
THE CONCEPT OF WELLBEING IN RELATION TO HEALTH AND QUALITY OF LIFE

**Ruxandra Sfeatcu¹, Mihaela Cernușcă-Mițariu^{2*}, Camelia Ionescu¹,
Mihai Roman², Sebastian Cernușcă-Mițariu², Liliana Coldea²,
Gabriela Bota² and Claudia Camellia Burcea¹**

¹ 'Carol Davila' University of Medicine and Pharmacy, No. 8 Eroilor Sanitari Av., 050474,
Bucharest, Romania

² 'Lucian Blaga' University of Sibiu, Faculty of Medicine, 2A Lucian Blaga St., 550169 Sibiu,
Romania

(Received 20 January 2014)

Abstract

It is known that the concept of wellbeing is closely related to health and to the quality of life. Thus, the wellbeing exists within two dimensions, a subjective one and an objective one. This includes the life experience of an individual, but also the comparison of life circumstances with the social norms and values. The wellbeing is in relation to health and vice versa, it is a determinant of health, but also a result of it.

Keywords: wellbeing, quality of life, health condition

1. Introduction

The World Health Organization (WHO) has defined health as “the full physical, mental and social wellbeing not merely the absence of disease or infirmity”, and currently there is a multidisciplinary approach to the concept of health, in relation to the quality of life [1, 2].

WHO is a specialized agency created by the United Nations in 1948 its main responsibility being the global health and the public health issues. The Regional Office for WHO Europe (one of the six WHO offices existing worldwide) has its own program adapted to the specific requirements of the countries it serves (54 countries including Romania).

2. General information

In 2012 they held two meetings of the WHO regional Office for Europe, one at Copenhagen (8-9 February) and one in Paris (June 25-26), in order to prepare the regional Office for Europe meeting in 2013. This started from the fact that one of the targets of the program ‘Health for Europe 2020’ is improving the wellbeing of the European population by focusing its attention on the

* Corresponding author, e-mail: confortmitariu@yahoo.com

following three main issues: the right to health, access to health care and addressing health determinants [3]. In this context, it is desirable to establish indicators to assess the state of well being.

Within the framework of the second meeting of the regional Office for Europe, WHO settled the following [3, p. 3-10]:

- Wellbeing is a multidisciplinary concept with subjective and objective elements; therefore, for setting the goals related to wellbeing, it is necessary to describe the two types of elements;
- Wellbeing can be seen as a concept in itself;
- It proposes the following definition: „wellbeing exists within two dimensions, a subjective and an objective one. It includes the life experience of an individual, but also the comparison of the life circumstances with social norms and values”.
- There is a two-way type of relationship: the wellbeing is in relation to the health vice versa, it is a determinant of health, but also a result of it;
- There are differences between the concept of wellbeing and the quality of life in relation to health.

The Oxford English Dictionary defines wellbeing as the condition of being comfortable, healthy and happy [<http://www.oxforddictionaries.com/words/the-oxford-english-dictionary>]. Although the definition is not very precise, it is very much used by the academic literature. The definition of wellbeing calls on general reflection about wellbeing; sometimes the state of wellbeing is specifically linked with mental or psychological conditions, although the concept is generally used in a much broader sense.

The approach of wellbeing from a subjective point of view actually means, asking individuals for opinions about their own perception on wellbeing. Thus, we can ask questions regarding the satisfaction in life [4], or we can use an index based on questions relating to eight different aspects of life and how wellbeing influences health [5]. Thus, we can collect data on how different dimensions of life influence wellbeing.

The subjective perception on the wellbeing state differs depending on the specific circumstances present at some point, especially in the case of long-term evaluation. Therefore, is necessary to approach this aspect from an objective point of view. There may be variations depending on cultural differences: depending on certain conditions, on overall health status – for example, obesity is perceived differently according to the social norms. Similarly, there may be differences between population groups depending on their social expectations. Specifically, the approach from the subjective point of view is necessary, along with the traditional objective assessment.

There are records showing that individuals with higher scores of wellbeing, have a better state of health, but the causes this association have not yet been established.

Addressing the state of wellbeing in terms of an objective point of view means the use of indicators. Their number must be as small as possible (some indicators are required, others are optional), and the data to be submitted

depends on several variables: age, gender, ethnicity, socio-economic status, belonging to vulnerable groups, etc. The data collected at national level and submitted to the WHO must be accompanied by meta-analyses as well. When quantitative indicators cannot be measured, only the indicators that provide qualitative information are transmitted.

