W

Wage Floor

▶ Minimum Wages

Walkability

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Synonyms

Pedestrian environment; Urban environment

Definition

Walkability refers to the overall quality and ability of an environment to promote and support pedestrian travel for a range of purposes. Designers seek to improve walkability to encourage people to walk and cycle.

Description

W*alkability* refers to the overall quality of pedestrian travel in an area. Walkability takes into account the quality of facilities, roadway conditions, ▶ land use patterns, security, support, and encouragement for walking. Walkability can be evaluated at various scales. At a site scale, walkability is affected by the quality of pathways, building accessways, and related facilities. At a street or neighborhood level, it is affected by the quality of sidewalks and crosswalks and roadway conditions (road widths, traffic volumes, and speeds) (SACOG, 2011). At the community level, it is affected by the degree of land use density and mix, and therefore the portion of destinations within walking distances.

Walking, and its variants such as travel by wheelchair and scooter, provides both ▶ recreation (it is an end in itself) and ▶ transportation (it provides access to goods and activities), although users may consider a particular trip to serve both (people choose to walk to a destination despite its slower speed because they enjoy the activity).

Walkability affects a community's quality of life in various ways. Walking is the most basic form of transport and an important form of ▶ exercise and enjoyment. Virtually every trip involves walking links, so walkability affects the ease of using other modes, for example, to access public transit stops and stations, or for travel between destinations and parking facilities. Walking is particularly important for people who are physically, economically, or socially disadvantaged and so rely on alternative modes; thus, the quality of walkability affects disadvantaged people's social and economic opportunities. Walkability also affects community livability, that is, the safety, comfort, convenience, social interactions, affordability, and environmental

quality experienced by people who live in an area (Burden, 2008; EC, 2009). Walking is the most common form of physical activity, and so walkability is an important factor in community fitness and ▶ health.

There are many specific ways to improve walkability (Alta Planning + Design, 2006; Institute of Transportation Engineers [ITE], 2010; Pedestrian Information Center; UTTIPEC, 2009). Major categories include:

- Improve the quantity, quality, connectivity, and management of pedestrian facilities (sidewalks, paths, and crosswalks).
- Apply universal design: that is, transportation systems that accommodate special needs (including use of wheelchairs, walkers, strollers, and hand carts).
- Improve pedestrian accessibility by creating more compact, mixed, multimodal communities where destinations are within walking distances.
- Design roads for walkability, with short blocks, narrower traffic lanes, reduced traffic speeds, excellent crosswalks, pedestrian-oriented buildings, and appropriate street furniture.
- Implement programs to encourage active transportation.

Walkability improvements are usually implemented by local governments, sometimes with funding and technical support of regional or state/provincial transportation agencies.

Pedestrian facilities (sidewalks and paths) must accommodate many uses and types of users. People walk alone, in groups, or with pets. They push strollers and carts, run, skate, stop to gaze and talk, play, and eat on sidewalks and paths. Many paths also accommodate scooters and bicycles. Different uses and users require different amounts of space. Although a person walking alone may only need 18–24 in. of width, other users and uses require more space. A couple walking side-by-side, a person in a wheelchair or pushing a cart, a runner or bicyclist all require more space. In addition, sidewalks and paths contain various types of "furniture" such as signposts, parking meters, mailboxes, garbage cans, and sometimes café seating. When people pass each other or an object on the path, they require adequate distance. Although a sidewalk or path may have a generous nominal width, its functional width may be much smaller due to obstacles within the right-of-way. A sidewalk or path should be designed and managed to accommodate various uses and users, taking into account actual conditions.

The quality of walkability affects the amount and type of travel that occurs in a community. Improving walkability tends to increase walking for both recreational and transportation activities (Frank, Devlin, Johnstone, & van Loon, 2010). Some walking trips substitute for automobile travel, and since most transit trips involve walking links, improving walkability is an important way to encourage public transit travel. In addition, walkability both supports and is supported by smart growth development: that is, more compact, mixed, multimodal community design which reduces the distances people must travel to common destinations. Communities that improve nonmotorized travel conditions often

Walkability, Table 1 *Benefits of walkability* (Source: Litman, 2010)

Economic benefits	Social benefits	Environmental benefits
Congestion reductions	Improved mobility for nondrivers (equity benefits)	Energy conservation
Road and parking facility cost savings	Improved public fitness and health	Air, noise, and water pollution reductions
Consumer savings and affordability	Reduced risk to other road users	More compact development (habitat protection)
Avoided chauffeuring responsibilities		
Local economic development		

experience significant increases in nonmotorized travel and reductions in vehicle travel (Sciara, Handy, & Boarnet, 2011). Many communities have significant latent demand for pedestrian travel: that is, people would walk more frequently if they had suitable facilities and resources (Ewing, Clemente, Handy, Winston, & Brownson, 2005).

Improving community walkability can provide direct and indirect benefits, particularly if it allows residents to reduce their vehicle ownership and use (CSE, 2009; Litman, 2003, 2010) (Table 1).

Cross-References

▶ Accessibility
▶ Sustainable Urban Design
▶ Urban Design

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Want

▶ Deprivation

War

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Synonyms

Intergroup aggression; International conflict

Definition

Definitions of war abound. They influence how we see the subject. Writing on the art of war centuries ago, Sun Tzu assumes his readers know what he means by the term. He describes war as "a matter of vital importance to the State" (Griffith, 1963: 63). Implicit in this ancient Chinese wisdom is that war is an activity between states. What about non-state societies? Do they have war? The anthropological literature contains hundreds of descriptions of armed conflict in non-state societies (e.g., Ferguson, 1986), including detailed ethnographies, such as Meggitt's *Blood is Their Argument* (1977). Perhaps Harris's brief definition of war as "organized intergroup homicide" (1977: 47) gives the widest analytical scope for the subject, enabling us to inquire about the relationships between phenomena as diverse as traditional tribal war, modern urban gang war, global conflict like the World Wars, and contemporary asymmetrical warfare (terrorism and counterterrorism).

If a three word definition seems insufficient, Prosterman provides more specificity while maintaining Harris's elasticity and utility. For Prosterman, war is "a group activity, carried on by members of one community against members of another. . ., in which it is the primary purpose to inflict serious injury or death on multiple non-specified members of the other community, or in which it is highly likely that serious injury or death will be inflicted. . ." (1972: 140). One group needs to be organized for the task at hand: the target may or may not be organized in alike manner. The aim may be to kill, or subdue, or conquer. The result is that people will be killed and injured, property destroyed.

Description

> War is not healthy for children and other living things (Antiwar slogan from the 1960s)
> War is hell (Gen. William T. Sherman, 1879)

In spite of these sentiments and despite a perceived decline in its incidence (Saunders, 2011), war remains a persistent concomitant of the modern human condition. Nations fight, people die. Causes arise, people die. Freedom calls, people die. What is this phenomenon with such terrible consequences for the quality of life of people around the world? Why do people fight?

Have people always organized to kill and conquer? The antiquity of war is hotly debated. Titles like Keeley's *War before Civilization: The Myth of the Peaceful Savage* (1996) and Kelly's *Warless Societies and the Origin of War* (2000) indicate the range of informed opinions. *The Archaeology of War* documents evidence of warfare in the archaeological record, but that record only represents the last 13,000 years (Rose, 2005). Fry (2006) sees war as a recent development in human behavior, dating back to the rise of food production some 12,000 years or so ago. Foragers, he maintains, had neither the need nor the organization for warfare: other methods (avoidance, negotiation, etc.) sufficed to settle disputes. Food production, ▶ population growth, and fixed resources that restricted ▶ mobility all served to alter the relationships between groups. Otterbein's (2009) view differs: he sees war as a much older human practice, a pursuit characteristic of big game (as opposed to smaller game) hunters, where group coordination was essential to survival. Neither Fry nor Otterbein sees war as inherent in the human biological or genetic makeup: we are not programmed to kill, are we? If not, why do we go to war?

Theories and explanations for why people go to war are as varied as the cultures and societies that engage in combat. The great conceptual divide is familiar to all: nature versus nurture. The ethologist Konrad Lorenz (1966) sees our species sharing a general instinct for aggression with other animals. Sociobiologist E. O. Wilson (1979) takes a more nuanced view, postulating a genetic basis for ▶ ethnocentrism (i.e., the belief in one's own group's superiority and other groups' inferiority) facilitating the potential for violence and aggression. Anthropologists generally eschew genetic or biological explanations as they search for the social, cultural, and ecological factors that affect the choices people make. Vayda (1976), for example, views war as a process, linked to ecological perturbations and cultural practices. He seeks to understand the

cultural context of the behavioral decisions that people make when they consider whether or not to go to war. He notes that why people continue fighting often bears no relationship to why they started fighting in the first place.

We live in a world where the death and suffering of others has become common fare for the media: villagers as "collateral damage" of the war on ▶ terrorism, using rape of women and children as a tactic of submission, and protesting civilians being slaughtered by their own governments. Behind the death, no matter how sophisticated the technology, is the human hand. In the final analysis, if we believe that humans are genetically programmed for war, then we are doomed: unleashing the power of contemporary weaponry (biological, chemical, and nuclear) will end all quality of life and terminate our existence. If, on the other hand, we see war as a social construct, the result of a series of choices we make, then we should heed the words of William Graham Sumner, American sociologist and ethnologist: "A wise rule would be to make up your mind soberly about what you want, peace or war, and then get ready for what you want; for what we prepare for is what we shall get" (1911: 40).

Cross-References

▶ Violence

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Waste Minimization

▶ Waste Recycling

Waste Pickers

▶ Street Waste Pickers in Pretoria, South Africa

Waste Recycling

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Synonyms

Reverse logistics; Second-hand recycling; Waste minimization

Definition

Waste recycling is the process by which materials that have been disposed of by one user (business or final domestic consumer) are collected and reprocessed or reused for other productive purposes, that is, additional value is extracted from products that have been disposed of.

Description

According to the Organization for Economic Cooperation and Development [OECD] (2009), the amount of consumer waste produced per person varies across countries (see Table 1), with people in developed countries producing significantly more waste than in developing countries. Consumer and industrial waste is a significant environmental problem. The collection and disposal of waste drains resources and fails to extract value/resources from the waste, requiring additional virgin material to be extracted and processed. Thus, the recycling of waste has both economic and environmental costs, as well as benefits. There are many types of waste. The most basic is post-consumption waste where goods no longer serve their normal function, which may be because they have finished their productive life, are no longer needed, or are no longer working/usable. For consumers, the waste is disposed of by the local council (see the figures in Table 1). However, businesses produce different types of waste from consumers. Offcuts of materials (unused or partly processed) as part of a production process are one type. For example, in processing glass, defective glass is remelted and used again. Another is postproduction waste, for example, the sawdust produced in the manufacture of timber and timber products. In other instances, businesses have more specialized waste, for example, water used in chemical processing becomes contaminated and needs to be disposed of in specialty facilities or medical waste needs specialized disposal systems and so has limited opportunities for recycling.

The full costs of waste disposal are difficult to calculate as the environmental and other hidden

Waste Recycling, Table 1 Municipal waste generation (kg per capita, 2007 or latest available year)[a]

1	Norway	830
2	Denmark	800
3	Ireland	780
4	United States	760
5	Switzerland	710
6	Luxembourg	690
7	Netherlands	630
8	Israel	600
9	Austria	590
10	Germany	580
10	Spain	580
12	United Kingdom	570
13	Iceland	560
14	Italy	550
15	France	540
16	EU27	520
16	Sweden	520
18	Finland	510
19	Belgium	490
20	Portugal	470
21	Hungary	460
22	Estonia	450
22	Greece	450
24	Russian Federation	445
25	Slovenia	440
26	Turkey	430
27	South Africa	420
28	Japan	410
29	Canada	400
30	Korea	380
31	Mexico	350
32	Chile	325
33	Poland	320
34	Czech Republic	290
34	Slovak Republic	290
36	China	115

[a]Based on data from OECD data on http://www.oecd-ilibrary.org/sites/factbook-2010-en/08/02/02/index.html?contentType=/ns/Chapter,/ns/StatisticalPublication&itemId=/content/chapter/factbook-2010-64-en&containerItemId=/content/serial/18147364&accessItemIds=&mimeType=text/html. Accessed on January 25, 2013

costs are often not fully accounted for (BDA Group, 2009). Waste disposal contributes to pollution of the environment in a number of ways. For example, landfills take up potentially productive land, and the waste materials stored can

produce methane which then needs to be managed. If the landfills are not properly constructed, pollution can leach into the water table and pollute water systems. There are, therefore, benefits associated with reducing waste by recycling.

Minimizing the volume of materials in the traditional waste stream has direct economic savings in terms of disposal costs. Improved production efficiency is one way to minimize waste and lowers costs of disposal. The recycling of waste materials often has lower financial and environmental costs than extracting virgin resources. For example, the reuse of clothing in the UK saves approximately 98 % of the energy associated with producing new clothing (Woolridge, Ward, Phillips, Collins, & Gandy, 2006). In another example, Zhu and Buongiorno (2002) suggest that increased recycling of paper in the USA could in fact reduce the worldwide costs of newsprint paper by 9 % and result in a significant reduction in tree harvesting and retention of virgin forests.

Alternative Forms of Waste Recycling

There are a number of alternative approaches for recycling waste. The most basic is reuse, where products are used for the same purpose by other consumers. Systems already exist in the form of second-hand markets for clothing, business equipment, building materials, etc. In this context, the products are used for their original purpose. In 2000–2001, 16,871 t of clothing materials was collected for recycling in the UK, with only 7.7 % entering the waste stream and 92.3 % being reused (Woolridge et al., 2006). In some instances, recycled products can be more valuable (or better quality) than new products, for example, reclaimed hardwood or period building materials are sometimes more expensive or better quality than virgin wood products (Falk, Green, Rammer, & Lantz, 2000). Alternatively, older products can become collectable and thus has a market (and value) for reasons of scarcity (Belk, 1995).

Recycling can also be used to produce underlying raw materials, such as recycled paper being reprocessed to create other paper products or aluminum cans being recycled to make other aluminum products (Logozar, Radonjic, & Bastic, 2006). However, in some instances, recycled raw materials have restricted uses. For example, in some countries, recycled plastic cannot be used to make new plastic bottles because of health concerns and governmental regulations (Buchin & Lange, 1998).

Component extraction is another waste recycling strategy, where parts of products are de-manufactured and the raw materials extracted. This occurs when components have an inherent value. For example, platinum is extracted from catalytic converters when cars are scrapped (Amatayakul & Ramnäs, 2001). Watch batteries used to contain silver and were collected and reprocessed to extract the valuable metal (Bernardes, Espinosa, & Tenório, 2003).

Waste can also be recycled for use in alternative products. For example, shredded tires are used to make springy rubber, safer, playground matting (Yang, Min, & Zhou, 2009), and old automobile license plates and billboards have been transformed into handbags or jewelry.

A more innovative form of recycling is where the waste from one production process is integrated as a raw material into another. An extreme form of this is a closed-loop business park, which requires extensive business planning to ensure that the partners' activities remain synergistic (Côté & Cohen-Rosenthal, 1998). The integrated system means that failure of one party to deliver its waste impacts on the performance of the overall system, as other organizations do not have critical raw materials to operate.

Creating Value from Waste

The alternative forms of recycling waste identify that there are variety of ways that value that can be extracted from waste products, in addition to the economic activity associated with the removal and disposal of waste which also creates economic opportunities. Organizations can be established to facilitate waste collection to extract value, which is often referred to as reverse manufacturing or reverse logistics (Dowlatshahi, 2000). For example, manufacturers of printer and photocopier toner cartridges collect depleted cartridges, test them for

reliability, and refill them. They can be distributed under the manufacturer's brand or on-sold to secondary manufacturers, with the environmental benefits arising from the production of fewer new cartridges and, therefore, reduction of waste. In some countries, there is mandatory waste collection of, for example, packaging (Matthews, 2004) or e-waste (Plambeck & Wang, 2009), although this does not apply to all countries and products.

New businesses form to facilitate the collection and recycling of waste both in developed and developing countries (Chen, Wu, & Chen, 2009) and occur in regard to large-volume waste products. For example, some organizations collect waste cardboard and reprocess it into new cardboard products. In other instances, organizations work as intermediaries that collect the waste and on-sell it to processers.

Unfortunately, individuals in some developing countries "mine" garbage dumps, as their only available means of generating income. However, such subsistence processes result in income which might not otherwise have been obtainable, with some communities establishing cooperatives of people involved in scavenging (Medina, 2000). While perceived as socially undesirable, new industries and employment opportunities have resulted (Hayami, Dikshit, & Mishra, 2006) with a positive impact on the reduction of waste disposal through recycling.

Conclusion

Waste recycling provides the opportunity to minimize (or at least reduce) the negative impacts of consumption and improve citizens' quality of life. Economic value is extracted from processed products that would otherwise have been squandered by the premature disposal of the materials. Waste recycling saves resources, is frequently cheaper than extracting virgin materials, and means fewer virgin materials are needed. It also creates income streams and opportunities for innovation, both at the organizational and individual level. By creating value streams from waste, it could be argued that the very nature of waste changes from an economic and environmental drain to a new resource stream.

Cross-References

▶ Waste Recycling

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Waste Scavengers

▶ Street Waste Pickers in Pretoria, South Africa

Watchfulness

▶ Anxiety

Water Consumption

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Synonyms

Water use

Definition

The sociological study of water ▶ consumption
looks at the effects of water usage on individuals,
institutions, and society as a whole. Key areas of
interest include access to fresh water resources.

Water usage can be separated into two main
categories based on its users – domestic and
nondomestic consumption. Within the sphere of
quality of life, domestic water consumption has
a greater immediate effect than nondomestic. By
facilitating more efficient and effective hygiene
and food preparation routines, access to the high-
quality water system has a fundamental effect on
quality of life.

Description

In western society water is generally universally
available, and therefore, the social importance of
its consumption to the quality of "everyday" life
has been overlooked. The most conspicuous
points of consumption are areas where the
supply of fresh, potable water is easily monopo-
lized by corporate suppliers and protests against
regulation face litigation. The inability to access
potable water has a detrimental effect on quality
of life and its basic sustainability. The public/
private question of ownership of water infrastruc-
ture is central to the topic. Much work on water
consumption is drawn towards the legal implica-
tions of rights of access.

