurement instruments and their specific usage.

The reported data were entered into a database and served as the basis of the present analysis.

Definitions of well-being

There were 36 documents in the reviewed papers that explicitly revealed some form of definition of well-being.

In the definitions analysed here, there were several terms used in just slightly different forms. There were three basic sets of terms:

- well-being in itself or with attributes such as subjective, psychological, mental, or personal (22)
- satisfaction in itself or as a compound of life satisfaction (14)
- quality of life in itself or as health related quality of life (6).

In some papers there were more than one of the above terms. № 9

Regardless of the use of the actual term of subjective well-being, most of the documents (34) declared well-being a phenomenon that was at least partly subjective in nature and thus it could be measured with subjective measurement devices. One document (№9) relied on literature that considered well-being both subjective and objective in nature. One document (№18) considered primarily the functional-behavioural aspects of well-being, while three papers (№21, 22, 23) mentioned functional-behavioural and subjective characteristics of well-being together.

The definitions could be based on a single aspect of wellbeing or could suggest a more intricate structure. There was only one paper (№30) in the reviewed literature that gave a definition without explaining the components of well-being. All the other documents described one, two, three, or more dimensions as structural factors of the concept.

One-dimensional definitions (13) typically considered well-being as a psychological construct or at least focused only on its emotional qualities. Out of the 13 such definitions only two stressed some other aspects of well-being: №18 highlighted behavioural aspects and № 32 spiritual ones. The other 11 papers approached well-being basically as psychological well-being. The psychological discourse embodied a range of concepts such as satisfaction, happiness, positive and negative emotions, competence, self-efficacy, relatedness, or adjustment.

There were 13 documents in the analysis that applied two-dimensional approach to well-being. In each such document one of the dimensions was psychological well-being, represented by various sides of mental health: satisfaction, happiness, emotional/affective state, coping abilities, sense of self-worth, or personal value. About half of the papers in this group (6) depicted cognitive factors as the other dimension of well-being. In four papers, some aspects of the social environment (such as school and family or generally as social and environmental factors) were mentioned. Behaviour, or adequate functioning in the community, was mentioned in two documents (№21, 22). Finally, one document (№37) referred to physical health as the second basic component of well-being.

In four documents, the definition of well-being was based on three major factors, recognizing the psychological, cognitive, and physical dimensions.

Well-being was defined in even more complex terms in six documents. One document (№3) simply stated that well-being (more precisely, the quality of life) included all segments of life. The other five papers listed various factors as fundamental elements. However, physical health - or adequate functioning of the body - was mentioned in all of them. Psychological-emotional, cognitive and social/behavioural aspects were also typically referred to as the principal components of well-being. Spirituality, material factors, education, and political representation were also mentioned in individual documents.

Summarizing the main points, only about a third of the papers provided some sort of well-being definition, using the terms of well-being, satisfaction, and quality of life in the process. The concept of well-being has primarily a subjective connotation. Based on the components, well-being is predominantly a psychological concept with strong cognitive, health-related, behavioural, and social aspects. Material, environmental, and spiritual characteristics were also taken into account.

Domains and indicators

In the next step of the analysis, we listed each domain of well-being that was investigated in the recorded papers. We identified six domains: psychological, social, physical health, cognitive, behavioural, and material domains.

The instruments (i.e. questionnaires) were most frequently (15) aimed at the psychological domain of well-being while the least frequently examined area (4) was the material domain (see Table 2).

Psychological domain: Life satisfaction was the most commonly investigated indicator of psychological well-being. Satisfaction with life in general or with particular sides of it – most importantly school or work – was measured by scales or subscales in 13 questionnaires. The second most frequently used well-being indicator was depression that occurred in the form of mood-disorder. When researchers examined the psychological domain, depression was measured directly (for instance using CES-D questionnaire) or in the form of a subscale in ten surveys. The quality of self-esteem and the feeling of happiness/unhappiness appeared also relatively frequently as well-being indicators. Self-esteem was measured in seven, happiness in six papers.

Social domain: For measuring the social domain of children and youth wellbeing, the following indicators were used: social support, family environment and relationships with parents, relationships with peers and partners, social conduct, and loneliness. The most frequently used indicator was loneliness, which is by nature is closely related to the psychological domain, particularly to indicators such as depression and unhappiness.

Physical health domain: Physical well-being was generally measured with various indicators of the health status: the frequency and nature of the somatic complains (4), and health-related quality of life (HRQoL) measurements (9).

Cognitive domain: Because the review focuses on surveys about children and youth well-being, we naturally found that the principal indicators of the cognitive domain had been related to attitudes toward and competences in school and study, and also indicators of autonomy in related fields.

Behavioural domain: Behavioural aspects of well-being occurred with the same frequency as cognitive aspects. These studies focused on health behaviour and also on problem behaviours such as risk-taking and deviance. Hyperactivity is a special indicator in this domain because, while it can be considered as a behavioural marker, in the last decades it had been intensively medicalised, thus it can equally be regarded as a psychological or even as a physical health indicator as well.