Wellbeing is in general a term used to describe a condition of an individual or a group, with reference to the social, economic, psychological, spiritual or medical attention.

A high level of wellbeing is, in a sense, a positive experience of an individual or group. Similarly, a low level is associated with negative experience.

In Economics, the term 'wellbeing' is used for the evaluation from quantities point of view of life quality for a group. In this respect, it should be noted that the term 'quality of life' refers to the overall wellbeing of individuals from a society. The term is used in a wide range of contexts, including the international development, health care and politics. The quality of life should not be confused with the concept of living standard, which relies primarily on income. Instead, the standard indicators of life quality include not only the standard of living and employment, but also the living environment, physical and mental health, education, recreation, and social membership.

Within the spirituality, the term is used to describe the inner peace and happiness. Furthermore, the state of wellbeing is much used in Philosophy to describe what is good or right for an individual, especially within the frame of utilitarianism, where the state of wellbeing is intended to be maximized.

But in general terms, the popular wellbeing is linked to and in close liaison with health. The two terms are used together; for example in a report released in 2012 on a study of health determinants and social status, on young people aged between 11 and 15 years [6]. This is an international study that began in the years 1983-1984 in five countries, and currently runs in 43 countries in Europe and North America. It discusses the health attitudes of pupils; is made every four years and aims at social, environmental and specific factors in relation to health and well-being. In Romania, a study group from the Babes Bolyai University, Department of Psychology, Cluj-Napoca, participated in the research. They tackled socio-demographic variables (age, sex, socio-economic status, geographic pattern, etc.) considered to be of interest in the studied theme of the general context from each country. Then, several dimensions were analyzed:

- social context
 - communication in family, children's relationships with their parents;
 - the entourage of students: colleagues, friends;
 - school performance;
 - school environment.
- health status
 - perception of their own health status;
 - satisfaction in life;

- general medical diseases present (separate in cases of overweight and obesity);
- oral health condition;
 - sanogenesis behaviours;
- balanced diet: eating habits, fruit and fizzy drinks consumption, the habit of serving breakfast daily;
- some aspects of physical activity;
 - health-risk behaviours:
 - tobacco consumption;
 - alcohol consumption;
 - cannabis consumption;
 - physical aggressiveness;
 - sexual behaviour.

Finally, the report shows the undisputed role of social determinants on the health and wellbeing of the individual and society and shows the importance of their approach through appropriate policies at the level of government, non-governmental organizations, professional sectors of health, education, social services, in order to promote the health and wellbeing of young people everywhere.

In terms of life quality, we can say that according to semantics, life refers to all the physiological processes that exist between birth and death, and its quality is a characteristic that can be perceived by our senses [7]. The social scientists have combined the two words, understanding through life quality the satisfaction degree of the immaterial and material needs of the people and their relationship with other people, with society and with nature. Taking into account the existing concepts regarding the quality of life, a comprehensive definition that would take into account the essential economic and social resources, as well as the dimensions of physical, mental and spiritual health of an individual, group or even of the whole society might be supported. If economists consider the quality of life to be a 'rich existence', measuring it by GDI per individual and the standard of living, from the medical point of view, the quality of life is represented by "maintaining a normal health-disease axis". Furthermore, the concept of life quality may also have a dynamic dimension by exposing individuals to the factors that improve the conditions of their lives. The quality of life is determined by the perceptions of individuals about their situation in the context of the social systems and cultural values in which they live and depend on their own needs, standards and aspirations [7, 8].

The perceived quality of life indicators express the opinion that individuals give to different circumstances of their lives. The status of a life component depends not only on what can be seen from the outside, but also the aspirations and expectations of the individual. The academic literature gives subjective indicators for life quality. For example, the WHO questionnaire for assessing life (WHOQOL-100 – World Health Organization Quality of Life) addresses six areas: physical health, mental health, social health (quality of life in social relations), the degree of independence, living environment and quality

of life [7]. Each area has several dimensions. Physical health comprises three dimensions: force and fatigue, pain and discomfort, sleep and rest. Mental health has five dimensions: personal appearance, negative and positive feelings, self-esteem (confidence in its own forces) and cognitive capabilities – thinking, learning, memory and concentration. The degree of independence has four dimensions: physical mobility, carrying out daily activities, addiction to drugs and medical devices, the ability to work; social health has three dimensions: interpersonal relationships, sexual activity and social support. Living environment has eight dimensions: financial resources, freedom of movement, physical protection (security), accessibility and quality of medical services and social assistance, housing, access to personal education and information, engaging in free time activities, the quality of the physical environment (chemical pollution, sound pollution, traffic intensity, physical climate, availability of means of transport). The quality of spiritual life refers to personal beliefs and adherence to a religious organization [7, 9].