"Consumption is not only an outcome of per-
sonal attitudes and intentions or connected with
the fulfilment of utilitarian needs, but is related to
the changing social, economic and technical
organization of everyday life" (Southerton,
Warde, & Hand, 2004, p. 7). While water
consumption is fundamental to the quality of
"everyday" life, it is difficult to define. It is an
act made up of many individual actions and is
affected by an infinite number of factors. Self-
care and other forms of domestic consumption
are key regimes in quality of life and the creation
of the "self" in a ▶ consumer society. Domestic
water-consuming practices are shaped by, and
require, the active coordination of different
meanings, conventions, and technologies. In
order to sociologically identify domestic water
consumption, it is important to examine its effect
on the quality of life. This can be done through

looking at the practices that it consists of, such as showering, toilet use, and washing clothes. Shove (2003, p. 80) suggests the water-consuming practice of washing clothes is shaped by the constantly shifting routines and conventions of "everyday" life and is affected by interrelations of social and technological systems. Washing clothes is shown to be a process that can be broken down into sequential steps that have varied historically based on technologies and sociocultural makeup and thus have constantly changed the meaning of cleaning (Shove, 2003, p. 118). The current environment has created a situation where what had been a weekly chore has become a "never ending spiral of refreshing and revitalising a steady stream of discarded clothing" (Shove, 2003, p. 131). This has changed not only the amount of water used but the very nature of that water consumption, as this improves certain aspects of quality of life while simultaneously creating more chores.

Hand, Shove and Southerton (2005) identify, through the practice perspective, the recent development of daily showering as a norm. The coevolution of three sets of elements (conventions, materials, and routines) builds the practice of showering, and these categories may be applied to all water usage. They are embodied by changes such as the availability of domestic utilities, which, for example, allowed one to shower at home rather than at a communal bath house, and changes in expectations and values of cleanliness from a more lax "care of the self" to a concept of "clean bodies" where the body becomes a site to defend from disease and presents one's social place, a shift noted by Elias (2000). As Elias observed, advancing thresholds of disgust meant hygiene became increasingly important part of socialization and therefore quality of life.

The quantity of water used is linked to the definition and conceptualization of the practice of showering through technology, convention, and routine. Any attempt to change showering practice must take into account the interdependence of these three factors. They have also been shown to be relevant by Quitzau (2007), who notes that Denmark's overall domestic water consumption decreased without radical changes in practice due to improvements in infrastructure and consumption technologies.

How water is accessed changes how it is consumed. Charges for water consumption are a key issue. Whether water use is metered or charged at a flat rate can change consumption behavior. This charging changes the status of water as a right to that of water as a commodity (Morgan, 2006). Access rights to water are sourced in the somewhat conflicting principles of universal rights and consumer rights in different contexts and sometimes by the same groups.

Regulation greatly affects the relationship between water consumers and water suppliers. The regulatory system influences the distinction between water as a commodity and as a human right. The ways in which regulation attempts to unilaterally affect "everyday" practices can come into conflict with different ideas about the right to water. In 1999 the traditional Bolivian practice of collecting rainwater was made subject to a paid permit system. From the users' perspective it was perfectly reasonable to collect rainwater without a permit, and any denial was seen as an infringement on their customs/quality of life. From the provider's perspective, however, the company's investment in a large-scale technical infrastructure to provide universal provision of water meant they required exclusive rights to provision. In this case consumer protest led to the breakdown of the company's contract (Morgan, 2004).

As fresh water becomes globally scarcer while its importance to quality of life remains the same or becomes more important, this topic will become ever more economically, politically, and socially important.

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Water Poverty Index

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Synonyms

WPI

Definition

The *Water Poverty Index* (WPI) is a mathematical data-driven tool for gauging the degree of water-related poverty in a community, region, or country. Several approaches to the development of such an index have been tested, and the five-component WPI developed by Sullivan and her associates is now widely accepted, although refinements for more cost-effective application continue.

Description

To many people, the word "poverty" is synonymous with poor quality of life. Hence, the word "poverty" is used in different contexts, each of which emphasizes some of the many dimensions of quality of life. The traditional usage of the word "poverty" refers to income poverty which commonly entails defining an income poverty line below which an individual or household is deemed to be poor. The United Nations Development Programme (UNDP), in its 1997 *Human Development Report*, introduced the concept of human poverty that considers deprivation in three important aspects of quality of life: a long and healthy life, knowledge, and a decent standard of living. In order to capture the deprivation in these three aspects, the UNDP has so far developed three important human poverty indexes (HPIs) – HPI-1, HPI-2, and the Multidimensional Poverty Index (MPI) – which are described in recent issues of its *Human Development Report*. The focus of this entry is on water poverty and its measurement using the Water Poverty Index (WPI), one of the first multidimensional tools to assess poverty related to the environment.

The developmental benefits of providing clean water are recognized in the basic needs approach to development which started gaining popularity in the 1970s, in the Millennium Development Goal (MDG) to halve the proportion of people without sustainable access to safe drinking water by 2015, and in the United Nations recognition of clean water access as a basic human right, among others. In light of these benefits, there have been extensive recent discussions on global water-related issues such as freshwater scarcity, water distribution, water stress, and sustainability (for highlights of these discussions, see, e.g., Wallace, Acreman, & Sullivan (2003), UNDP (2006), and World Water Assessment Programme (2009)).

Adequate provision of clean water and sanitation could have positive impacts on quality of life in various ways. For example, the positive health benefits associated with such provision could also lead to productivity and income

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improvements. Also, adequate provision of clean water could lead to significant savings in time and effort required to collect water. These savings could be directed to more economically productive endeavors or to leisure. Adequate water availability may help prevent water-related regional conflicts which could have adverse effects on quality of life in the affected regions. Also, the environmental benefits of adequate water availability such as prevention of ecosystem losses and wind erosion could provide enjoyment to both the present and future generations. In light of these positive impacts, adequate provision of clean water could be viewed as a necessary but not sufficient condition for quality of life improvement. It is against this backdrop that the concept of water poverty was introduced and various indexes of water poverty have been proposed in the literature.

The concept of the WPI was originally developed by Sullivan (2000, 2001, 2002) in response to the introduction of the MDGs. In a project funded by the UK Department for International Development (DFID), various approaches to developing such an index were tested (Sullivan, Meigh, & Fediw, 2002; Sullivan, Meigh, & Sullivan, 2002; Sullivan et al., 2003). The WPI was developed with a view to providing an integrated tool which combined information about water availability with information on socioeconomic conditions. The objective of the tool was to move beyond deterministic hydrological modeling, providing a more holistic perspective on water resource allocation and management. As outlined in the seminal work on this topic, one of the main objectives of the tool was to provide a systematic and structured approach to evaluation and prioritization of water management decisions, particularly in the context of developing countries.

In the decade since its development, the WPI has been used by the various stakeholders for purposes of water policy formulation and water management. The WPI also provides both a means by which links between water poverty and other socioeconomic indicators can be examined and an important yardstick for measuring progress in providing water and prioritizing water needs.

To illustrate some conceptual difficulties that arise in the construction of WPIs, let us consider two hypothetical communities of similar population size which are endowed with identical amounts of water of similar quality. One might get an immediate impression that both communities have the same level of water poverty since the levels of water availability, water quality, and population are identical. However, if one community has sufficient resources to conveniently provide the water to its members whereas the other community does not have the resources to do so, then the community that lacks these resources could be viewed as water poorer even though the level of water availability is the same in the two communities. In a similar vein, if members of one community have sufficient incomes to pay for piped water whereas members of the other community do not have sufficient incomes to do so, then members of the income poorer community may be deemed to be water poorer. Also, if one community has to rely on water-intensive economic activities (e.g., irrigation) to sustain their livelihoods whereas the other community does not need that much water, then the community that relies on water-intensive activities could be viewed as water poorer. These hypothetical situations suggest that water poverty entails more than water availability. The challenge, therefore, is to try to incorporate the many dimensions of water poverty into a fully articulated WPI. This challenge was first addressed by the efforts of Sullivan, Meigh, & Fediw (2002), who designed and tested four approaches to assessing water poverty, building on the seminal work published by Sullivan (2000, 2001) and Sullivan, Meigh, & O'Regan (2002).

In the DFID-funded project led by Sullivan "to develop and test a water poverty index," four possible methods of constructing a WPI were designed and tested in a pilot study: the gap approach, the matrix approach, the time analysis approach, and the composite index approach.

- The gap approach, based on the concept of the "sustainability gap," expresses water poverty in terms of the gap between the actual and target/desired levels of water provision.

- The matrix approach entails graphical representations of key water poverty indicators from which the relative poverty positions of different communities, regions, or countries is discernible.
- The time approach expresses WPI as a function of the time it takes to gain access to a certain volume of water.
- The composite index approach involves quantifying relevant components of water poverty on some desirable scale, and the final WPI value is obtained as a weighted average of these components. In this method, the WPI ranges from 0 to 100, with higher values indicating a lesser incidence of water poverty.

For further details about the four tested methods, see Sullivan, Meigh, & Fediw (2002). The pilot study was conducted in twelve different locations in three countries (Tanzania, Sri Lanka, and South Africa). Following extensive consultations with various stakeholders, a five-component composite WPI comprising of *resources* (which captures water availability taking into account both quantity and quality), *access* (which captures water access for various uses), *capacity* (which captures ability of population to manage water resources), *use* (which reflects the efficiency of water use), and *environment* (which captures the environmental impacts of water provision) emerged as the preferred method by potential users. These five components were identified after much deliberation and extensive literature review. The members of the original research team are the authors of the paper published in the UN journal *Natural Resources Forum* (Sullivan et al., 2003) wherein details of the application of the composite index approach at the community scale are presented.

To demonstrate that the composite index approach favored by the policy makers in the pilot project could be widely applied, it was decided to collate representative data and present a national assessment for a selection of countries for which data could be easily found. This section of the WPI final report was later published on the Internet as Lawrence, Meigh, & Sullivan (2002). In this international analysis, WPI values across 147 countries range from 78 for Finland and 77.7 for Canada to just 35.2 for Niger and 35.1 for Haiti. Some developing countries such as Guyana (WPI = 75.8) and Suriname (WPI = 74.8) fare very well occupying fifth and sixth spots, respectively, in the ranking, which is higher than the rankings of developed countries such as Sweden (WPI = 72.4 in the ninth spot), Switzerland (WPI = 72.1 in the tenth spot), United States (WPI = 65.0 in the 32nd spot), and Japan (WPI = 64.8 in the 34th spot).

The Sullivan et al.'s approach to WPI construction has recently been applied to individual countries in Southeast Asia, China, India, Latin America, the Middle East, and Africa. Even in Europe, the WPI has been used to highlight social and political inequities in Slovenia, Croatia, Bosnia-Herzegovina, and Serbia and Montenegro (Komnenic, Ahlers, & Van der Zaag, 2009).

Causes of Water Poverty

It is evident from the discussion above that water poverty could be a result of a convoluted mix of economic, social, physical, and environmental factors, among others, depending on which WPI components one considers. With respect to the five-component WPI referred to above, the causes may relate to *resources* (e.g., declining water availability per capita), *access* (e.g., water access bottlenecks), *capacity* (e.g., falling income per capita), *use* (e.g., water use inefficiency), and *environment* (e.g., hydrological regime changes).

Discussion

Salameh (2000), Feitelson and Chenoweth (2002), Sullivan (2002), Molle and Mollinga (2003), Sullivan et al. (2003), Sullivan, Meigh, and Lawrence (2006), and Sullivan and Meigh (2003, 2007) have identified various conceptual and measurement issues that they deem important in enhancing the usefulness of WPI.

Three issues which are commonly raised with respect to the composite WPIs pertain to the choice of appropriate scales for expressing the various components, the selection of the appropriate number of components, and the appropriate weighting scheme for the selected components. The problem of choosing appropriate scales for WPI indicators is discussed extensively by

Sullivan et al. (2003, 2006) and Sullivan and Meigh (2007). With respect to the number of components, it might be conceptually more appealing to incorporate more components into WPI. However, introducing many components also introduces new complications with respect to the choice of weights and the added cost of obtaining information on all the components. Hence, it seems logical to construct the most parsimonious, yet informative, WPIs. With respect to the component weights, there have been several recent attempts to devise objective weighting schemes for WPI components. For example, Cho, Ogwang, and Opio (2010) applied a statistical technique called principal components analysis (PCA) to the dataset developed by Lawrence, Meigh, & Sullivan (2002) for the 147 countries in the international comparisons project referred to above. Their goal of applying PCA was to determine, objectively, which of the five aforementioned WPI components should be retained in the construction of a simpler and more cost-effective WPI and what the objective weighting scheme for the retained components should be. They found that a simplified three-component composite WPI comprising of *access*, *capacity*, and *environment*, with unequal weights, or its more simplified two-component counterpart comprising of *capacity* and *environment* with equal weights would be more cost-effective to construct without losing too much information. Cho et al.'s motivation for applying PCA was not to rule out any of the five WPI components as being conceptually unimportant in the measurement of water poverty but rather to determine the relative importance of these components based purely on the analysis of the internal structures of the data.

Are Water-Poor Countries also Income Poor or Human Poor?

There are many poor countries in Africa which are also water poor, but interestingly, some high-income countries such as the United States and Japan also rank poorly on the five-component WPI measure. Lawrence et al. (2002) reported a high positive correlation of 0.81 between their five-component WPI and HDI for their full

sample of 147 countries. More recently, Cho et al. (2010) reported significant positive correlations between each of the three alternative WPIs they considered (i.e., the classic five-component WPI and their two simplified WPIs) and the Human Development Index (HDI) and significant negative correlations with HPI-1 based on subsamples of the 147 countries. The significant positive correlation between WPI and HDI observed by Lawrence et al. (2002) and Cho et al. (2010) can be ascribed to the fact that some components of WPI are also components of HDI. The observed significant negative correlation between WPI and HPI-1 indicates that a high degree of water poverty is associated with a higher incidence of human poverty.

Two issues arising from the empirical investigations of the link between WPI and other socioeconomic indicators remain unresolved. The first issue pertains to whether or not it is better to use single WPI components or the composite WPI in such investigations. With respect to this issue, Molle and Mollinga (2003) argue in favor of using single-component measures since composite indices may mask the relationship if some of their components are increasing and others are decreasing. In the case of the WPI subindexes, this problem is taken care of by using inverse values for specific subcomponents, where needed. For example, if a high child mortality rate is not a good thing, its score must be inverted in the calculation of the WPI. If, on the other hand, a high level of per capita GDP is considered favorable, this is ascribed a positive value in the WPI formula. The second issue that is widely discussed in relation to the use of indices pertains to the appropriateness of using national measures rather than community-specific ones. This point was clearly demonstrated by Sullivan, Meigh, & Fediw (2002) and further emphasized in the community assessments provided in Sullivan et al. (2003). Cullis and O'Regan (2004) demonstrated the importance of scale through analysis of the specific examples from South Africa from the Sullivan et al. pilot study data, and many researchers have carried out studies at the subnational scale within such countries as Nigeria, Benin, Thailand, Mexico, and Chile.

Recently, Kaczan and Ward (2011) examined the correlation between water poverty and income poverty using national statistics for African countries and found the correlation to be very low and suggested that this was due to the use of national data being unable to account for spatial heterogeneity within each country. Kaczan and Ward note that the correlation between water poverty and income poverty becomes stronger when spatial heterogeneity is taken into account.

Future Research

From the outset, the development of the WPI was presented as an iterative process which seeks to address the challenging issue of poverty and the factors which give rise to it. The concept of water poverty remains a subject of continuous refinements, and researchers across the world continue to address unresolved conceptual and practical measurement issues. Even after 10 years since the seminal work by Sullivan on the concept, the WPI still generates wide interest and stimulates local application. There is no doubt, based on the continuing high levels of water poverty across the world, any measure to provide greater effectiveness of investment in the water sector may help speed up the desperate process of global poverty reduction.

Cross-References

▶ Basic Needs
▶ Composite Indicator(s)
▶ Deprivation
▶ Human Development Index
▶ Poverty
▶ Poverty Lines
▶ Principal Component Analysis
▶ Quality of Life
▶ Water Consumption

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Water Quality Composite Index (WQCI)

▶ Composite Water Quality Index

Water Quality Index (WQI)

▶ Composite Water Quality Index

Water Quality Index for Biodiversity (WQIB)

▶ Composite Water Quality Index

Water Use

▶ Water Consumption

Watershed Health

▶ Fraser Basin Council Sustainability Reporting

Watershed(s)

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Synonyms

Catchment; Drainage area; Drainage basin; River basins

Definition

A watershed is the entire area of land from which runoff and interflow are collected and drain to a common channel or basin. Watersheds organize into a nested system of drainage units; each collection (lake, pond, wetland) or conveyance (gully, brook, stream, river) structure in the landscape is separated from another by a topographic divide (a ridge or plateau) and receives water from the land sloping towards it (Marsh, 2010). This structure in turn drains to another structure and so on until the water collected from the entire system eventually discharges to the ocean. Watersheds exist at scales ranging from the entire area of land that contributes runoff to the world's great continental rivers to mere tens of square meters of land draining to gullies and micro wetlands. The primary (major) continental watersheds, such as the Mississippi River, the Rhine River, or the Yangtze River, comprise sub-watersheds, and sub-watersheds themselves contain smaller drainage areas. Political jurisdictions such as counties, provinces, states, or countries may include numerous watersheds within their boundaries and may also share (or occupy) a watershed with another jurisdiction. For watershed studies and management purposes, watershed boundaries are delineated according to the drainage (or catchment) structure of interest and not according to political jurisdictions.

Description

Watersheds comprise the physical land base (the soil, sediment, and rock), the vegetation, the water collection (lakes, ponds, wetlands) and conveyance (gullies, streams, rivers) structures, and the land uses within the topographically bounded drainage area. These landscape structures are connected to one other, from highest to lowest elevation, by water flowing over the land in rivulets and sheets or in channels of progressively larger dimensions. They may also connect via the adjacency of features such as land and lakes or land and wetlands. The permeability, chemistry and filtering capacity of these surfaces influence the quantity and the quality of the water that flows over and through them.

What we do on the land manifests in the water quality and quantity of streams, lakes, and wetlands as well as groundwater. Because of the topographic delineation and interconnectedness of land and water features, watersheds provide the means to physically model and measure the dynamics and health of the relationship between the land and the water on and in it. We can use this knowledge to maintain a healthy relationship between the land and water – the hydrogeomorphic system – while developing land and water resources for human use. Watersheds are, therefore, the natural units for managing water resources and also for planning and managing land uses while aiming to protect water quantity and quality (Marsh, 2010). Watershed management is a holistic and integrated approach to organizing and conducting our land-based activities in an ecologically sound way.

Human civilization is intertwined with collecting, storing, and diverting water for domestic, agricultural, industrial, and ▶ transportation uses. Approaches to managing water and the land-water relationship vary widely across cultures and history. Traditional indigenous societies, agrarian societies, and industrial societies developed water management practices according to their highly diverse needs and the opportunities and constraints of the natural environment. Such practices include, among many other examples,

irrigating cropland, capturing and holding flood water for flood plain cropping or aquaculture, draining low-lying wet ground or wetlands for agriculture, damming streams to create reservoirs feeding power turbines or supply domestic water, and straightening natural channels to improve transportation efficiency. All of these activities impact on the supply, distribution, and movement of water in a watershed and in some cases completely transform the configuration of and connections between the hydrologic structures of the landscape. On the land side, intensification of forest cutting and agriculture and spreading urbanization have altered the natural capacity of the land to filter, store, and convey water to lakes and streams.