Material domain: This domain was the least examined field of children and youth well-being in the documents reviewed here, probably because it is easier to conceptualize as objective conditions than as subjective well-being. Three indicators were used in the measurement of the material domain: deprivation of necessities, financial situation of the family, and family affluence. Although there are quite a few studies that explore the associations between the standard of living and well-being, the majority of studies use material indicators as background (explanatory) variables and not as indicators of the material domain of well-being.

Table 2: *Domains and indicators*

Domains	Indicators
Psychological	affects (positive, negative) anger anxiety burn out depression emotions/emotional control happiness/unhappiness hope/hopelessness life goal/orientation life satisfaction (school/work satisfaction) locus of control psychological well-being self-esteem self-efficacy stress
Social	conduct- and peer problem family environment loneliness relationships with parents/peers/partners social support
Physical	health status HRQoL physical skills somatic complains violence
Cognitive	attitude towards school autonomy competence (at school) relatedness
Behavioural	deviance behaviours health behaviours hyperactivity risk behaviour
Material	affluence deprivation of necessities financial situation of family

Well-being measurement instruments

In the studies examined in this review, there were 19 complex research instruments (questionnaires, scales, inventories and indices) of well-being (Table 3). We considered only those instruments in the analysis that served as outcome measures of well-being. Many documents reported applications of more than one instrument. Our analysis did not take into account of single-item measurements.

Table 3: *Instruments used in more than one research in the reviewed documents*

Cantril Ladder
Center for Epidemiologic Studies Depression scale (CES-D)
General Health Questionnaire (GHQ-12)
Kidscreen
Kindle and Kindle-R
Life Orientation Scale (LOT)
Mood and Feelings Questionnaire (MFQ)
Multidimensional Scale of Perceived Social Support (MSPSS)
Multidimensional Student Life Satisfaction Scale (MSLSS)
Pediatric Quality of Life Inventory (PedsQL)
Positive and Negative Affect Schedule (PANAS)
Rosenberg Global Self-esteem Scale
Satisfaction with Life Scale

Short Form (36) Health Survey (SF-36)
Strengths and Difficulties Questionnaire (SDQ)
Subjective Happiness Scale (SHS)
Symptom Checklist Inventories (SCL-91 and SCL-90-R)
UCLA Loneliness Scale (ULS)
WHO-5 Well-being Index (WHO-5)

Summary and Discussion

The objective of this paper was to present a systematic review on how well-being is conceptualized and how the concept is used by scholars. The literature review shows that scholars utilize the concept of well-being in a variety of ways.

The discrepancy between the number of sources that merely referenced well-being and those that more substantively discussed it may suggest that some scholars view well-being as a normative concept that needs no definition. Stated differently, some authors' use of the term without subsequent definition may indicate an implied universality of what well-being means. The majority of documents did not include a clear-cut definition of the concept. Only about one third of the examined papers contained a well-being definition of some sort.

The examination of the notion of well-being in these papers revealed six domains and their corresponding indicators used by authors for the construction of the concept. The following domains with the corresponding number of indicators were identified:

- the psychological domain with 15 indicators;
- the social domain with 6 indicators;
- the physical domain with 5 indicators;
- the cognitive domain with 4 indicators;
- the behavioural domain with 4 indicators;
- the material domain with 3 indicators;

As the list of domains with their corresponding indicators shows, it was in the psychological domain that the reviewed documents most frequently investigated and constructed their concept of well-being and it was in the material domain that this was done least frequently. In other words, in the reviewed documents well-being emerged as a predominantly psychological concept with strong cognitive, health-related, behavioural, and social aspects.

The analysis of the methods used in the reviewed documents also indicates that most authors tend to apply the following approach: the more the probability of conditions inimical to well-being are reduced the higher is the chance for the state of well-being to emerge.

Our analysis also showed that a strong tendency to lean on the application of the eudaimonic approach to the conceptualization of well-being exists. This would suggest that an important topic for future studies could be to investigate the consequences of using different conceptions of well-being. It would be beneficial, for example, to explore the connection between well-being concepts and self-regulation strategies and processes.

Pintrich (2000) defined self-regulation as an active and constructive process whereby individuals "attempt to monitor, regulate, and control their cognition, motivation, [and] behavior ..." (p. 453). It seems possible that the regulation of affect, cognition, and behavior, is influenced by conceptions of well-being. For instance, adopting a hedonistic concept of well-being may inspire young people to avoid situations that seem to invite failure. In contrast, acceptance of an eudaimonic concept of well-being with an emphasis on the value of suffering may prompt individuals to expose themselves to challenging situations to build tolerance and discover their inner resources.

It is also likely that conceptions of well-being also influence goal-setting. An individualistic, hedonistic conception of well-being may lead to pursuing private goals which may decrease young people's social relationships (Mauss et al., 2012). Other scholars have also pointed out that that construing happiness as acquisition may lead to emphasizing materialistic goals (Swinyard, Kau & Phua, 2001). These findings indicate that different conceptions of well-being may lead to various goal contents.