Defining the correlation between life quality and health, one should take into account four main factors and how they affect the wellbeing of the individual, namely [2]: functional factors, psychological factors (appearance and self-confidence), social factors (interaction with others, communication), the experience of pain and/or discomfort.

Specifically, literature describes the determinants of health, and the determinants of the life quality.

Since 1974, within the Lalonde Report, ‘A new perspective on Canadians' health’, the Minister of health specifies four health determinants [2, p. 61; 10]:

- human biology;
- environmental factors;
- health care system;
- behavioural factors (lifestyle).

Behavioural factors are the most important, followed by biological, environmental, and lastly by the organization of medical services. Thus, the role of individuals' behavioural change is the most important, but we should mention the fact that health status is influenced by the economic and social factors within an evolving society [11].

The four determinants of life quality are: the extent to which their own hopes and ambitions become reality in everyday life, the perception of a person's position in life, in the cultural context in which he lives and in relation to the purposes, aspirations, standards and concerns, his own health status evaluation reporting to an ideal model, and the things that are considered important in people lives [12].

3. Conclusions

In 1997, Locker approached health care from a biological, psychological and social point of view, centred on the patient, unlike the previous biomedical approaches, which were especially centred on disease research, showing that in

fact, sickness and health are viewed as “independent dimensions of the human experience” [13]. Therefore, the disease may not affect the individual’s perception of his health state in any way, and in other cases, the disease may just be one of the factors that a person takes into account when he appreciates his own health. Only the doctor’s diagnosis is not sufficient to determine the health state of the patient, because health is more than the absence of undesirable states objectively defined by experts. Equally important is the approach of health, from the subjective perception of the individual, aspect pointed out in WHO’s definition of health, which captures the positive and partly subjective character of health concept [10].

Although a good state of health is not the only purpose of desirable existence, but only one component of wellbeing. We may finally say that health has a major impact, positive or negative, on both the individual’s perception about his condition, and on the community of which he belongs, on the society as a whole.

Acknowledgement

In this article, all the authors have equal contributions.

References

- [1] ***, *Constitution of World Health Organization*, World Health Organization, Geneva, 1948, 1.
- [2] M.R. Inglehart and R.A. Bagramian, *Oral Health-Related Quality of Life*, Quintessence Publishing Co, Chicago, 2002, 1-6.
- [3] ***, *Measurement of and target-setting for well-being: an initiative by the WHO Regional Office for Europe*, WHO Regional Office for Europe, Copenhagen, 2013.
- [4] E. Diener, R.A. Emmons, R.J. Larsen and S. Griffin, *Journal of Personality Assessment*, **49(1)** (1985) 71-75.
- [5] Australian Centre on Quality of Life, *Personal wellbeing index*, Deakin University, Melbourne, 2012, online at <http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/>.
- [6] C. Currie, C. Zanotti, A. Morgan, D. Currie, M. de Looze, C. Roberts, O. Samdal, O.R.F. Smith, V. Barnekov, *Social determinants of health and well-being among young people. Health behavior in school-aged children (HBSC) study: international report from the 2009/2010 survey*, WHO Regional Office for Europe, Copenhagen, 2012, 1-44.
- [7] D.S. Albeanu, *Revista de igiena si sanatate publica*, **58(3)** (2008) 87-97.
- [8] I. Lupu, *Calitatea vietii*, **17(1-2)** (2006) 73-91.
- [9] WHOQOL Group, *Psychol. Med.*, **28** (1998) 551–558.
- [10] C. Vlădescu, *Sănătate publică și management sanitar (Public health and health management)*, Cartea Universitară, Bucharest, 2004, 152-153.
- [11] C.M. Drăgoi, *Jurnalul Economic*, **11(28)** (2008) 23-46.
- [12] A.J. Carr and I.J. Higginson, *Brit. Med. J.*, **322** (2001) 1357–1360.
- [13] D. Locker, *Concepts of oral health disease and quality of life*, in *Measuring Oral Health and Quality of Life*, G.D. Slade (ed.), University of North Carolina – Dental Ecology, Chapel Hill, 1997, 11-24.