For millennia, water resource management relied on the engineering practices of capture, storage, conveyance, and diversion. Focusing on the channel, floodplain, or basin of interest, however, failed to consider how manipulating the water supply or configuration of individual structures might impact the hydrology and ecological health of the landscape in a larger context. With expanding human settlements and industrialization, other landscape environments or structures, including bedrock, sediment and soil, forests, grasslands, and wetlands, were similarly manipulated and exploited without regard to greater system impacts. The joint effects of manipulating water supply, land resource overexploitation, and urbanization eventually became apparent in the declining health of rivers, lakes, and estuaries.

Many watersheds throughout the world have experienced a complete transformation from natural environments to agricultural, industrial, and urban landscapes with consequent adverse impacts on the rate of flow (slower or faster), quantity of water (reduced or increased), and quality (polluted) of water transferring from the land to lakes, rivers, and estuaries. Rain that falls on towns and cities does not trickle through a forest canopy to seep into soft ground and dissolve soil nutrients on its slow and steady release into streams or lakes. Instead, it flows quickly over hard surfaces picking up oil, grit, litter, and other urban detritus in its path to

drainage pipes that dump the storm water into urban lakes and rivers, usually without benefit of settling or cleansing. Slopes laid bare through deforestation deliver sediment that cloud the water columns and clog stream beds and lake bottoms. Water flowing over fields can carry fertilizer and pesticides to receiving water bodies if the timing and content of the applications are poorly measured. Seemingly innocuous domestic practices such as lawn and garden maintenance can deliver pollutants to nearby water systems. The conversion from natural to cultivated and concrete landscapes removes the natural mechanisms that control the exchange of water, sediment, and nutrients between the land and the receiving streams, lakes, and wetlands (Shuster et al., 2005). Our treatment of the land is revealed in the water that flows through it.

Watershed and watershed planning and management are relatively recent ideas in the long history of water resource exploitation and management and have emerged in response to our changing views of nature, natural resources, and land planning and management. Watersheds are real, physical landscape expressions of the interconnectedness of nature and natural processes that is now the foundation of our modern ecosystem and landscape-based resource management approaches. Once the mechanisms, pathways, and chemistry of land and water exchanges in a watershed are understood (modeled), the impacts of disturbances can be identified, monitored, and managed. Forest ecosystem studies, such as those pioneered in the Hubbard Brook Experimental Forest (New Hampshire) watershed investigations, exploited this land ecological connectivity to model ecosystem processes as well as forest cutting practices on water quantity, quality and flow rate (Likens et al., 1970). Lessons from Hubbard Brook and many other model forest watershed investigations around the world are changing forest harvesting practices where governments have committed to long-term sustainability of renewable land and water resources. Watershed modeling has also shifted approaches to wetlands interpretation and evaluation. Previously, wetlands were assessed for their wildlife productivity, and wetlands completely different

in size and vegetation structure (such as bogs and marshes) were compared to one another. Habitat evaluation is still part of wetland assessment, but wetland evaluation is now landscape context specific, and wetlands are also assessed for their role in watershed hydrologic function (Richardson and Verpraskas, 2001; Krecek and Haigh, 2006; Brooks et al., 2011). Agriculture is also adapting to the watershed concept. Soil conservation and riparian (streamside vegetation) protection and rehabilitation programs are now integral to sustainable agriculture. Cities and towns too are improving urban water management with industrial and domestic water conservation and recycling programs, green infrastructure such as urban wetlands for storm and wastewater cleansing and vegetated swales in place of storm water pipes, and urban forestry to influence urban climate and hydrology by intercepting precipitation and shading the ground (Schueler and Holland, 2000). Attention is now turning to watershed management to address coastal water health. The coastal zone is the mixing zone of continent and ocean systems. Integrated coastal and land management using watershed approaches is a new direction for coastal zone management (UNEP, 1999). Impacts of climate change at the local and regional level, and watershed responses to adaptation, are also being investigated through watershed hydrologic models (Furniss et al., 2010).

In addition to understanding the mechanisms and chemistry of land and water exchanges, successful watershed management requires the participation and cooperation of the many players with varied interests in watershed resources. These players include representatives of political jurisdictions and government bureaucracies (Cech, 2005), watershed resource users (both water and land resources) and people living within the watershed. Integrated watershed planning and management describes this multi-jurisdictional, multi-sectoral model of resource management. It is also, therefore, a social-political-economic approach to land management. Watershed programs have emerged at the highest level and with substantial and complex management infrastructure for international rivers (e.g., many within

Europe including the Rhine and Danube Rivers), lake basins (e.g., the Great Lakes), and seas (e.g., Baltic Sea, Mediterranean Sea, Gulf of Maine) and for the multitude of watersheds contained within nations or shared between or contained within states, provinces, or territories.

Watershed programs are also proliferating at the municipal and grassroots, community level. The endangered water quality and habitats of streams, rivers, lakes, wetlands, bays, and estuaries have become the catalyst for local level, community-based, and participatory environmental planning and management (Durley, 2007), often emerging independently of government support. Watersheds are increasingly the context for environmental education and awareness-raising and also for citizen participation in community and environmental plan making. With their well-defined boundaries and visible, measureable, land-water-people interactions, watersheds are the real world of the social-ecological relationship. When we engage with our local watershed, we see our land reflected in its water, and we realize that its quality reflects our actions and affects our lives.

Cross-References

▶ Citizen Participation and Bottom-up Planning
▶ Community-Based Planning
▶ Drinking Water
▶ Environmental Management
▶ Land Use
▶ Land-Use Planning
▶ Landscape Development Intensity
▶ Natural Resource Management (NRM)

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Watts Poverty Index

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W

Synonyms

Headcount ratio; Poverty gap index; Sen-Shorrocks-Thon index

Definition

The Watts Poverty Index is a function of individual incomes and a poverty line.

$$W = \frac{1}{N} \sum_{i=1}^{q} [\ln(z) - \ln(y_i)] = \frac{1}{N \sum_{i=1}^{q} \ln\left(\frac{z}{y_i}\right)}$$

where the N individuals in the population are indexed in ascending order of income (or expenditure), and the sum is taken over the q individuals whose income (or expenditure) y_i falls below the poverty line z.

Description

The Watts poverty index is the first distribution-sensitive poverty measure, and it was proposed in 1964 by Harold W. Watts (1964). The index is computed by dividing the poverty line by income, taking logs, and taking the sum over the poor. The index is distribution sensitive by virtue of its use of logarithms (transferring 100$ to a poor person counts as a larger contribution than transferring the same amount of money to a richer person).

Zheng (1993) argues that four axioms are essential to any good poverty index:

- Under the *focus axiom*, the index should be independent of the ▶ income distribution of the nonpoor.
- Under the *monotonicity axiom*, a decrease in a person's income should increase the overall poverty line.
- Under the *transfer axiom*, a progressive transfer from a rich person to a poor person should decrease the poverty index, and vice versa.
- Under the *decomposability axiom*, the index should increase when poverty in a subgroup increases and vice versa.

The Watts index satisfies all four axioms and is increasingly used by researchers in generating such measures as the poverty incidence curve.

Discussion

The Watts poverty index, despite its appealing properties, is just one of the poverty measures found in the literature. Other popular measures are:

1. The headcount ratio (H) is the proportion of the population that is classified as poor. Let q denote the number of poor households and N the total population. The headcount ratio H is defined as

$$H = \frac{q}{N} = \frac{1}{N} \sum_{h=1}^{N} I(x_h \leq z)$$

where $I(*)$ is an indicator function that is 1 if its argument is true, 0 otherwise.

Strengths: easy to understand and to calculate.

Limitations: insensitive either to the degree of poverty (i.e., even if every poor person's income is cut in half, H does not change) or to the distribution of income among the poor (i.e., even if income is transferred from a poor person to a not-so-poor person (but still considered as poor after the transfer), H does not change).

2. The poverty gap index (PG index) measures the extent to which individuals fall below the poverty line (the poverty gaps) as a proportion of the poverty line. The sum of these poverty gaps gives the minimum cost of eliminating poverty, if transfers were perfectly targeted.

$$PG = \frac{1}{N} \sum_{i=1}^{N} \left[\left(1 - \frac{x_i}{z}\right) I(x_i \leq z) \right]$$
$$= \frac{1}{N} \sum_{i=1}^{q} \left[\left(1 - \frac{x_i}{z}\right) \right]$$

Strengths: reflects depth (or intensity) of poverty; it does not imply a discontinuity ("jump") at the poverty line.

Limitations: insensitive to the distribution of income among the poor. To overcome this limitation, the poverty gap squared index

(PG2 index) can be used, which attributes more weight to the poorest among the poor (Foster, Greer, & Thorbecke, 1984):

$$PG = \frac{1}{N} \sum_{i=1}^{N} \left[\left(1 - \frac{x_i}{z}\right)^2 I(x_i \leq z) \right]$$

$$= \frac{1}{N} \sum_{i=1}^{q} \left[\left(1 - \frac{x_i}{z}\right)^2 \right]$$

3. Sen's poverty index (see Sen, 1976) combines the effects of the number of the poor, the depth of their poverty, and the distribution of poverty within the group:

$$P_{SEN} = H \times G_z + PG \times (1 - G_z)$$

where G_z is the Gini coefficient of the poverty gap ratios of the poor.

Strengths: It is derived from a set of axioms and is sensitive to the distribution of income among the poor (as PG2).

Limitations: Due to the dependence on the Gini coefficient, Sen's poverty index cannot be used to decompose poverty into contributions from different subgroups (Deaton, 1997).

4. The Sen-Shorrocks-Thon index (SST index) is defined as

$$P_{SST} = H \times PG^{(p)} (1 + G_z)$$

In other words, the SST index is the product of the headcount index, the poverty gap index (applied to the poor only), and a term with the Gini coefficient of the poverty gap ratios for the entire population.

A main strength of the SST index is that it can offer information on the sources of change in poverty over time and to allow one to decompose poverty into three aspects: Are there more poor? Are the poor poorer? and Is there higher inequality among the poor?

This is because the index may be decomposed into

$$\Delta \ln P_{SST} = \Delta \ln H + \Delta \ln PG^{(p)} + \Delta \ln(1 + G_z)$$

which may be interpreted as % change in SST index = % change in headcount index + % change in poverty gap index (among poor) + % change in (1 + Gini coefficient of poverty gaps).

5. The time-taken-to-exit index measures the average time it would take for a j-th poor person to get out of poverty, given an assumption about the economic growth rate g. It is calculated as the Watts poverty index divided by the growth rate of income (or expenditure) of the poor (Morduch, 1998):

$$t_g^j \approx \frac{\ln(z) - \ln(x_j)}{g} = \frac{W}{g}$$

Strengths: The index is decomposable by population subgroups, and it is also sensitive to how income is distributed among the poor. It is derived from a set of axioms and is sensitive to the distribution of income among the poor (as PG2).

Cross-References

▶ Child Poverty
▶ Poverty
▶ Poverty Measurement

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Wave Nonresponse

▶ Missing Data

Ways of Coping Checklist

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Definition

The Ways of Coping Checklist (Folkman & Lazarus, 1980) is a 68-item measure which describes a number of thoughts and acts (coping strategies) a person may use to cope with a threatening situation.

Description

Coping was a topic that stimulated a lot of interest in psychological research during the 1960s' and 1970s'. Folkman and Lazarus (1980) recognized the need for further systematic work in order to understand how coping could operate as a ▶ mediator between ▶ stress and psychosocial well-being. The coping measurement was also an issue of great importance. These authors did not conceptualize coping as a defensive ego process or as a personality stable trait. They conceptualized coping as a situation-specific concept, namely, as specific thoughts and acts an individual uses to cope with ▶ distress when a stressful life event occurs.

Folkman and Lazarus (1980) developed a checklist consisting of "items from the domains of defensive coping (e.g., avoidance, intellectualization, isolation, suppression), information-seeking, problem solving, palliation, inhibition of action, direct action, and magical thinking." They reported the existence of two groups of coping strategies, the problem-focused and the emotion-focused strategies. Individuals who use the first category prefer to focus on the source of the problem and choose cognitive and behavioral approaches to solve this problem. On the other hand, individuals who choose the second type of coping strategies focus on the emotions and try to manage the ▶ distress they feel. During the administration of the Ways of Coping Checklist, respondents are asked to think the most stressful encounter they experienced during the last month and to answer with a yes or no regarding the use of the coping strategies described in the checklist (Folkman & Lazarus, 1980).

Psychometric Properties

Folkman and Lazarus (1980) examined the ▶ internal consistency reliability of the Ways of Coping Checklist with several different techniques in 100 middle-aged individuals. Firstly, researchers asked 10 individuals familiar with the measure to indicate the problem-focused and the emotion-focused items. There was 91 % agreement among their answers. Then, they conducted ▶ factor analysis of their data and reported that 78 % of the problem-focused items loaded on the first factor and 68 % of the emotion-focused items loaded on the second empirical factor. Finally, they evaluated the ▶ Cronbach's alpha coefficient. The average alpha coefficient was80 and81 for the problem-focused factor and the emotion-focused factor, respectively. Moreover, they examined the correlations among the items and between each item and the score of their relevant factor. Subsequent to these procedures, they found that the problem-focused category consisted of 24 items and the emotion-focused category consisted of 40 items. Four items were not scored (Parker & Endler, 1992).

Moreover, Folkman and Lazarus (1985) did not report ▶ test-retest reliability, because they suggested that coping is a process and is very sensitive to circumstances.

Many inconsistencies have been reported as regards the number of the factors that emerge in different studies (Endler & Parker, 1990). The number of the coping dimensions and the stability of the instrument's factorial structure raised a lot of attention and led to several modifications of the original scale.

Versions

Vitaliano, Rousso, Carr, Maiuro, and Becker (1985) tested a revised form of the Ways of

Coping Checklist consisting of 42 items among 425 medical students, reporting the emergence of five factors: problem-focused, seeking ▶ social support, blamed self and wishful-thinking (Parker & Endler, 1992; Skinner, Edge, Atman, and Sherwood 2003).

Folkman and Lazarus revised the original Ways of Coping Checklist in order to create an instrument with more stable factors. In 1985, they introduced a revised version of the WCCL, The Ways of Coping (Revised), a 66-item self-report instrument to assess the cognitive and behavioral coping strategies used by individuals to cope with a stressful encounter. The Ways of Coping (Revised) was developed on the grounds of The Ways of Coping Checklist with several changes on the items' content and on the rating form. More specifically, some inconsistent items were omitted and new items were added, and the rating scale changed in a 4-point Likert frequency scale (instead of Yes/No answers). This version consisted of eight dimensions of coping: problem-focused, wishful thinking, distancing, emphasizing the positive, self-blame, tension-reduction, self-isolation, and seeking ▶ social support.

This revised Ways of Coping Questionnaire was later tested among 85 married couples who were interviewed once a month for 6 months (Folkman and Lazarus 1986). The ▶ factor analysis of the data revealed eight scales. These sub-scales were "(a) confrontive coping (e.g., "stood my ground and fought for what I wanted"; 6 items, alpha = 70); (b) distancing (e.g., "went on as if nothing had happened"; 6 items, alpha = 61); (c) self-control (e.g., " tried to keep my feelings to myself"; 7 items, alpha = 70); (d) seeking ▶ social support (e.g., "talked to someone who could do something concrete about the problem"; 6 items, alpha = 76); (e) accepting responsibility (e.g., "criticized or lectured myself"; 4 items, alpha = 66); (f) escape-avoidance (e.g., "wished that the situation would go away or somehow be over with"; 8 items, alpha = 72); (g) planful problem solving (e.g., "I knew what had to be done, so I doubled my efforts to make things work"; 6 items, alpha = 68); and (h) positive reappraisal (e.g., "changed or

grew as a person in a good way"; 7 items, alpha = 79)" (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen 1986).

This version was further refined (e. g., the word "I" was added in the beginning of each item) and finally published in 1988 under the name "The Ways of Coping Questionnaire" (Folkman & Lazarus, 1988).

In terms of ▶ internal consistency reliability, Folkman and Lazarus in two different studies (1985, 1986) reported moderate mean Cronbach's alpha coefficients for the eight dimensions ranging from 56 to 85 (Folkman & Lazarus, 1985) and 61 to 79 (Folkman & Lazarus, 1986). Some domains displayed quite low internal reliability although the revisions made aimed at more stable factorial structure (Parker & Endler, 1992).

There is also a French version of the WCC-R (Cousson et al., 1996; Cousson et al., 2010) which contains 27 items and evaluates three dimensions of the coping strategies: problem-focused, emotion-focused, and seeking ▶ social support. This version is based on the Ways of Coping Checklist and the modified version used by Vitaliano et al. (1985). Cousson-Gélie et al. (2010) tested the psychometric properties of the measure in a sample of 622 cancer patients and failed to support the factor structure that had emerged in a previous study with a healthy French-speaking population. This new study suggested a scale with 21 items classified in three different factors: seeking ▶ social support, self-blamed attribution, and avoidance, with satisfactory internal consistency (Cousson-Gélie et al. 2010).

A cancer version of the Ways of Coping Questionnaire (WOC-CA) has been developed and tested among 668 cancer patients. It consists of 49 items rated on a five-point Likert scale. The results indicate a 5-factor model of coping: seek and use of ▶ social support, cognitive escape-avoidance, distancing, focus on the positive, and behavioral escape-avoidance (Dunkel-Schetter, Feinstein, Taylor, and Falke 1992).

More recently, the Revised Ways of Coping Checklist (Vitaliano et al. 1985) was adapted by Neacsiu, Rizvi, Vitaliano, Lynch,

W

and Linehan (2010) in order to assess the Dialectical Behavior Therapy (DBT) skills. The final Dialectical Behavior Therapy Ways of Coping Checklist consists of 59 items which are organized in two subscales: the DBT skills subscale and the dysfunctional coping subscale. The authors reported satisfactory psychometric properties.

The Ways of Coping Checklist Revision-Asian version (WCCL-ASIAN) (Sawang et al. 2010) based on the Revised Ways of Coping Checklist (Vitaliano, Rousso, Carr, Maiuro, and Becker 1985) comes to be added in the list of versions of the WCCL-R. This version has a 38-item and five-factor structure.

Discussion

The Ways of Coping Checklist is a user-friendly measure that can provide researchers with intraindividual information as well as with comparative data and gives the respondents the opportunity to describe broadly the way they cope with ▶ stressful life events (Folkman & Lazarus, 1980). However, it has failed to sustain a stable dimensional structure. Researchers have widely used this measure and quite often have found different coping dimensions to emerge from the analysis of their data "depending on the sample and the particular items selected" (Parker & Endler, 1992; Endler & Parker, 1990).

Skinner et al. (2003) commented on the discrepancies in the number of factors that emerged from eight different studies which used the Ways of Coping Checklist (and its revised versions). They suggested that this inconsistency was due to the fact that the factorial structure of the Ways of Coping derived from ▶ exploratory factor analysis. Skinner suggested that the use of the ▶ exploratory factor analysis technique to develop sets of categories has some inherent problems such as "lack of clarity, difficulties establishing comprehensiveness, difficulty determining whether categories are functionally homogeneous or functionally distinct, and problems of flexibility" (Skinner et al., 2003).