As it was earlier pointed out, by using the terms of well-being, quality of life, and satisfaction most frequently, about a third of the reviewed document contained some sort of definition of

well-being and that the questionnaires used in the surveys in the reviewed documents were most frequently aimed at the psychological areas of well-being. Most of the documents defined well-being as a phenomenon that was at least partly subjective in nature and thus it could be measured with subjective measurement devices. Thus, subjective measures seem to gain precedence over objective ones in conceptualization of well-being.

However, while building on subjective measures that draw on human perception and sufficing the individuals themselves to decide what is crucial in assessing their lives is perfectly legitimate, we must not close our eyes to the fact that the appearance of subjective measures open a space for the cultural differences in the conceptualization and manifestation of well-being. For instance, studies have inferred that members of nations with more individualistic culture tend to rely more on pleasant experiences while assessing their life satisfaction, while members of nations with more collectivist cultures tend to consult social norms of satisfaction and social appraisal of family and friends (Suh et al., 1998). Other studies reported that the correlation between self-esteem and life satisfaction was stronger in individualistic (Western) than in collectivist (e.g., Asian) societies (Oishi et al., 2007; Zhang, 2005).

Traditional and modern trends in a culture can influence the weight individuals and groups attach to various conceptions of well-being. If this is so, awareness of diversity in the ways well-being is construed by various individuals and cultures could help to develop more culturally sensitive measures of well-being.

Thus, in the MYWEB project, while seeking to identify a holistic concept of well-being we must not forget that it is important to understand and define the constructs in the context of different cultures to get a dynamic perspective into the processes of well-being in these cultures. From this follows that while perhaps a holistic concept of well-being could be still be constructed, using this concept in different cultural contexts would only bring feasible results if the differences between those cultures are taken into consideration.

Another consequence of the predominantly subjectivist, psychological concepts of well-being is the neglecting of those social theories, which focus on the specific challenges of modernization. From their perspective objective and subjective factors of well-being may be complemented by intersubjective factors which are related to the transforming frames of social integration. Such factors include, amongst others, the emergence of functional subsystems providing various mediatized semantics of self-interpretation (Luhmann, 1971; 1977), the rationalization of communication providing democratic frames of interpreting the world and the self (Habermas, 1984), the emergence of reflexive institutions enabling the criticism of expert knowledge and risks (Giddens, 1991; 1999), the emergence of information society restructuring the constitution of self (Lash & Urry, 1994).

Obviously, theories describing these tendencies are not directly relevant for well-being research, as they focus on the universal trends of social integration. However, their consequences may be elaborated for well-being researches: those subjective-psychological factors, which dominate the empirical surveys may be complemented and grounded with social theoretical models including the inter-subjective factors contributing to the constitution of the self.

This suggestion implies the expansion of the indicators of the social domain: beside conduct- and peer problems, family environment, loneliness, relationships with parents/peers/partners and social support it should also be measured how the mediums and semantics of the subsystems affect the individual (objectifying or not), what kind of communicative patterns are present (distorted or democratic), how is the institutional environment (reflexive or rigid) and the embeddedness into information society (alienating or not)? Even if the empirical tools and scales are yet to be elaborated, these intersubjective factors may open new paths of understanding well-being.

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Appendix 1: Tool for Assessing Methodological Robustness

SCORE CHART for the MYWEB well-being literature review

Quality indicators	Level of quality	Scores
1. Study design	Surveys including cohort, longitudinal, prospective (surveys extended over time) and cross-sectional surveys	2
	Qualitative studies and studies that rely on administrative datasets	1
	Other study designs	0
2. Sample		
2.1 Sample/survey frame	Whether based on a survey or a qualitative study or a study drawing on administrative data the sample/survey strategy is reported and is defendable	1
	Not reported	0
2.2 Sample size	Whether based on a survey or administrative data the sample is the whole population or $N > 100$	3
	Whether based on a survey or administrative data the sample is the 70% of population or $N > 50$ and $N \leq 100$	2
	Whether based on a survey or administrative data the sample is the $N \leq 50$ or the sample is a small purposive or convenience sample in a qualitative study	1
	Not reported	0
2.3 Sampling method	Probability sample	2
	Non-probability sample	1
	Not reported	0
3. Bias Response/refusal/attrition (only quantitative studies)	No bias	3
	There is bias but it is controlled/ treated / weighted	2
	There is bias but it is not controlled/treated / weighted	1
	Not reported	0
4. Data collection (only quantitative studies)	Standardized scale or instrument	2
	Questionnaire /Interview without standardized instrument	1
	Not reported	0
5. Data analysis (only quantitative)	Very appropriate	3
	Appropriate	2
	Not appropriate	1
	Not reported	0
6. Appropriateness to traditional research criteria (only qualitative studies)	Very appropriate	3
	Appropriate	2
	Not appropriate	1
	Not reported	0
7. Appropriateness to evaluation standards (only qualitative studies)	Very appropriate	3
	Appropriate	2
	Not appropriate	1
	Not reported	0
8. Kinds of data used (only qualitative studies)	Uses multiple and mixed methods	2
	Appropriate	1
	Not reported	0

Appendix 2: List of research papers (in alphabetical order of languages)

Croatian

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