Another problematic issue regarding the psychometric properties of the Ways of Coping measures is that items are dropped and added from

researchers in different studies. This attitude toward Ways of Coping measures has also been encouraged by the investigators who developed the Ways of Coping Checklist (Parker & Endler, 1992).

Although the Ways of Coping Checklist and its versions have facilitated the coping research area, the psychometric properties of these measures need to be further explored.

Cross-References

- ▶ Cronbach's Alpha
- ▶ Distress
- ▶ Exploratory Factor Analysis
- ▶ Factor Analysis
- ▶ Internal Consistency Reliability
- ▶ Mediator
- ▶ Social Support
- ▶ Stress
- ▶ Stressful Life Events

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Ways of Life

▶ Lifestyle(s)

WBT

▶ Well-Being Therapy

Weakness

▶ Fatigue

Wealth

▶ Affluence
▶ Consumption

Wealth Index

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Definition

The Wealth Index is a composite measure of the cumulative living standard of a household. It is calculated using data on a household's ownership of selected set of assets, such as televisions, bicycles, and cars; dwelling characteristics such as flooring material; type of drinking water source; and toilet and sanitation facilities. The Wealth Index considers characteristics that are related to wealth status, avoiding variables that do not represent an asset, or outcome variables.

Description

In the late 1990s, a technique was developed to derive information on "long-run wealth" from data already collected in large-scale surveys and called the "Wealth Index." It represented an opportunistic approach to make use of data already available in most household surveys and to produce an index of wealth which would perform well in explaining differentials.

The Demographic and Health Survey (DHS) Wealth Index was originally constructed from existing data on household assets, services, and amenities in order to examine health, population, nutrition, education, and other indicators of societal well-being according to economic status. The Wealth Index has proved to be one of the most useful background characteristics available from the (DHS) data. It is now standard in DHS and UNICEF Multiple Indicator Cluster Survey (MICS) final reports and data sets (http://www.measuredhs.com/").

The DHS Wealth Index is based on the assumption that the possession of observable or easily asked about assets, services, and amenities is related to the relative economic position of the household in the country. While economic wealth can be objectively measured, household's wealth is more difficult to measure directly. A reasonable approach is to treat wealth (and economic status) as an underlying unobserved dimension that can be estimated using latent variable techniques such as factor analysis or latent trait analysis. In this sense, the Wealth Index is a proxy measure of the long-term standard of living of the household. It is calculated using data on a household's ownership of selected set of assets, such as televisions, bicycles, and cars; dwelling characteristics such as flooring material; type of drinking water source; and toilet and sanitation facilities. The Wealth Index considers characteristics that are related to wealth status, avoiding variables such as nutrition (which is not an asset), or outcome variables, such as education.

The general methodology used to calculate the Wealth Index is given in Filmer and Pritchett (2001), and the specific approach used in the DHS is described in Rutstein and Johnson (2004). Both papers compare the DHS Wealth Index with more traditional indexes of consumer expenditures, concluding that the Wealth Index better represents long-term (permanent) economic status and also is much easier to implement.

Each household asset thought to be indicative of wealth for which information is collected is assigned a weight or factor score generated through principal components analysis. The resulting asset scores are standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one. These standardized scores are then used to create the break points that define wealth quintiles as lowest, second, middle, fourth, and highest. Each household is assigned a standardized score for each asset, where the score differs depending on whether or not the household owned that asset. These scores are summed by household, and individuals are ranked according to the total score of the household in which they reside. The sample is then divided into population quintiles, that is, five groups with the same number of individuals in each.

This approach for defining wealth quintiles has the advantage of producing information directly relevant to the principal question of interest, for example, the health status or access to services for the poor in the population as a whole. This choice also facilitates comparisons across indicators for the same quintile, since the quintile denominators remain unchanged across indicators.

The Wealth Index is particularly valuable in countries that lack reliable data on income and expenditures, the traditional indicators used to measure household economic status. These income and expenditure measures, when available, are often unreliable, and even in countries that collect this data, the DHS Wealth Index has outperformed the traditional indicators.

A concern with the originally constituted index is that it may have an "urban" bias since publicly provided services are not available in many rural areas and the original index did not include principal rural stores of wealth (Rutstein, 2008).

Cross-References

► Cluster Analysis
► Composite Indicator(s)
► Factor Analysis
► Latent Variables
► Principal Component Analysis
► Wealth

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Wealth Taxes

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Definition

There are two main types of wealth ▶ taxes. These include:

1. Net wealth taxes. This type of tax is often administered annually, in conjunction with income taxes, and is applicable to the net value (assets minus liabilities) of personal or household wealth (family wealth), subject to thresholds or exemptions (Banting, 1991). Until relatively recently, net wealth taxes existed in almost half of the Organization for Economic Cooperation and Development (OECD) countries, primarily in the Nordic and continental European countries. In recent decades, net wealth taxes have been abolished in a number of these countries, including Austria, Finland, Germany, Italy, and Norway (Leach, Gornick, Smeeding, & Sierminska, 2008).

2. Wealth transfer taxes. Examples of this type of tax include those placed on the transfer of wealth at death (estate or inheritance taxes) or on the transfer of wealth inter vivos, meaning between the living (gift taxes). All of the OECD countries have at least one of these wealth transfer taxes, with the exceptions being Australia and Canada. Estate taxes, based on the amount of the entire estate of the deceased, are found in English-speaking countries, including New Zealand, the United States, and the United Kingdom. Inheritance taxes, imposed on the proportionate share of each individual heir and in some cases based on the relationship of the beneficiary to the deceased, are found primarily in the Nordic and continental European countries (Bird, 1991; Kessler & Pestieau, 1991).

For information on net wealth tax rates, wealth transfer taxes as a percentage of total revenue, estate/inheritance top marginal tax rates, and gift tax rates for selected OECD countries, please see Chapter 2 of Leach et al. (2008), available on the ▶ Luxembourg Income Study website.

Description

The distribution of wealth is far more unequal than the distribution of income. For example, while Gini coefficients for income inequality in developed countries range from 0.23 to 0.37, Gini coefficients for wealth inequality range from 0.61 to 0.89 (Sierminska, Brandolini, & Smeeding, 2006). In addition, intergenerational mobility of wealth is much lower than for income. Numerous studies have confirmed that inheritances and gifts play a crucial role in the possibility of becoming wealthy (e.g., United for a Fair Economy 2012). Wealth transfers, particularly in the upper tail of the wealth distribution, serve to replicate and compound advantage, and have a significant impact on the distribution of wealth (Davies & Shorrocks, 2000; McNamee & Miller, 1998).

It has been argued that a much stronger case can be made for taxing wealth than for taxing income. Gifts and bequests, unlike labor market rewards, are unrelated to a person's efforts or contribution and thus are contrary to the popular notion of a meritocracy (Jackson, 2007; Spilerman, 2000). Inheritance undermines not only equality of opportunity but also ▶ productivity because it is unearned. Those who receive it need not work hard, since they will have the resources for supporting themselves and their families "simply handed to them" (Haslett, 1997:140). Even if a person puts their inheritance to productive use, that productivity is not a result of equal opportunity. Those who inherit large fortunes have "a clear and obvious lead in life's economic race" (Spilerman, 2000:517). More effective taxation of intergenerational transfers is an appropriate and efficient route toward reduced wealth inequality and increased equality of opportunity.

In spite of the strong case for wealth taxes (see Jackson, 2007; Michalos, 1988), they are not a significant source of revenue in any of the OECD countries. This may be attributable to low or reduced taxation rates, high thresholds, and lax

enforcement. Moreover, wealthy individuals and corporations are often able to avoid paying wealth taxes due to loopholes, exemptions, and tax evasion through the use of tax havens. The importance of wealth taxes in terms of their proportion of total government revenue has also been diminishing in most developed countries – with the exception of Japan. As a result, their effect on the distribution of wealth is negligible in most countries (Bird, 1991; Kessler & Pestieau, 1991). Research suggests that taxes on wealth are highly dependent on the strength of left political forces. Wealth taxes are more likely in countries with strong left parties, powerful labor movements, and higher unionization rates (Banting, 1991).

The relationship between wealth taxes and quality of life or well-being is easily delineated. Taxes play a significant role in rising inequality, particularly in countries like Canada and the United States, where progressivity in the tax system is almost nonexistent due to tax policies that disproportionately favor the rich (Kerstetter, 2003; Piketty & Saez, 2007). ▶ Progressive taxation of wealth could potentially have an equalizing effect by cutting wealth transmission, resulting in increased wealth mobility and intergenerational equity, and providing incentives to distribute wealth more widely (Atkinson, 2008).

Wealth taxation therefore has the potential to reduce the gap between rich and poor by redistributing wealth from the richest to the poorest. The primary beneficiaries of wealth taxes are the most disadvantaged (e.g., poor households, ▶ working poor, ▶ low income) members of society (Banting, 1991), who are most likely to benefit when wealth tax revenue is invested in social programs such as ▶ health care, pensions, and public services. Research has shown that welfare states with more progressive taxation and higher levels of ▶ welfare expenditures are associated with better ▶ health outcomes (see Lynch, Davey Smith, Kaplan, & House, 2000) and quality of life (see Oishi, Schimmack, & Diener, 2012). On an individual level, wealth bestows a number of benefits upon its owners, particularly in terms of a variety of health outcomes (see Pollack et al., 2007 for a review). Linking wealth tax revenue to public funds that broaden wealth via asset-based

approaches (see Shapiro & Wolff, 2001) for the most disadvantaged would reduce wealth inequality and contribute to greater economic security for families and potentially better health and well-being (Collins & Muhammad, 2008).

For examples of proposals for more progressive and efficient methods of wealth taxation, particularly with regard to the United States, see Ackerman and Alstott (2000), Gates and Collins (2003), Haslett (1997), and Wolff (2002).

Cross-References

▶ Gini Coefficient
▶ Health Care
▶ Health Outcomes
▶ Income Distribution
▶ Low Income
▶ Luxembourg Income Study
▶ Productivity
▶ Progressive Taxation
▶ Taxes
▶ Unionization Rate
▶ Welfare Expenditures
▶ Welfare State(s)
▶ Working Poor

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Wealthy People

▶ Rich People, an Overview

Weather Effects

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Definition

Weather effects relate to the influence that weather conditions and climate in general can have on quality of life and subjective well-being assessments.

Description

The idea that weather could have an influence on ▶ quality of life is pervasive in popular culture and enters everyday language: one can refer to being "under the weather" to mean slightly ill or to "sunny days" to talk about better times. In addition, people generally think that they would be happier living in a sunny place like California. Research has however shown that this may be the result of a "focusing illusion," by which people place too much weight on salient features of California (nice weather) when they evaluate how their ▶ quality of life (QOL) would change if they moved there (Schkade & Kahneman, 1998). Climate can nonetheless explain part of the variation in international comparisons of ▶ well-being (Maddison & Rehdanz, 2010). However, the causal effect of climate (the long-term or prevailing weather conditions) on ▶ subjective well-being is difficult to assess because of the potential self-selection bias: individuals could and do move to areas with nicer weather (Rappaport, 2007).

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One approach that sidesteps this issue is based on the economic theory of compensating differentials, which states that wages or housing costs adjust according to the amenities and disamenities they provide, such that a less desirable location (e.g., one with unpleasant weather) would see lower housing prices to compensate for bad weather, all else being equal (Roback, 1982). To determine the value of the various amenities of a job or a location, a hedonic regression can be estimated, in which the wages of various jobs or the housing prices in various locations are explained by a list of attributes. The estimation results can then be used as preference-based weights to rank cities or create ▶ quality of life indices. The contribution of climate to ▶ QOL can thus be found in a number of studies using hedonic regressions (Blomquist, Berger, & Hoehn, 1988; Albouy, 2009). While precise estimates may differ, it is generally found that extreme temperatures (as reflected in heating or cooling degree days) have a negative effect on ▶ QOL, while sunshine increases it.

Daily or transitory weather conditions have been linked to both positive and negative affect and tiredness (Denissen, Butalid, Penke, & van Aken, 2008; Connolly, 2012). Diners tip restaurant waiters more generously on sunny days and when the forecast calls for sun, arguably through the effect of sunshine on ▶ mood (Rind & Strohmetz, 2001). Stock market returns appear stronger on sunny days, suggesting that investors' good ▶ mood influences their cognitive processes and trading decisions (Hirshleifer & Shumway, 2003; Goetzmann & Zhu, 2005). Seasonal effects (and seasonal affective disorder) have also been detected (Oren & Rosenthal, 1992).

Through its influence on ▶ mood, the weather can also have an impact on ▶ life satisfaction. This effect was highlighted by Schwarz and Clore's (1983) experiment, in which subjects reported significantly higher ▶ happiness and ▶ life satisfaction on sunny days. Two processes could explain how an irrelevant transitory condition like the weather could influence the subjects' evaluation of their lives. First, the (weather-influenced) ▶ mood can increase the accessibility of "mood-congruent information from memory," which means that one is more likely to recall positive events when in a happy ▶ mood, thus leading to a more positive evaluation of his or her life. Second, an individual can assume that his or her ▶ mood at the time of judgment is a "reasonable and parsimonious indicator" of general well-being (Schwarz & Strack, 1991). Studies show that women respond to weather much more than men, with rain, cloud cover, and extreme (high) temperatures all reducing ▶ life satisfaction reports (Connolly, 2012; Barrington-Leigh, 2008). Interestingly, these effects disappear when survey respondents are first primed about the weather (Schwarz & Clore, 1983), leading them to correctly attribute the source of their ▶ mood to meteorological conditions and thus not rely on them to assess their ▶ satisfaction.

Cross-References

- ▶ Affective Component of Happiness
- ▶ Happiness
- ▶ Hedonic Price Model
- ▶ Mood
- ▶ Quality of Life (QOL)
- ▶ Subjective Well-Being (SWB)

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Web Poll

▶ Web-Based Questionnaire

Web-Based Questionnaire

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Synonyms

Online panels; Online polling, Online survey, Web-based survey, Web poll

Definition

Web-based questionnaires, also commonly referred to as online surveys, are an increasingly utilized surveying tool to gain knowledge about the attitudes and sentiments of a given population essential for understanding quality of life.

Description

While the technology of telephone-based population surveys has been in use for over 60 years now, having an accurate means of gaining knowledge about a population is a key aspect of contemporary social life and is especially related to the measurement of quality of life. Telephone surveys are based on the central principle that dialling random telephone numbers and questioning any adult who answers will produce an accurate reading of the views of a given population as the general underlying doctrine of the ▶ sample survey would suggest. But this is less and less the case.

Communications technology has changed. Call screening, abandonment of wired phones in favor of wireless, unlisted phone numbers, do-not-call lists, refusals to answer questions over the phone, and resistance in general based on privacy concerns have all had challenged the utility and efficacy of telephone surveying.

Because of these factors, many survey companies have had to switch to a quota sample design. The characteristics of a given population are known from sources such as a census. The surveyor keeps dialling until a quota in each of the cells is filled. For example, 52 % male, 30 % over 50 years of age, 15 % rural resident, and 20 % making more than a specified amount in income must be attained through multiple calls where those respondents not fitting the appropriate quote will be declined. This is needed to faithfully replicate the known characteristics of a population. The survey technique of ▶ weighting schemes can be used to accomplish the same effect by multiplying the responses of certain respondents to meet quota, but it can affect the accuracy of the result.

With the advent of the Web, it became obvious that surveyors could recruit panels of willing respondents whose characteristics could be studied by repetitive surveys and whose views and attitudes could be used in the general context of a quota sample. Online panels, which go by a number of different names and which are maintained now by all the major survey companies such as IPSOS-Reid and Harris, generally offer small noncash inducements for each questionnaire completed online. The inducements are much akin to airline loyalty points and in some panels can actually be exchanged for airline points. Data on panel members is saved cumulatively as specific online questionnaires are filled in and submitted. Asking the same question of a known respondent over time also allows a certain degree of tracking of change in response to changing circumstances.

There are liabilities however. Only literate people with computers are involved. And only people with the free time to fill in questionnaires and people who are not averse to creating a cumulative personal data profile with survey companies will participate. And as mentioned, without weighting age, gender, and other demographic factors, lack of representivity will have a discernible impact.

Companies and governments can then buy access to parts of the panels they wish to question with some expectation that respondents will answer for a small inducement and that the -specific responses can be augmented with known data about the respondents already collected and finally that the results will reflect the characteristics of the target population.

The emergence of do-it-yourself Web-based questionnaires likes Survey Monkey http://www.surveymonkey.com/ has popularized and given broad access to the online tools of survey research. The difficulty is that the methods for interpreting the data and the representativeness of the data may be absent—creating challenges to the credibility of reports on such data.

Cross-References

▶ Sample Survey
▶ Weighting Schemes

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Online Survey Panels
EKOS-Probit Survey Panel
Harris Poll Online

Others
"http://www.apian.com/" Apian Survey software and web survey design and hosting : Commercial survey company.

"http://www.confirmit.com" Confirmit: Commercial online survey software.

"http://www.easygoingsurvey.com/" EasyGoingSurvey : online survey creation service.

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"http://www.websurveyor.com" WebSurveyor : Commercial survey company.

"http://web-online-surveys.com/" Web Online Surveys : Create web surveys via the internet and send to your audience using email for their participation.

Web-Based Survey

▶ Web-Based Questionnaire

WeD QoL

▶ Needs and Wants in Ethiopian Communities

WeD Resources and Needs Questionnaire (RANQ)

▶ Consumption and Subjective Well-Being in Peru

Weight Loss

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Definition

Weight loss can be classified as either unintentional which may occur following an illness or trauma or intentional and as a result of a concerted weight management attempt involving dietary restriction and/or surgery or medication. It can also be considered as either harmful if it leads to malnutrition, fatigue, or lowered health status or beneficial if it results in improved psychological and physical well-being. The form of weight loss most relevant to quality of life research is that which either causes improved well-being in those that are overweight or obese or is detrimental to health as is the case with individuals who suffer from eating disorders such as Anorexia Nervosa. Such weight loss is mostly intentional. This section will consider weight loss in terms of its costs and benefits and its causes.

Description

The Costs and Benefits of Weight Loss

Weight loss below that which is healthy (usually defined as a Body Mass Index less than 18) can have many detrimental consequences for the individual caused by malnutrition and subsequent nutrient deficiencies. In the Western world, being underweight is most often an indication of an Eating Disorder such as Anorexia Nervosa whereby the individual has restricted their food intake as a means to communicate and manage the problems they are experiencing in their lives. It may also be the symptom of excessive exercise and can been seen in those engaged in sports which require low body fat such as athletes, ballet dancers, and jockeys. Weight loss below that which is healthy may also be the result of poor access to food and although this is more common in the developing countries, malnutrition is estimated to be on the increase in the developed world due to low income, the availability of fast foods, and the absence of cooking facilities. Such levels of malnutrition are associated with a number of health issues including a weakening of bones and teeth, infertility, cardiac problems sometimes leading to myocardial infarction (MI), mineral deficiencies causing kidney or liver malfunction, and mortality. In addition, extreme underweight can also be associated with psychological problems such as cognitive deficits and problems with attention, learning and memory, and lowered mood.

In contrast, weight loss in the overweight and obese can, however, lead to many benefits. For example, health issues such as Diabetes and Thyroid malfunction can reverse after just 10 % weight loss and a reduction in body weight back to normal levels brings with it a reduction in cardiovascular risk, improved joint function and pain, and greater respiratory function. Similarly, weight loss is also accompanied by many psychological benefits such as greater quality of life, elation, improved self-esteem and confidence, lower levels of depression, and anxiety and many patients talk about a new sense of identity and a "rebirth."

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The Causes of Weight Loss

Obesity and being overweight have many psychological and physical consequences for the individual including lowered self-esteem, depression, anxiety and body dissatisfaction, heart disease, asthma, cancer, and reduced life expectancy. As a result, many people are motivated to lose weight and the most common approach involves dietary restriction and attempts to eat less which causes weight loss by changing the balance between energy consumed and energy expended. Some individuals also turn to medication and over the past few years, an increasing number are having obesity surgery. These approaches will now be considered in terms of their effectiveness and the role of psychological factors in their success.

Early dietary interventions simply involved eating less, and health professionals gave their patients diet sheets and dietary advice concerning what constitutes a healthy diet. Research shows that such an approach achieved weight loss in approximately 50 % of dieters but that up to 99 % showed weight regain and returned to baseline weights by 1 year. As a result of the failure of such interventions, multi-dimensional weight loss interventions were developed from cross-disciplinary collaborations and involved behavior change strategies such as giving dietary information, screening patients prior to their entry into trials, and longer-term follow-ups. They also drew upon the techniques of cognitive behavioral therapy and relapse prevention such as encouraging self-monitoring, searching for evidence using Socratic questioning, cognitive restructuring, goal setting, and challenging the dichotomous thinking central to the Abstinence Violation effect (AVE). Further they have also varied the nutritional composition of the diets emphasizing high or low intakes of fats, proteins, carbohydrates, or calories and have added in physical activity. Evidence indicates that such complex approaches improved weight loss rates with up to 60 % of participants losing weight. Research shows, however, that weight loss maintenance remains poor with about 95 % showing weight regain by 3–5 years.

Some studies have therefore been designed to explore the predictors of weight loss as a means to improve weight loss interventions and to target those individuals most likely to succeed. Such research has either explored the baseline predictors of success in randomized controlled trials or cohort studies or has used qualitative or quantitative methods to identify the characteristics of success stories. The findings indicate that successful weight loss maintenance for more than 3 years is predicted by three factors. Firstly, demographic factors relate to outcome and in the main those who are older, with lower baseline weights, have a longer dieting history, have employment outside of the home, and have a higher income tend to be more successful. The research on gender remains very mixed. Second, success relates to help-seeking behaviors particularly an increase in physical activity and sustained lifestyle changes in diet. Furthermore, structured interventions are more effective if they involve greater contact with a health professional and longer-term follow-ups. Finally, research also highlights a key role for psychological factors, particularly beliefs, and indicates that weight loss maintenance is more common in those who endorse a behavioral model of the causes of the weight problem emphasizing their behavior rather than a medical model highlighting their genetics or metabolism. Similarly those with a behavioral model of the solution to their problem are also more successful particularly if their beliefs about solutions are coherent with their beliefs about causes. In addition, success seems to relate to greater body dissatisfaction at baseline and a stronger endorsement of the psychological consequences of their weight such as low self-esteem and lowered mood as opposed to the health consequences. Finally, studies also indicate that weight loss maintenance is often triggered by a life event such as relationship breakdown, health diagnosis, or change of occupation particularly if this reduces the function of food in their lives and facilitates a process of reinvention and a shift in their identity. Accordingly, the individuals no longer conceptualize themselves as an overweight person who has temporarily lost weight but as a permanently thinner person.

Weight loss may also be facilitated by medication alongside behavioral interventions. Although drug companies are constantly developing new obesity drugs, they are often removed from the market due to harmful side effects and currently, the only drug available functions by reducing fat absorption and can be accessed either over the counter ("Ali") or by prescription ("Orlistat" or "Xenical"). This drug causes weight loss by reducing the amount of fat digested by the body, thus addressing the energy consumed side of the energy balance equation as when fat is consumed, it is expelled from the body in the form of unpleasant side effects such as anal leakage and oily stools. In practice, however, most of the effectiveness of this drug can be accounted for by its impact on behavior as patients quickly learn to reduce their fat intake as a means to avoid these consequences. Therefore, the effectiveness of obesity medication has a strong psychological component and research indicates that weight loss maintenance following medication is associated with changes in eating behavior, continued adherence to medication, and a shift in beliefs about obesity toward a recognition of the role of behavior in its cause and solution. Further, it has been argued that the unpleasant side effects act as an education for the individual and facilitate such a behavioral model of obesity as they provide a visual illustration of the association between the fat in food and body fat.

Over the past decade, an increasing number of patients have turned to obesity surgery as a means to permanently lose weight when both behavioral and medical interventions have failed. Currently, although there are over 40 different procedures, the most common are the Gastric Band and the Gastric Bypass. Longer-term research indicates that whereas behavioral interventions generally result in 10 % loss of excess weight, the Gastric Band improves this to 47 % and the Gastric Bypass to 67 %. There still remains variability in these outcomes, however, with a large minority of surgical patients requiring further treatment following weight loss regain. Such variability highlights the role for psychological factors in predicting weight loss following surgery and some studies have attempted to characterize those individuals who

either do or do not show longer-term weight loss maintenance. In particular, research indicates that successful patients report a reduction in hunger and their preoccupation with food and a heightened sense of control. This latter factor as been labeled the "paradox of control," as although obesity surgery reduces choice and takes away control from the individual by physically limiting how much they can eat and/or how much is absorbed, it paradoxically makes them feel more in control as they no longer have to struggle to limit their food intake. In contrast, failed surgery is associated with a need to continue to use food for emotional regulation and as a means to cope with the emotional aspects of their lives. This can lead to "cheating" with patients adopting strategies such as flushing or grazing which enable them to eat more despite the surgery they have had.

Cross-References

▶ Anxiety
▶ Body Image
▶ Eating Disorder(s) and Health-Related Quality of Life
▶ Exercise
▶ Malnutrition
▶ Obesity, an Overview
▶ Self-Esteem

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Weight Monitoring

▶ Self-Weighing and Mental Health

Weighted Index of Social Progress (WISP)

▶ Index of Social Progress (ISP)

Weighting Schemes

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Synonyms

Composite index construction; Subjective weighting

Definition

Weighting schemes are systems of weights applied to social indicators or measures of subjective well-being used in the construction of composite indices of domains of well-being and overall well-being/quality of life (WB/QOL). Usually, the weights refer to individuals' subjective weighting of various domains or aspects of life or to some transformation thereof.

Description

Two major approaches to the conceptualization of alternative weighting schemes are (1) the weighted average model of subjective judgments (Hagerty & Land, 2007) and (2) the weighted product model (Munda & Nardo, 2003; see also Nardo et al., 2005).

Defining individual i's importance weight (preference, judgment) for domain k as w_{ik} and overall well-being/quality of life (WB/QOL) judgment as Q_i, an algebraic representation of *weighted average model (WAM)* to predict i's WB/QOL judgments is

$$Q_i = \Sigma_k w_{ik} x_k, \ w_{ik} > 0,$$

where w_{ik} is individual i's the weight for the kth domain and the summation is over the total number of domains used to make judgments of WB/QOL (Hagerty & Land, 2007).

Using similar notation, the *weighted product model (WPM)* can be written as

$$Q_i = \Pi_k \left[(x_k)^{w}{}_{ik} \right], w_{ik} > 0,$$

where the product is taken over the total number of domains. Note that the weighted average model can be viewed as a logarithmic transformation of the weighted product model.

Zhou, Ang, and Zhou (2010) developed a multiplicative optimization extension of the WPM by application of Data Envelopment Analysis (DEA)-type methods to determine the values of weights of individual indicators in a composite index such as the life expectancy at birth, education (a normalized index of mean years of schooling of adults aged 25 and expected years of schooling for children of school going age), and Gross National Income per capita indicators used to calculate the Human

Development Index. The DEA method originally was developed for efficiency analysis in economics and management science (Charnes, Cooper, Lewin, & Seiford, 1994; Charnes, Cooper, & Rhodes, 1978; Land, Lovell, & Thore, 1993). It transforms a multiplicative optimization problem into a series of linear programming problems (Dantzig, 1963) in which weights for composite scores are determined by internal comparisons of each of a set of entities with each other with respect to their efficiency in producing outputs (e.g., consumer products) from given levels of inputs (e.g., labor, capital).

Zhou et al. (2010) applied DEA to calculate two sets of weights for the component indicators of a composite QOL index – a set of "best" weights for each entity calculated in comparison to the "best practice" entity or entities on each specific indicator and a set of "worst" weights calculated in comparison to the "worst practice" entity or entities on each specific indicator. They then calculated composite index scores for each entity being compared as weighted averages of logarithmic transformations of the two sets of weights, and, in the absence of a preference for one set of weights or the other, suggested equal weighting as a fairly neutral choice. Zhou et al. suggested that this extension of the WPM can provide an alternative to subjectively determined weights for composite indices. In an empirical application, Zhou et al. showed that the ranks of most of 27 countries in the Asia and Pacific region given by the conventional Human Development Index remain unchanged when they are ranked by composite indices based on the multiplicative optimization method.

Cross-References

▶ Composite Index Construction
▶ Human Development Index
▶ Subjective Weighting

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Welfare

▶ Capability, Functioning, and Resources
▶ Eudaimonia
▶ Morality and Well-Being
▶ Quality of Life (QOL), an Overview
▶ Well-Being, Philosophical Theories of

Welfare Economics

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Synonyms

Economics of welfare

Definition

Welfare economics is a branch or subfield of economics that concentrates on how resources are allocated to maximize welfare. Defined as the utility or satisfaction derived from consumption or any other economic activity such as resource allocation, trade, or distribution, human welfare remains at the heart of welfare economics. While the terms utility and satisfaction are abstract, helping mostly to make theoretical postulates, welfare economics instructs us to understand them as individual preferences which can be easily measured or, at the least, rank ordered. The notion of welfare here bifurcates into social and individual welfare with the former understood as the aggregate of the latter. Economic well-being of individuals is at the center of individual welfare, whereas economic efficiency and general equilibrium are at the center of social welfare which is typically discussed at the level of economy. Theoretically grounded on microeconomics, welfare economics also has important implications for studying a wide variety of macroeconomic issues.

Description

Adam Smith is considered to be the first economist to lay groundwork for welfare economics. Using the concepts of "self-interest" and "invisible hand," Smith (1776) argued in his book *The Wealth of Nations* that self-interest of individuals would result in equilibrium that would lead to optimal allocation and distribution of resources in society. His notion of invisible hand signifies competition among self-interested individuals leading to "economic efficiency" and "welfare maximization." In serving self-interests, for example, individual actors are assumed to help maximize welfare in the entire society. When it comes to application in the specific context of welfare economics, however, the term economic efficiency was first introduced in the early twentieth century by an Italian economist Vilfredo Pareto in his book *Manual of Political Economy* (1906). Pareto used the concept of economic efficiency in studying income distribution involving the analysis of individual and social welfare. This introduction of economic efficiency together with the concepts of potential "Pareto improvements" that are attained when moving from low-utility to high-utility allocations with enormous implication for redistribution led to the birth of "modern welfare economics."

Modern Welfare Economics
Developed with frequent mathematical applications, the modern welfare economics helps understand when a resource allocation or distribution is efficient. The main criterion used here is one of "Pareto optimum," which suggests that an efficient allocation of resources maximizes the aggregate utility. Any alternative allocation, for example, would result in lower aggregate utilities and thus would be considered inefficient. Any allocative or distributional arrangement between two people would be considered efficient when further changes would not make one better off without making the other worse off.

Of course, identifying the efficiency of an overall economy would require much broader consideration since it has to maximize social welfare by allocating resources to the most productive use. Two fundamental theorems of welfare economics become central in this process. The first theorem states that a well-functioning economy with competitive equilibrium (also called Walrasian equilibrium) can achieve Pareto-optimum or Pareto-efficient allocation of resources. No doubt this theorem places important assumptions on the part of both well-functioning economy and Pareto efficiency. The first part, for example, requires that the economy has a large number of buyers and sellers, homogeneous products or factors, perfect information, and no barriers to entry and exit to the market, assumptions that hold especially for competitive markets of private goods. The second part assumes allocation of resources to be efficient when the production possibilities from an allocation to various factors of production are in unity with the maximum possible

utilities that can be derived from such allocation. While systematically developed by Pareto, with further analyses and disseminations by Hicks (1939) and Kaldor (1939), this first theorem of welfare economics gives credence to the invisible hand conjecture of Adam Smith. It is important to remember, however, that this first theorem has enormous constraints especially when competitive markets do not hold such as in cases of externalities, public goods, economies of scale, and imperfect information.

The second fundamental theorem states that a Pareto-optimal allocation of resources is possible in perfectly competitive markets through the appropriate distribution of initial endowments and property rights and through optimization of individual behavior. This means that a perfectly competitive market economy can bring an efficient allocation of resources to any feasible point of production so long as it also supports the utility derived from any further reallocation. Whereas the first theorem focuses on what is efficient, the second focuses on alternative allocations that also lead to efficiency. It is this second theorem that touches on the issue of equity and redistribution involving public choice and broader interventions in society through redistributive policies.

It is also noteworthy that the modern welfare economics utilizes what is called a "social welfare function" to determine social utility or welfare. Bergson (1938) defined a general social welfare function as a function either of the welfare of each member of the community or of the quantities of products consumed and services rendered by each member of the community. The social welfare function represents a collection of preferences of a society that accommodates everyone's preferences and provides the state of the entire society and distribution of welfare among the members of society. There remain important challenges to Bergson's social welfare function leveled especially at its lack of processes by which it can be constructed. One of such criticisms concerns the problem of specifying the shape of social welfare function and its exact dependence on the welfare of each individual. How are the individual utilities or preferences to be aggregated, for example, to come up with utilities or preferences at the societal level? Second, a fundamental flaw is found in constructing social welfare function in a way that fulfills everybody's welfare without ordering and contradicting the preferences of all members of society (Arrow, 1950). If a choice is to be made from among more than two alternatives, for example, constructing social welfare function as a true representation of every individual's preference is impossible without further assumptions.

Application to Economics and Public Policies
Welfare economics has enormous applications in economics and policymaking. Within the economics discipline, examining the impact of any economic policy on individual or social well-being is one example where welfare economics bridges micro- with macroeconomics. In doing this, welfare economics provides policymakers with the tools necessary to formulate policies and assess their social merits. Harrod (1938) argued, for example, that without welfare economics, policymakers would be crippled and inefficient to function as the stewards of sound economic analyses in society.

Much of the application of welfare economics comes in the form of cost-benefit analyses to assess whether or not a policy under consideration results in net benefits to society. This is with the assumption that net benefits are an important criterion by which to evaluate policies. But this is only one of the many possible criteria of policy choice, which typically become operational in the real world with a multitude of economic, political, and social interests. Yet, we cannot underestimate the contribution of welfare economics to guiding theoretical discussions as well as research of many important public policy issues today.

More specifically, the Pareto efficiency or improvement criterion suggests that an outcome, for example, on resource allocation, redistribution, or policy, would be efficient if at least one person is made better off and nobody is made worse off. This outcome would be considered even more efficient using Kaldor-Hicks

compensation principle especially if those who are made better off could in theory compensate those who are made worse off. This allows us to determine whether or not a given policy option improves economic efficiency. In practice, however, the idea of introducing any policy option without making someone worse off is impossible since policies essentially have winners and losers. Further, it is assumed that except for an ideal condition – where mutual benefit is possible – voluntary exchanges would not necessarily lead to Pareto efficiency. We can take an example of a manufacturing plant that pollutes the environment. A voluntary exchange in letting a manufacturing plant reside in a specific location can create pollution, and the idea of compensating the losers fully using the Kaldor-Hicks compensation principle is difficult even if the manufacturer compensates the community for the direct impact of pollution since the social costs of pollution are largely undetermined.

Application to Quality of Life

Welfare economics has direct bearings on quality of life issues. While welfare economics focuses on social welfare to ascertain whether certain allocations are efficient, the assessment of individual welfare or well-being remains a central piece of this entire exercise. Competitive markets require equal opportunity as one of the core assumptions, with equalization of opportunities helping to level the playing field for individuals to participate in the market. The notions of equity and redistribution are embedded in the second fundamental theorem of welfare economics with implications for how different policy interventions can improve equity by redistributing resources and at the same time maintaining efficiency. Redistributive policies with a focus on tax and social policies are important tools that can be used to maintain equity by helping those who cannot harness the resources available in the market.

The normative or subjective notions of preference, satisfaction, and utility are another way welfare economics is connected with quality of life issues. This operates mostly at the theoretical level, since these preferences, satisfaction, and utility remain typically unmeasured in the real world. But their inclusion as a central criterion for evaluating policy alternatives including on redistributive, social policies represents a major conduit to influence policy debates. Without understanding the subjective views of individuals, for example, one cannot realistically claim to assess the impact of policies on individual and social welfare. The prevalent practice of focusing on the judgments and observations of "experts" alone needs to change, however, to one where the subjective views of ordinary citizens are given appropriate weights. This is of course a complex issue that needs further theoretical and operational developments.

Cross-References

▶ Economic Efficiency
▶ Economic Well-being
▶ Quality of Life
▶ Social Policy
▶ Social Welfare
▶ Taxes

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Welfare Expenditures

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Description

Welfare pertains to the health, economic, and
social well-being of the society which are
generally purveyed through programs of social
support, public services, and charitable and
quasi-government bodies (Gregg, Waldfogel, &
Washbrook, 2006). The social welfare of
a society is paramount to most governments
because an increase in society security translates
into improvement in the quality of life of the
population. Social welfare and security can be
attained through welfare policies or as
by-products of economic growth and develop-
ment (Lin & Lin, 2009). In most developed coun-
tries, welfare is largely the responsibility of
central and local governments, but charities and
informal social and religious groups also play
a major role. In particular, social welfare and
social security expenditure as a percentage of
gross national product have increased in most
developed countries over the years largely because
of ageing population and associated healthcare
needs (Gomanee, Morrissey, Mosley, &
Verschoor, 2005).

Cross-References

▶ Government Service Satisfaction

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Welfare Hedonism and Authentic Happiness

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Definition

Welfare hedonism is a philosophical theory
which says that individual well-being or welfare
consists solely in the presence of ▶ pleasure and
the absence of ▶ pain experienced by an individ-
ual. Welfare hedonism should not be conflated
with other forms of ▶ hedonism like value
hedonism, psychological hedonism, or ethical
hedonism. Unlike welfare hedonism, adherents
of a theory of well-being that identify well-being
with authentic ▶ happiness do not simply identify
well-being with the presence of pleasure and the
absence of pain experienced by an individual; they
require that a subject's experiences of his or her
life are authentic in order to count as welfare.
The requirements for authenticity are twofold:
information and autonomy. The information
requirement can be defined as follows: In order
for a person P to have welfare, it is necessary that
the experiences P has are not based on false beliefs.
The autonomy requirement can be defined as fol-
lows: In order for a person P to have welfare, it is
necessary that the experiences P has in sectors of
her or his life are not the product of, for example,
coercion, indoctrination, or exploitation.

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Description

While especially Sen (1987) has been an advocate
of the autonomy requirement, Sumner (1996)
has been an advocate of both the information

requirement and the autonomy requirement. The introductions of these two requirements are motivated by the fact that adherents of authentic happiness, as the best theory of well-being, are convinced that welfare hedonism is vulnerable to challenges that are usually based on several types of counterexamples. In what follows some of these counterexamples will be described, and it will be shown why they should convince us that welfare hedonism is wrong and that welfare instead should consist in authentic happiness. Take one of the examples designed to show that welfare hedonism is wrong because it does not fulfill the information requirement. One well-known case is from Nagle (1979), here summarized by Kagan (1998):

> The Deceived Businessman
>
> Imagine a man who, at the end of his life, thinks he has achieved everything he wanted in life: his wife and family love him, he is a respected member of the community, and he has founded a successful business. Or so he thinks. In reality he has been completely deceived: his wife cheated on him, his daughter and son were only nice to him so that they would be able to borrow the car, and other members of the community pretended to respect him for the sake of the charitable contributions he sometimes made. For some time his business partner has been embezzling funds from the company, which will soon go bankrupt.

Taken at face value, welfare hedonism would imply that the life of the deceived businessman has gone very well – indeed better than most lives – in respect of welfare. However, to Sumner this assessment is unconvincing (Sumner, 1996, p. 98), and many observers would probably agree that this life is not the kind of life that the businessman would really want or that we would want for ourselves or for our loved ones. So welfare hedonism must be wrong. The worry, one might say, is that the businessman's own evaluation of his life does not reflect the way his life *really* is.

What, exactly, is Sumner's response to the case of the deceived businessman? Did the businessman acquire welfare? According to the information requirement, the obvious answer is that he did not have welfare because he was uninformed – assuming, of course, that the businessman is autonomous and thus satisfies another of Sumner's requirements for welfare. However, if the businessman is informed about the deception and now seeks to make a retrospective evaluation of his life during the deception, it is, according to Sumner, an open question whether he now believes that he had welfare then. As Sumner says, "When we reassess our lives in retrospect, and from a superior epistemic vantage point, *there is no right answer to the question of what our reaction should be* – that is surely up to us" (Sumner, 1996, p. 159).

So, if the businessman is informed about the way in which he has been deceived, there are, according to Sumner, two obvious ways in which he can evaluate his life (ibid. pp. 160–161). One possibility is that he will reevaluate the life he had during the deception and claim "I believed that my life was going well, but I can see now that it was all an illusion or a farce played out by unscrupulous actors. Therefore, I now believe that my life did not go well." If this is the businessman's response, it will follow that he did not, given the information requirement, enjoy welfare when he was deceived. Another possibility is that, in reevaluating his life, he will simply confirm his earlier evaluation. He might say "Well they cheated me, but my life was great anyway." So whether or not the businessman had welfare, and indeed how much he had, depends on the way in which he *decides* to evaluate his life when he is properly informed about it.

The endorsement of the autonomy requirement is a response to those who reject welfare hedonism because it generates the verdict that a slave might experience a life containing as much, or more, welfare than a free person with a high level of welfare. According to Sen (1987) and Sumner (1996), we should deny that such experiences count as welfare. Sumner (1996, pp. 166–167) formulates this point like this:

> Why are we reluctant to take at face value the life satisfaction reported by 'the hopeless beggar, the precarious landless labourer, the dominated housewife, the hardened unemployed or the

over-exhausted coolie'? Presumably because we suspect that the standards which their self-assessments reflect have been artificially lowered or distorted by processes of indoctrination or exploitation... [T]he problem is not that their values are objectively mistaken but that they have never had the opportunity to form their own values at all. They do not lack enlightenment [information] ... they lack autonomy. Let us say, then, that (self-assessed) happiness or life satisfaction counts as well-being only when it is autonomous.

In other words, self-assessments of happiness accurately report welfare *only* when there is good reason to believe that they have *not* been influenced by such things as coercion or indoctrination. Undue influence of this sort can be exerted on the subject during the process in which she or he is *forming* her or his values. Once the subject has done that, it can be exerted on her or his ambition, or effort, *to live according to these values*. The autonomy requirement points towards the answer philosophers like Sumner and Sen want in cases like that of the hopeless beggar, namely, that such people's self-assessments are not really their own and therefore do not give an accurate measure of welfare. In other words, their self-assessments of their lives should not be taken as genuine records of their welfare. However, where there is no evidence that the subject in question is nonautonomous and where the subject is also suitably informed, we should treat the subject's experiences of her own life as an authoritative guide to her level of welfare.

Discussion

However, these attempts to deal with some standard objections against welfare hedonism by defining well-being as authentic happiness have in recent years been critically discussed by, for example, Hawkins (2008), Petersen (2009), Tupa (2010), Bognar (2010), and Feldman (2004, 2010). Here are some of the objections raised by these philosophers. First, following Feldman (2004), one may be less than fully convinced that the case of the deceived businessman shows welfare hedonism to be wrong. The reason many people would not accept welfare hedonism – and, say, be prepared to swap lives with the businessman or at least accept that he has a ▶ good life – might be that people have difficulty *imagining* that such a life can be great. If everybody were deceiving us, we would *usually* find out: we would probably find out by accident or because people in real life are not that good at acting or because we are suspicious by nature. At any rate, when we find out, we will be pained to learn that our family and colleagues have deceived us for years, especially if we had readily made the assumption that they loved us. And such a life would certainly be miserable. But the businessman does not know anything about the deception. He only experiences pleasure in his life, so from his perspective, it does not seem right to claim that his life do not contain welfare. The central point here is that some people's intuitions concerning the strength of the case may be colored by issues that have little or nothing to do with welfare but testify to a lack of imagination. Even if people's intuitions are not distorted by such a lack of imagination, they may, as we shall see, be distorted by other facts. The same kind of reasoning can be used to weaken the "happy slave" objection (based on the autonomy requirement) to welfare hedonism, by pointing to difficulties in imagining what the life of a happy slave would be like.

Secondly, mentioned by Petersen (2009), the apparent force of the case may also derive from the fact that we do not know anything about what ▶ *preferences* the businessman has regarding the information that could make him revaluate his life. Imagine a case in which the businessman does not ▶ *want* to be informed about certain important parts of his life – for example, because he does not *want* to put his present, pleasant experiences at risk (they might cease to be available in light of new information). If this were the case, if seems fair to estimate that more people would be reluctant to deny that the life of the businessman contains well-being.

Thirdly, following Petersen (2009), a case can be designed to throw doubt on the idea that the information requirement is a necessary condition for welfare. Petersen is well aware of the fact that people have different intuitions when confronted

with examples like that of the deceived business-man and the one that we will present in the following. So in this area he believes that we should not expect a knockdown argument involving, say, a compelling counterexample. His hope is merely that the following case can at least point in a certain direction and make us skeptical of both the information requirement and, as we shall see, the autonomy requirement.

Examples designed to show that an individual cannot have positive welfare at the time he is deceived or mistaken about reality are plentiful. Recall the deceived businessman. But note that it would also follow from Sumner's theory that an individual cannot have *negative* welfare in a period during which he is deceived, or through his own failing mistaken, about reality. Petersen (2009) gives one example that might turn your intuitions away from Sumner's theory:

> The fear and discomfort of a fake threat
>
> You are on your way to a shop. Suddenly, a person stops right in front of you and points a gun to your head. He says that he will kill you when he has counted to 10. He begins to count and you have never felt worse in your life. When he reaches 10 you think that's it. But instead the person walks away without firing the gun. What you did not know was that the gun was not a real gun but a toy one. If you had been aware of this fact, you would not have been so miserable and you would just have run away when the gun was pointed at your head. So you were not informed about facts that would have made you experience this important situation differently.

According to Sumner, we cannot say that you had negative welfare at the time when the person pointed the gun at your head. To know that, you need to be informed about the relevant facts. You will then be able to decide whether or not you had negative welfare during the holdup. But it seems unconvincing to claim that, at that moment at which you experienced some of the worst moments of your life, you did not experience negative welfare. Furthermore, if you will *never* know these vital facts, you will never know if you had negative welfare during the holdup. In fact, it appears that none of us know if our lives, right now, contain welfare. However, this is not an adequate use of the word "individual welfare" or "well-being." The same kind of objection can

be raised against the autonomy requirement. Feldman (2010) asks us to imagine a person who has been brainwashed by a religious minority to live according to some very demanding rigid values. The person is terribly dissatisfied with his life, as it is impossible for him to behave in such a way as to satisfy these values. According to Sen (1987) and Sumner (1996), the life of such a person does not contain negative welfare, since his is not autonomous. But again, one could claim, this does not seem right as the values he has be indoctrinated by make his life worse.

Finally and also mentioned by Petersen (2009), the information requirement is faced by what is called a *shortcoming concerning assessment authority over time*. Let us, using Sumner's distinction between happiness (pleasant experiences) and welfare, assume the following: between t1 and t2 (i.e., over period A), you enjoy intense happiness in a certain part of your life, but your evaluation is non-authentic (because you lack information about parts of your life that really matter to you). In this situation, following Sumner, we must deny that you are experiencing genuine welfare – although you believe that you are. Assume also that between t2 and t3 (period B), you enjoy a great deal of welfare and thus are able to evaluate your life in an authentic way (you are well informed and autonomous). Furthermore, in period B you have got hold of some information X which makes it clear to you that you *did not have welfare* in period A. Assume, furthermore, that from t3 to t4 (period C), you again enjoy a great deal of welfare and thus are able to evaluate your life in an authentic way. In that period you are also well aware of the information X concerning period A. However, because you are older and have other values, you believe, during period C, that you *did have welfare* in period A. And so it could go on – switching between the claims: "In A I did not have welfare," "In A I did have welfare," "In A I did not have welfare," and so on.

Petersen sees at least one problem with this. If we accept Sumner's requirements, which of the *authentic* assessments made in B and C is authoritative? Sumner's theory of welfare does not

explicitly answer that question. This is *not* to say that we should abandon the information requirement because of this observation. The point is just that it needs to be specified so that it allows us to compare welfare assessments over time where all the requirements for welfare are satisfied. On one interpretation Sumner could say that in B your assessment of A is authoritative compared to your assessment in A. And in C your assessment of A is authoritative compared to your assessment in A and B. So the welfare for you in period A can change *relative* to your evaluations of period A in periods B and C.

Cross-References

▶ Quality of Life
▶ Quality of Life, Two-Variable Theory

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Welfare Networks

▶ Welfare State(s)

Welfare State Attitudes

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Synonyms

Attitudes; Public opinion toward the welfare state (welfare state); Regime thesis about welfare state attitudes; Self-interest thesis about welfare state attitudes; Welfare state vs. non-welfare state activities

Definition

▶ Welfare state attitudes are individual observable evaluative responses to all government institutions and policies as well as their underlying financing structures that are intended to achieve greater socioeconomic equality and security. Government measures can include regulations, such as maternity leave rules, and (re-) distributive measures, such as tax breaks or unemployment benefits.

Description

Research on welfare state attitudes is almost exclusively about modern and relatively extensive welfare states in democratic policies from the 1970s onwards, even though it is easy to imagine attitudinal research questions about the welfare state in less extensive welfare states, such as those of the interwar era in Europe. The reasons for this late bloom (with a first extensive study Coughlin, 1980) can be sought in the acute concern of the day that governments could suffer from an overload of duties, that deficit countries were unable to maintain extensive welfare states, and, most importantly, that the congruence between the sociopolitical system and citizens' demands would be diminished in welfare states in crisis.

W

The extensive modern welfare state is almost omnipresent in everyday life, even though it is not always salient in citizens' minds. The modern welfare states can complement and substitute individual behavior as well as behavior by families and other more formally organized groups, such as churches, trade unions, and parties. To understand how individuals assess the welfare state is critical for understanding modern societies at large. It is also relevant because what citizens think about the welfare state matters to policy-makers in democratic systems. Indeed, it has been shown that public support for redistribution influences social spending (Brooks & Manza, 2007). Another example is the finding that social groups that are most to benefit from a social assistance policy could be shown to be the ones least likely to develop a consistent attitude toward that policy – in other words, those benefitting most were least likely to have a clear assessment of that policy (Berinsky, 2002).

Welfare state attitudes cover a wide array of government activities and rules. There are several basic types of differentiation to structure this attitudinal universe, which can be used in conjunction (see Andreß & Heien, 2001; Sihvo & Uusitalo, 1995): (a) attitudes toward the extensiveness or intensity of the welfare state: extensiveness means the extent of governmental functions that citizens desire or perceive the status quo to be, and intensity refers to the desired or observed intensity with which the welfare state is active in a certain domain; (b) attitudes toward output or input: individuals can assess either the outcome, such as welfare state policies or institutions, or the level or type of financing that goes into welfare state activities; and (c) attitudes about what should be or what is: measures of welfare attitudes are either about the status quo as observed by the individual, about the desired state of affairs, or about an assessment of potential reforms. In addition to these basic ways of structuring attitudes, measures of welfare state attitudes can be broad, such as the support for redistribution by the state to reduce income differences, or specific, such as the attitude toward a limited social policy program.

Collecting data on welfare state attitudes commonly draws on interview data and most importantly closed-format answers in standardized surveys. From the early days of this research in the 1970s on, survey researchers, especially comparative survey researchers, were at the forefront. What people think about the welfare state is not always easy to retrieve because ordinary citizens do not think about the welfare state or even about individual programs very much (Goerres & Prinzen, 2012). This is very surprising because in the modern welfare states of the advanced industrial world, almost everybody benefits from welfare state activities at least at some point in their lives. Also, research on welfare state attitudes struggles with measuring the target concepts properly (Goerres & Prinzen, 2012). It is difficult, for example, to delineate welfare state from non-welfare state activities. A classic example is education policy. It is a very powerful set of policies that decreases but also exacerbates socioeconomic inequality and does thus not fit unambiguously in common definitions of welfare state activities. Moreover, it is statistically demanding to reveal the dimensionality of the universe of welfare state attitudes, especially in a comparative study including several nations (Andreß & Heien, 2001; Jaeger, 2006; Linos & West, 2003).

Like other research on political attitudes, repeated measures of welfare state attitudes are suspected of respondents remembering their own answers from the last question round rather than being the manifestation of a latent dimension. So panel studies do show a high level of intraindividual stability on general measures of welfare state attitudes (Andreß & Heien, 2001). This stability could be due to panel and sampling problems, but it could also be explained very well by a general political ideology that implies certain functions of the welfare state in a modern society. Other measurement concerns include non-attitudes (namely, that individuals have explicitly no directional opinion about an aspect), the level of inconsistency (the extent to which attitudes logically contradict each other), the level of uncertainty (the extent with which individuals are certain of their assessments), and the

level of ambivalence (the simultaneous positive and negative evaluation about a welfare state aspect) (Goerres & Prinzen, 2012).

Two grand stories dominate the classic approaches about interindividual differences in attitudes toward the welfare state. The regime thesis implies that individuals grow up in a certain political-institutional environment with a clear set of welfare state activities (Jaeger, 2006; Svallfors, 1997). Individuals learn through their own experience and through important socialization agents, such as their families, peers, school, and the media, what a welfare state looks like. For example, even more than a decade after unification, Germans socialized in the GDR were still much more likely to support public childcare provisions by the state, a feature of the Socialist system, than their age peers from the West or younger cohorts (Goerres & Tepe, 2012). The individual learning process of a welfare state regime is only mediated by ▶ social class defined by education, income, and occupation.

The self-interest thesis, as a second grand story, implies that individuals are primarily motivated by their own ▶ material well-being (Blekesaune, 2007; Fong, 2001; Iversen & Soskice, 2001; Meltzer & Richard, 1981). They support those institutions or policies of the state more that bring them greater material payoff, and reverse, they reject those aspects that are of no benefit to them, but pose costs. This payoff can materialize either directly or in the form of an insurance against personal risks, such as ▶ unemployment. A rational cost-benefit calculation faced with incomplete information lies at the heart of this economic explanation. For example, individuals who are in an occupation with higher unemployment risks have a higher demand for unemployment benefits than other individuals. Political economists were successful in using this thesis in combination with various add-ons, such as the family household or a wider family with several generations as the maximizing unit instead of just the individual (Alesina & La Ferrara, 2005; Boeri, Börsch-Supan, & Tabellini, 2001; Goerres & Tepe, 2010).

Next to these two grand stories, further causal factors are currently considered widely. There is a lot of evidence that ▶ values or specific beliefs have a strong influence on welfare state attitudes: social and political ▶ trust (Edlund, 1999), different kinds of ▶ altruism (Goerres & Tepe, 2010; Lindbeck, Nyberg, & Weibull, 1999), religious beliefs (Scheve & Stasavage, 2006), beliefs about fairness and justice (Hochschild, 1981), beliefs about social mobility (Bénabou & Ok, 2001), and the beliefs about deservingness of groups benefitting from a social policy, such as the elderly, the immigrants, or the unemployed (Van Oorschot, 2006). Whereas it is difficult to summarize all of these findings, these values and beliefs give individuals cues about the need for the welfare state to step in and whether such activities could pay off for a personal or greater good. What is clear, however, is that the foundation of attitudes toward the welfare state has a strong social basis.

At the heart of the most important current research lies the question of support for necessary reforms to the welfare states. High state deficits, changed social conditions, such as labor market participation and family structures, and increases in life expectancy make it necessary for policymakers to reform the welfare state. In democratic systems, they need to understand which reforms bear what costs for their reelection chances. Here, an insight from social psychology, namely, prospect theory, recently had an important impact on the field (Vis, 2009). Individuals are very reluctant to move away from the status quo and tend to value a loss of personal payoff more strongly than winning the same amount relative to the status quo.

Research in this area suffers, in general, from a lack of communication between different disciplines. Welfare state research is primarily populated by political scientists, sociologists, and economists with further contributions by social psychologists, social work researchers, and others. Thus, it could be a perfect example of interdisciplinary collaboration. Instead, research output is characterized by a divide between economists on the one hand and all other scientists on the other hand. This divide is highly visible in the different disciplinary outlet journals and their citation patterns.

Moreover, comparative survey evidence, sometimes with weak indicators, is overly used, even though some of these problems are difficult to circumvent. For example, one data series, the International Social Survey Programme, is very often used in a series of analyses that confirm older analyses based on the same data. Some analyses do not make use of proper measurement exercises as there are now easily available, for example, in the form of multilevel structural equation models.

There are innovative survey instruments that are intended to tackle weaknesses of existing instruments (Goerres & Prinzen, 2012). For example, with the help of survey vignettes, one can try to understand which types of reforms are desirable in the minds of citizens. Or, by giving clear alternatives for policy reform, respondents are forced to weigh personal costs and benefits of a reform, thus revealing a clearer picture about their preferences. Survey researchers are also trying to generate behavioral measures as part of their surveys that are a better approximation of actual preferences predicting welfare state preferences. For example, respondents can donate the money that they earned by participation in the survey to a certain organization in order to measure altruism or views of certain social groups.

In addition, some researchers fruitfully use qualitative data collection and analyzing techniques to get a better understanding about the communicative group and individual cognitive construction processes (see Hochschild, 1981). By using in-depth individual interviews and focus groups, they complement the quantitative survey analyses aimed at finding robust causal effects by emphasizing causal mechanisms. Experiments are another growth industry in which interesting findings can be expected. Especially lab experiments in which welfare state issues are combined with games played, according to behavioral economists' insights can add to our understandings of welfare state attitudes in the future.

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Welfare State vs. Non-welfare State Activities

▶ Welfare State Attitudes

Welfare State(s)

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Synonyms

Enabling state; Social safety nets; Welfare networks

Definition

The welfare state constitutes a set of institutions, socioeconomic policies, and cultural attitudes that determine the dimensions and strength of a society's social safety net. At its core, it signifies government responsibility for social protection and thus represents the degree of public intervention deemed relevant to ensure that "neither bad luck nor economic distress nor social disadvantage determine (totally) the life chances of citizens" (Briggs, 2000: 16).

Description

The welfare state reflects a commitment to ▶ justice, ▶ solidarity, and ▶ equity, core values sanctioned and legitimized by the state through an assemblage of policies, laws, and programs designed to pool risk. While social security, social assistance, and ▶ health care have traditionally been viewed as the three main pillars of the welfare state, it includes income transfer schemes, cash assistance, and direct and indirect services across a variety of policy domains, most notably ▶ social policy, active labor market policy, family policy, and tax policy.

Traditionally clustered within sociology, political science, and economics, scholarship on the welfare state has tended to focus on chronological or comparative accounts of the key properties, processes, and/or principles that distinguish welfare states cross-nationally with the scope of empirical inquiry confined to Europe and North America. Though the specific research questions, theoretical frameworks, and methodologies for studying the welfare state continue to vary by discipline, multiple and overlapping research agendas have emerged as both a cause and consequence of interdisciplinary subfields such as ▶ social welfare, public policy and administration, and ▶ quality of life studies.

The following discussion highlights significant issues and debates that have characterized key periods of welfare state development from the latter half of the nineteenth century through the early twenty-first century.

W

Welfare State Origins

Most accounts of the development of the welfare state date its origin back to the appearance of social insurance in a number of European countries during the late nineteenth century. Often considered a critical step in accepting public responsibility for protecting citizens against a loss of livelihood caused by sickness, personal injury, old age, and death, the introduction of social insurance occurred first in ▶ Germany in 1871. While the German case exemplifies the utilization of social reform as a means of staving off political reform, in many instances, the extension of public welfare was closely tied to the struggle for equality and the extension of suffrage and thus the transformation of public welfare from a barrier to a benefit of full citizenship. By the outbreak of the First World War, all European countries had introduced at least some form of old-age social insurance and state-sponsored workmen's compensation at the national level, an accomplishment which the United States did not achieve until the 1930s. However, by the interwar period, whether measured by the scope of state benefits or a level of social expenditure exceeding three percent of Gross Domestic Product (GDP) (Pierson, 2006), U.S. citizens and their counterparts in most European countries enjoyed an assortment of social and economic rights granted to them on the basis of their citizenship.

The Golden Age of the Welfare State

Made possible by industrialization and the professionalization of public servants, welfare states grew rapidly as a way to compensate workers, for a wide variety of social and economic risks incurred by an expanding state and rapidly changing society. However, it was not until after the Second World War that the welfare state began to take its modern form, thus ushering in the so-called golden age of welfare, from the mid-1940s through the early 1970s.

With the construction in postwar England of a cradle to grave model of welfare characterized by broad access to benefits, including publicly run health care, the welfare state began not only to redefine citizen's relationship with poverty but to fundamentally reshape normative understandings of modern society. Identifying social rights as the natural extension of civil and political rights, T. H. Marshall linked the advent of the welfare state to the realization of social citizenship and thus a range of social elements from, "the right to a modicum of economic welfare and security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society" (T.H. Marshall, 1965: 78).

The widespread popularity of Keynesian policies aimed at combining full employment with sustained economic growth, the strength of the workers movement, and key political alliances between urban workers and farmers against a divided capitalist class, paved the way for a dramatic expansion of the welfare state during the 1950s and 1960s. By the mid-1970s, the average growth in social expenditure among Western European countries had reached well over twenty percent of GDP, and more than ninety per cent of the labor force enjoyed social insurance coverage across a broad array of domains, from health and old-age pensions to ▶ unemployment, maternity, and ▶ disability (Flora, 1986).

During this period, the development of different configurations of state, market, and family structures gave rise to differentiated welfare regimes. Based on Titmuss's (1968) classic distinction between universalism versus selection, Esping–Andersen's (1990) three-pronged typology of welfare regimes captures key differences in the scope and inclusivity of benefits as well as the generosity of transfer entitlements between liberal, social democratic, and corporatist welfare regimes. Liberal welfare states such as the United States can be characterized as residual, relying heavily on voluntary welfare and comparatively modest levels of predominately means-tested public benefits. Social democratic welfare states such as Sweden are more universalistic and redistributive, offering generous, publicly funded benefits covering a broad segment of the population as well as greater equalization between the more and less fortunate. These welfare regimes, in turn, differ from corporatist regimes

such as ▶ Germany, which provide compulsory, though largely self-financing social insurance, variable benefit levels, and eligibility and regulatory criteria designed to preserve, rather than transform, status differentials while reinforcing loyalty to the state.

The Crisis of the Welfare State

In the aftermath of the Great Depression and postwar reconstruction, the welfare state offered a robust formula for reconciling the vagaries of the capitalist economy with demands for social protection and economic justice. By the late 1970s, however, faith in the economic underpinnings of the welfare state and its capacity to deliver on its promises had begun to waiver. The shift to post-industrialism coupled with increasingly globalized capital markets exacerbated pressures caused by rising inflation and persistently high unemployment rates. The ensuing crisis of confidence in Keynesianism combined with the rise of extra-parliamentary politics throughout Europe and North America called into question the very foundation of the golden age of welfare – the ability of the welfare state to underwrite ▶ social inclusion, political stability, and ▶ economic growth. Against the backdrop of class politics, increasing marketintegration, and ongoing philosophical disagreements about the role of the state in society, debates about the scope and depth of the welfare state intensified throughout the 1980s. In the face of growing concern that society could no longer afford the welfare state, center-left politicians and their constituents defended the legitimacy and authority of the welfare state from a two-prong attack. While conservative pundits criticized the welfare state as a *nanny state*, institutionalizing dependency, usurping individual freedoms, and creating poverty traps (Murray, 1982; Mead, 1991), those on the left decried a myriad of injustices ignored, if not perpetuated, by depersonalized welfare bureaucracies, the stigmatization of the poor (particularly women and minorities), and the failure to deal with the root causes of poverty (Orloff, 1993; Pateman, 1988; Piven & Cloward, 1993).

The result was a wave of welfare reforms during the late 1970s and 1980s. As British prime minister Margaret Thatcher and U.S. President Ronald Reagan moved to craft markets in social areas formerly protected by the state, scholarship devoted to the welfare state sought a deeper understanding of the causes and consequences of the welfare crisis. For some, widespread efforts at decentralization, deregulation, and privatization signaled the untenability of the postwar model (Jessop, 1994; Offe & Keane, 1984). For others, shifting political alliances coupled with institutional path dependencies led to different capacities for reform, thus offered a cogent explanation for persistent divergence among welfare states in both the process and substance of reform (Pierson, 1996; Skocpol, 1995). While the social democratic welfare states appeared relatively more robust in limiting the encroachment of the market on the state (Swank, 2002), limited public service provision, comparatively low levels of public spending on social assistance, and restricted access to far less generous public benefits effectively stripped liberal welfare states of the power resources to fend off attacks by those locked out of the welfare state (Hacker, 2002; Korpi, 1983).

The Transformation of the Welfare State

While the 1980s and early 1990s came to be symbolized as a period of permanent austerity, during the mid- to late 1990s, the idea of a revitalized welfare state began to take form as politicians, policy makers, and pundits announced new policies and programs aimed at a fundamental reconfiguration of the welfare state for the twenty-first century (Ferrera & Hemerick, 2003). During this period, the so-called "Third Way" agenda emerged as a new sociopolitical synthesis aimed at generating a variety of entrepreneurial initiatives to overcome persistent inefficiencies and rigidities of the old system while tackling a variety of new challenges, such as ▶ social exclusion and increasing xenophobia. As exercised in Europe and the United States, the *Third Way* represented an activation of new policy strategies to enhance

human capital investments, increase cost effectiveness, and promote individual and community assets (Giddens, 1998). Intertwined with significant changes in the racial and ethnic composition of the welfare state and the emergence of new social risks (Bonoli, 2006; Schram, Soss, & Fording, 2003), the result of revitalization efforts has been mixed. While for some, the new balance between private markets and tax and wage regulations signifies the transition to an *enabling state* capable of reconciling individual responsibility and autonomy with active inclusion of marginalized groups (Giddens, 1998; Gilbert, 2004), for others it is emblematic of a leaner, meaner Schumpeterian state characterized by workfare, inequality, and ultimately a brave new world of neoliberal retrenchment (Handler, 2004; Katz, 2001).

More recently, concern over the crisis of the welfare state has given way to debate about the crisis of capitalism. The virtual collapse of housing and financial markets in the United States in 2007–2008 and the ensuing global recession have reinvigorated opposition to neoliberalism. As in past periods of rapid change, a growing base of need has created mounting pressure for – and objections to – greater public contribution to the provision of social benefits. While a potent combination of fear and need has fueled key reforms, such as the creation of national health-care insurance in the United State, unlike the immediate postwar era, Keynesian style stimulus coupled with a national project to promote job creation and a more egalitarian redistribution of social benefits has not been widely embraced as the antidote to economic crisis. Tightly integrated capital markets and rising debt, combined with three decades of incentive-based arguments in defense of marketization, have undercut mobilization around a *golden age* model of the welfare state. Against a cultural backdrop in which ecological, spiritual, and identity concerns have become as central to antipoverty measures as material well-being, discourse about the welfare state has become less about risk pooling and more about risk-taking. As a result, the welfare state concept has become increasingly blurred with concepts such as the welfare mix (Evers, 1995; Taylor-Gooby, 1987) and welfare networks (Gonzales, 2008). These concepts seek to capture both a social welfare system characterized by a complex set of exchange and production relationships, which crosscut public and private institutions and a strong discursive link between public benefits and entrepreneurship on the one hand and economic opportunity and social responsibility on the other.

The Future of the Welfare State

Well into the second decade of the twenty-first century, the welfare state remains at the analytical core of a wide variety of scholarships seeking to better understanding the macro foundation of human well-being. While the *viability* of particular reforms and policy instruments continue to generate considerable discussion, contemporary scholarship focuses to a greater extent on the ► *sustainability* of the welfare state. A variety of recent studies examine how the ongoing economic crisis, global migration patterns, and associated institutional developments have impacted the breadth and depth of welfare reform (Crepaz, 2008; Vis, van Kersbergen, & Hylands, 2011) as well as the organizations, processes, and practices that shape how everyday people perceive of and experience ► social welfare (Allard, 2008). Along these lines, researchers have paid greater attention to the impacts of population aging, transnational migration, race and ethnic diversity, as well as the changing subnational and transnational character of governance within and across traditionally defined welfare states. Additionally, as work on the comparative development of the welfare state has begun to expand beyond its traditional focus on Europe and North America, new insights have emerged regarding how we can better understand the impact of contemporary economic, political, and cultural forces on the development of social welfare in a more globalized context, as evidenced in recent comparative work on Latin America, Eastern Europe, and East Asia (Gough et al, 2004; Haggard & Kaufman, 2009; Segura-Ubriego, 2007).

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Well-Being

► Adolescents in Portugal
► Algerian Secondary School Students, Application of the Personal Well-being Index (PWI)
► Australia, Personal Well-Being Index
► Capability, Functioning, and Resources
► China, Personal Well-Being Index
► Disability and Health
► Down Syndrome
► Environment and Health
► Eudaimonia

Well-Being Adolescents

► Health Promotion

Well-Being and Absence of Peace

► Global Peace Index

Well-Being and Abuse

► Health and Violence

Well-Being and Arctic Human Development

► Human Development, Arctic

Well-Being and Filial Piety

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Synonyms

Xiao

Definition

Filial piety is the dominating concept of Confucian teachings, which regulates the parent-child relationship. It emphasizes filial behaviors and refers to behavioral prescriptions for children practicing filial piety. Filial discrepancy means the perceived gap between parents' expectations for filial piety by their children and children's behaviors. Psychological well-being includes ► satisfaction with life, positive and negative affect, and depression.

Description

In Chinese societies, the basic social unit is a family in which its members share resources with each other in order to meet their psychological, social, and physical needs. Filial piety, *xiao*, is the key concept of Confucian teachings that regulates the relationship between parents and their children. The young are required to obey and serve their parents and exhibit *xiao* through a range of filial behaviors. Traditionally, filial piety in the Chinese includes showing respect or

promoting the reputation of the parent and the ancestors, producing the male heir to continue the family line, and taking care of the parent whether they are sick or healthy (Chow, 2001; Yang, 1997). The authority of the male in traditional households who is responsible for economic production and passes his ownerships to a male heir in a (patriarchal system) is no longer a mainstream practice. Across Chinese societies, reliance on the eldest son is diminishing (Lin et al., 2003), though the reasons behind this could be different. In China, families may be forced to give up on having a son due to the one-child policy which may lead to fundamental changes in people's preference for the son. Diminishing reliance on sons also implies changing relationships with daughters-in-law, especially the eldest son's wife. Furthermore, participation in the labor force leading to financial independence from their husbands has allowed daughters-in-law to negotiate their traditional caregiving roles (Teo, Graham, Yeoh, & Levy, 2003). The primary care providers are more likely to be biological daughters rather than daughters-in-law these days.

Other notable changes in the practice of filial piety can be identified. First, with the advent of the nuclear family in Chinese societies, there is a decreasing likelihood of older persons to co-reside with their children (e.g., Hsu, Lew-Ting, & Wu, 2001). Second, adult children may feel less obligated to help their parents if it conflicts with job demands (Zhan, 2004). Third, with the knowledge and often economic gap between generations in contemporary societies, adult children are obviously less submitting to the authority of their older parents (Cheng, Chan, & Chan, 2008). Fourth, there is an increasing likelihood for adult children to institutionalize their parents, rather than providing home care, in Hong Kong (Cheng & Chan, 2003). This may suggest a gradual erosion of children's readiness to provide personal care when their parents become dependent. Cheng (2009) found that many elders in ▶ nursing homes felt abandoned by their children and, consequently, severed links with them. In China, there is likewise a remarkable growth of residential care industry

in recent years (Feng, Zhan, Feng, Liu, & Sun, 2011), and older parents with dependencies are placed in institutions as their only child migrates to other cities to find jobs.

In sum, several socioeconomic factors have weakened the value of filial piety in modern societies. First, the extended family is replaced by the nuclear family as the norm. Second, the loss of financial status of older parents reduces their power to enforce or to provide incentive for filial behaviors. Third, the surge of individualism reduces the value and solidarity of the family. Fourth, adult children tend to invest resources in their own nuclear family, especially in the raising of their own offspring, than to offer material support to their older parents. Fifth, the liberation of women enhances their social status to negotiate their financial independence and caregiving roles in the family. Lastly, geographical and occupational migration in certain areas such as from rural to urban China have weakened intergenerational support, especially practical support on a day-to-day basis (Aboderin, 2004; Cheng & Heller, 2009). Against this background, some studies showed that the older generation had even lower filial expectations for the younger generations than the latter have for themselves (e.g., Hsu et al., 2001; Zhan, 2004), suggesting that older persons had adjusted their filial expectations somewhat in line with changing realities. However, while filial piety is an overarching concept, its practice day-in and day-out, in terms of the flow of support to the parent, can vary considerably, depending on the situation and the person. What children do to fulfill their filial responsibility may not be exactly what their parents want, resulting in a mismatch. This may happen because the younger generation may not truly understand the needs of the older parents. For this reason, Cheng and Chan (2006) pioneered the concept of filial discrepancy and studied its relationship to psychological well-being in a low-income sample of older Chinese in Hong Kong.

By filial discrepancy, Cheng and Chan refer to the *gap* between what children do for filial piety and what the parents expect from them.

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The study tried to explore filial piety and well-being in three aspects: First, to what extent did older people feel that their expectations for filial piety were met? Second, what were the relationships between different filial behaviors and filial discrepancy? Third, what were the relative contributions of different filial behaviors to psychological well-being in older people, and whether filial discrepancy accounted for well-being above and beyond the effects of filial behaviors? As filial responsibilities are not distributed equally among children, and the closest child is usually the one who bears the most responsibility, the authors asked older people to rate the filial behaviors of the closest child and other children, collectively as a group, and the corresponding discrepancies. Such a measurement approach for children other than the closest one was validated in a pilot study involving both ratings of each individual child as well as collective ratings. Nine filial behaviors, namely, maintaining contact, practical assistance with daily routines (like cooking meals), financial assistance, obedience on important matters, being accommodating on mundane matters, showing respect before others, taking the parent to doctor when ill, providing personal care when the parent was ill, and listening to the parent's problems, were studied. Upon ▶ factor analysis, the first three behaviors represented *daily maintenance*, the next three *respect*, and the last three *sick care*.

In addition, both linear and curvilinear relationships between filial discrepancy and well-being were tested in this study, as there might be an optimal level of filial practice that suits the needs of each individual parent (see Davey & Eggebeen, 1998). Besides the possibility of failing their parents' expectations, children may also overdo in supporting their parents under the mandate of Confucian teaching. Silverstein, Chen, and Heller (1996) showed that both too much and too little support from children can be detrimental to the well-being of older adults in the USA.

Cheng and Chan's (2006) study showed that sons were still more likely than daughters to be considered the closest child, but regardless of the adult child's gender, the closest child tended to be an elder child. A quarter (26.2 %) of the older parents felt that their closest children went beyond their expectations on one or more filial obligations, and about 9.8 % of them felt the same way for their other children. Mean scores for filial discrepancy ranged from 2.13 to 2.20 for closest child and from 2.58 to 2.81 for other children, with two meaning expectation met and three meaning slightly below expectation. The highest mean scores (i.e., more discrepancies) concerned the three sick care behaviors that were performed by other children. The filial discrepancy ratings corresponded somewhat to the frequency ratings of the different behaviors. Concerning other children, the least frequent behaviors, from the point of view of the elders, were the three sick care behaviors as well as practical assistance with daily matters. With regards to the closest child, the least performed behaviors were the same, although with higher frequencies than other children. However, the daily maintenance composite (which subsumed daily practical assistance) did not explain filial discrepancy in multivariate analyses; only respect and sick care did, regardless of closeness with the child(ren).

The prediction of psychological well-being led to findings that mirrored those for filial discrepancy, but here, filial discrepancy and its squared term (to test for curvilinear relationships) were additional predictors. Controlling for age, gender, education, marital status, instrumental ▶ activities of daily living, and financial strain, psychological well-being measures were consistently predicted by Respect from children (regardless of closeness). Sick care by the closest child was also associated with less depressive symptoms, but daily maintenance did not account for well-being at all. Beyond the effects of filial behaviors, filial discrepancy was a strong predictor of all well-being measures, but no evidence for curvilinearity existed. Note that filial discrepancy was itself accounted for by respect and sick care by children. Hence, it was not simply the performance of these filial behaviors that mattered, but also whether they met or exceeded the expectation of older parents.

Discussion

The general concept of filial piety is still important in Chinese societies, though the actual expectations may have been adapted to social changes brought by modernization and urbanization. There may be a basic difference in the norm for filial responsibility between East and West. In the West which values autonomy, filial responsibilities are need-driven and arise only when parents cannot care for themselves. The Eastern philosophy of Confucianism, however, demands one's devotion to parents, disregarding the parents' status. This might be why filial discrepancy did not bear a curvilinear relationship with well-being in Cheng and Chan's (2006) study. This was contrary to Silverstein et al.'s (1996) finding in their US sample of older adults, in which "too much" support from children was detrimental to their well-being, presumably because such behaviors would undermine the autonomy of the parents and create unnecessary dependencies. Further research to shed light on this cross-cultural phenomenon is needed.

Significant changes in filial expectations are seen over the years. With the breakdown of the extended family, co-residence with adult children has declined and whether co-residing with children or not did not explain filial discrepancy in Cheng and Chan's (2006) study. Despite this, children often live close by, if possible, in order to maximize contact and attention, although practical assistance on a daily basis was not a factor in filial discrepancy or ▶ psychological well-being (Cheng & Chan, 2006). Frequent interactions with children may still be important, but interactions may be characterized by tension and conflicts as well as support and intimacy (Cheng, Li, Leung, & Chan, 2011; Rook, 1984). It appears that an important element that characterizes positive intergenerational interaction in Chinese societies is the open display of respect by younger to older generations (see also Cheng, 2009).

Other than respect, sick care appears to be another domain which is particularly important in contemporary intergenerational relations. It is important to note that sick care encompasses a lot more than practical assistance. Even something as seemingly ordinary as accompaniment to doctor's visits may mean a certain degree of personal concern and attention that means a lot to older people, especially when adult children take time off from work to do that. It is well known that the need and expectation for ▶ social support covary with the level of difficulties, and thus personal illness and disabilities may be the context in which children's fulfillment of filial responsibilities may be most relevant to the older people. Moreover, while it may be believed that as long as parents are tended to by someone (such as another sibling or domestic helper), their needs are taken care of. Cheng and Chan (2006) showed that the personal attention from all children is important to Chinese older parents. When sick care is unfulfilled in a major way such as in the transfer of older parents to ▶ nursing homes against the parents' wishes, severance of ties between older persons and their children can occur (Cheng, 2009).

We have seen in Cheng and Chan's (2006) study that financial assistance and other practical assistance on a daily basis were not predictive of either filial discrepancy or psychological well-being in their sample of relatively healthy older persons. Thus, older persons in contemporary societies may try to reduce dependencies on children as much as possible, with the presence of illness or disability being an exception. In China, a similar trend was observed in that older persons expected more financial support and services from the government than from their children (Kwan, Cheung, & Ng, 2003). However, governments in many Asian countries tend to invest very little in ▶ welfare due to the widely adopted belief in family self-reliance (Cheng & Mak, 2007). Sometimes, it is said that too much government assistance would weaken familism in the region. In Hong Kong, this philosophy is translated into a policy in which children have to declare that they are reluctant or unable to support their parents before older parents are eligible for public assistance, which inevitably creates the feelings of ▶ stigmatization and leads many older persons to decline the social benefits and keep living in ▶ poverty. Likewise, in China, Taiwan,

Singapore, Japan, and South Korea, children are mandated by law to support their parents financially, and occasionally stories about children reluctantly giving monthly allowance in contempt are heard.

The findings of Cheng and Chan (2006) suggest that whatever assistance to older parents should be delivered in a respectful way. The value of filial piety may lie more on intangible kinds of support than tangible support these days. Taken together, Chinese older persons endeavor to avoid burdening children on daily practical assistance and material support, but desire quality interactions, especially in the form of being esteemed by children, and personal attention when ill. Unfortunately, adult children may happen to think otherwise and consider financial contribution to be their main role and may often be unavailable when their parents want someone to talk to about their worries. There may be value in launching family education campaigns on intergenerational communication and relationship in Chinese societies to revitalize this important support resource for older persons.

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Well-Being and Housing

▶ Housing and Quality of Life

Well-Being and Ill-Being: Names and Naming

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Synonyms

Perception of emotions; Perception of feelings; Quality of life and its perception

Definition

Words and names for the various states of well-being and ill-being underlie cultural, situational, and lingual influence. Usually people express their well-being by giving names to their feelings and emotions. Originally these emotions and feelings are nameless and have to be identified and recognized by the individual before they can be included in human communication. Each language offers an inventory of words for our emotions and feelings, and an individual has variable possibilities to ascribe a certain word or term to our emotions and feelings. This is a process of interpretation and part of the social construction of reality (Berger & Luckmann, 1967).

Description

Subjective well-being, as used in social indicators and quality of life research, refers to all of the various types of evaluation, both positively and negatively, that people make of their life. There are many words, names, labels, terms, and concepts to describe certain states of well-being and ill-being (Diener, 2006, p. 397). In each language there is available a somewhat different inventory of words which can be used to describe emotions and feelings about well-being. They are the reservoir of names for the nameless signals which we get from our body. Sometimes there are labels which can be assigned immediately to an emotional or feeling state; sometimes it is doubtful or ambivalent, what the exact term would be for a certain feeling. Often there are elaborated concepts around our emotions, for example, if anxiety is regarded. The process which performs a characterization of human well-being states is often regarded as typification (Tritt, 1992). Each individual possesses his or her own inventory of words and names to define feeling states. The societal recognition of these emotions is highly differentiated, some are forbidden, and others are evaluated positive. In a process of interpretation, we express our well-being, which depends mainly on the individuals, their body feelings, cultural influences, and language elaboration.

Languages offer different labels for emotional states. This is one reason why it is rather hard to find the exact translation for an emotional word. For example, the English words "happy" and "joyful or joy" are translated in English-German dictionaries into the word "glücklich," but happy refers rather to a temporary feeling. For example, you are happy because you got a good grade in an exam. Joy is related more to a meaningful experience in life, for example, my family brings me joy. It is more a feeling which comes from the inside, and it is produced internally whereas happiness is produced externally. The word joy refers to a much more intense emotion than the word happy. In German there is no such differentiation of "glücklich," which is used in both situations. This is just one example for distinctive semantic meanings and uses of emotional words in different languages and situations. Another aspect with

Labels for positive emotions and feelings in English
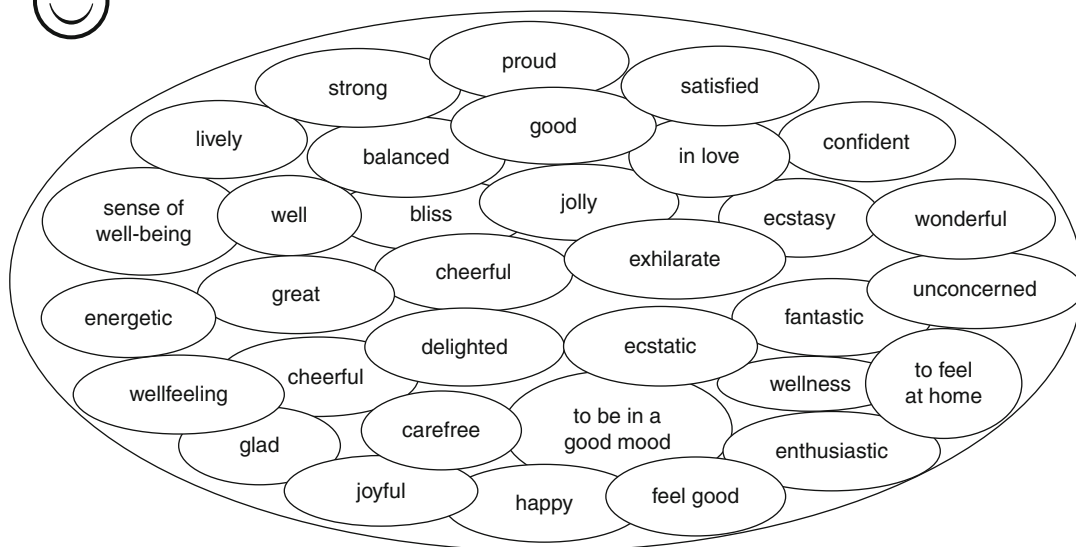
Well-Being and Ill-Being: Names and Naming, Fig. 1 Labels for positive emotions and feelings in English (*Source*: Self-produced)

respect to the word happy is that in English it is often used whereas joy is used rarely (see Pörings & Schmitz, 1999, p. 145). In each case people feel something and want to find a word for this. This is often not easy because many words for well-being or ill-being are overlapping or close together and finding an exact word is part of an aspiring social process.

As subjective well-being can refer to evaluations of all aspects of human life, there are many words available to describe these assessments.

There are already guidelines available, which describe basic terms of subjective well-being (Diener, 2006, p. 399). The ensemble of words and terms for the positive side and for the negative side of subjective well-being in English is the following (Figs. 1 and 2).

Besides words for each emotion, we are able to express our emotions just with our facial expressions and/or our body language. In a communication with others, we don't need to name our emotions. The dialogue partner knows how we feel, just when he or she looks into our face or to our body, and vice versa. This is so special on emotions that we have a clue how others feel, without the use of words, just

with our feeling for emotions and the ability to interpret facial expressions. In all countries of the world, a laughing person generally gives us the idea that this person is happy. It is not necessary that the person explains how he or she feels by telling us. So some emotions are culturally universal (Eckman & Wallace, 1971).

In various cultures certain feelings and emotions have different recognition. Some emotions are seen as a pleasant feeling in all of the cultures in the world. For example, happiness is always classified as a pleasant feeling and sadness is always classified as an unpleasant feeling. But there are feelings which are classified differently in nations, for example, pride is in Western countries more a positive, whereas in India it is considered to be a negative emotion. In German the term "Gemütlichkeit" describes a special pleasant social context, but it is difficult to express this word in English.

There are also differences in how people handle emotions in social relations. In Japan the feelings of unpleasant emotions like grief are hidden in the public and covered with a smile. When the people in Japan were confronted with

Labels for negative emotions and feelings in English
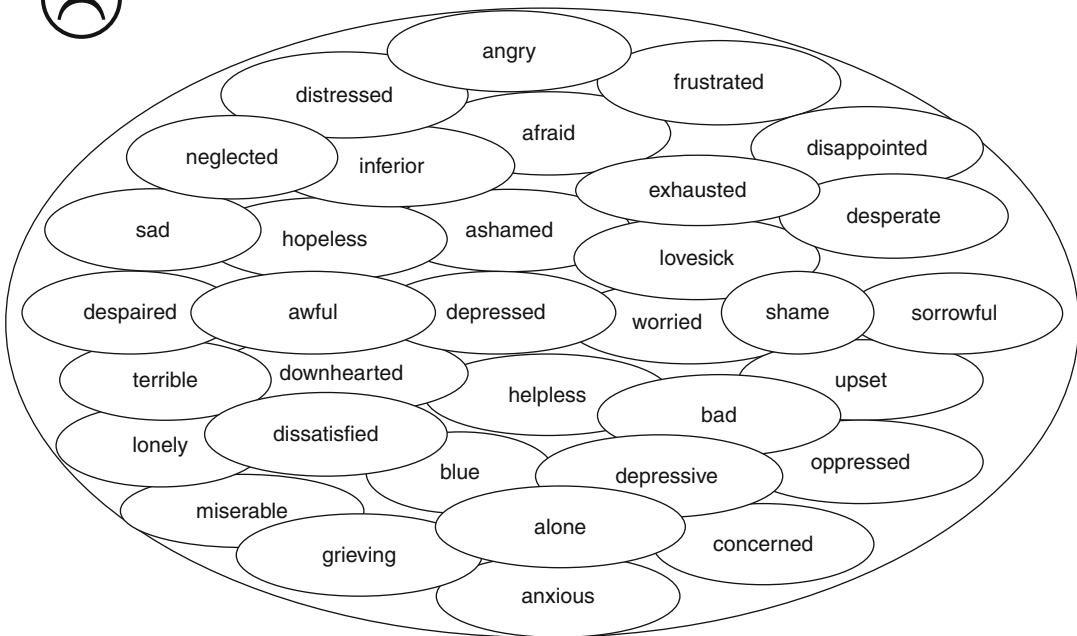
Well-Being and Ill-Being: Names and Naming, Fig. 2 Labels for negative emotions and feelings in English (*Source*: Self-produced)

the tsunami catastrophe and some had just lost their relatives or their homes, but when they were interviewed or shown in the media they smiled, because with smiling they covered their sadness. Emotions are hidden in front of unfamiliar people who don't belong to the family because they don't want to confront them with these negative feelings. In Western cultures, showing sadness in the public area is more accepted. So when humans are sad they sometimes cry and tears are running out of their eyes. Some people are more sensitive than others; they cry more often or longer. Within some cultures it is more accepted that women cry in public than men, so men more often try to suppress their negative emotions.

To say that "I'm feeling happy" is very common, but to say that "I feel shame" is not. That's why shame is an emotion which usually is not exhibited (Neckel, 1991, p. 171) and directly expressed by the people feeling shame, for example, poor people (Becker & Gulyas, 2012).

Neckel (2009) also draws attention to the aspect of emotional self-management. He mentions advice manuals, for example, the German manual, The Formula for Happiness: How Good Feelings Arise (Klein 2003). These advice manuals give instructions on how to control one's own emotions and also the emotions of others (Neckel, 2009).

Individuals have different inclinations to emotions and are more or less emotional or sensitive. There are variations between persons with a different cultural background and their emotional expressions, and there are also differences between persons with the same cultural background.

Besides names and facial expressions for special types of well-being and ill-being, we have imagination of the depth of emotions and feelings. An individual's assessment is usually decisive about how his or her feelings ("I feel angry" or "fully angry") and labeled, but very often others assist this process ("Are you feeling angry? You look angry."). Exactly why they know it is unclear.

Well-Being and Ill-Being: Names and Naming, Table 1   Relationships of five Measures of Well-Being

	Satisfaction 7-pt. scale	Happiness 7-pt. scale	Worries	Affect positive	Affect negative
Satisfaction 7-pt.					
Happiness 7-pt.	.63				
Worries	−.27	−.30			
Affect positive	.30	.36	−.12		
Affect negative	−.31	−.31	.32	.01	

Source: Andrews & Withey, 1976: 85

In the exploration of feelings and emotions social scientists are confronted with the question of how to measure them. There are different measurement procedures to get more knowledge about the kind and intensity of feelings. We have broad categories like satisfaction and happiness on the bright side of life and worries and pains on the dark side. If we want to compare individuals or nations, we need scales. The scales used in well-being research are rather different, and this is a hint to the fact that they are somewhat artificial.

The most used life satisfaction scale runs from 0 to 10 and has 11 points with a midpoint. Others have only 10 points or seven or five or only three points. Most scales are one sided from zero to a higher value; some have zero in the middle and are differentiating to plus and minus. Alternative scales use verbal answer categories: not happy, somewhat happy, and totally happy. Sometimes we find a bipolar scale with yes and no and sometimes the two sides are differentiated. Partly graphics use ladders and stairs. (Visit Veenhoven's World Database of Happiness for a collection of measurement scales: http://worlddatabaseof happiness.eur.nl/).

Of course there are distinctive terms which are clearly separated, but the meaning of many terms is partly the same. We can use semantic differentials to clarify if terms are similar or not. In the study of Campbell, Converse, and Rodgers (1976), this technique, which was developed by (Osgood, Suci, & Tannenbaum, 1957), was used. Here the respondents were asked how satisfied and how happy they feel about their present life. They rated themselves between pairs of contrary adjectives. According to these results, satisfaction and happiness are somewhat similar, but they are not the same. We would expect the same for negative terms like anxiety and fear or others.

By asking people, for example, how happy people feel, researchers try to measure and compare people's feelings. If we look at the correlations between five global measures, we see the following results (see Table 1):

The 7-pt. satisfaction scale is correlated strongly positive with the 7-pt. happiness scale. This means that more satisfaction goes together with more happiness. Positive affect is correlated positively with satisfaction (.30) and a little bit stronger with happiness (.36). This shows that in general satisfaction and happiness are interpreted as something positive, whereas negative affect is correlated positively with worries, and this is also according to our theoretical expectation. Just positive and negative affects seem to be independent from another (.01). So it could be possible to have a high positive affect, but at the same time a high negative affect. The ambivalence of feelings is documented in this result.

Information about the scales:

Satisfaction 7-pt. scale: *How satisfied are you with your life as a whole these days? 7 steps: from completely satisfied to completely dissatisfied.*

Happiness 7-pt. scale: *How do you feel how happy you are? 7 steps*

Worries: *Most people worry more or less about some things. Would you say you never worry, worry a little, worry sometimes, worry a lot, or worry all the time?*

Positive affect: *(Bradburn's Positive Affect Scale) number of five positive events*

Well-Being and Ill-Being: Names and Naming, Fig. 3 Emotions respectively smilies from happy to sad (*Source*: http://tango.freedesktop.org/Tango_Desktop_Project)

experienced. *"During past few weeks did you ever feel. . .particularly exited or interested in something you had done?. . .proud because someone complimented you on something?. . . on top of the world?. . .that things were going your way?"*

Negative affect: *(Bradburns's negative affect scale) number of five negative events experienced. "During the past few weeks did you ever feel so restless that you couldn't sit long in a chair?. . .very lonely or remote from other people?. . .bored?. . .depressed or very unhappy? Upset because someone criticized you?"*

The correlations show the relationships between the various measurement types of people's feelings. There is no direct way for researchers to know what others are feeling, but we try to indirectly determine what survey respondents feel and express. We are constructing reality with the quantification means developed in other scientific fields. Also meters and hours are constructions of human beings and no natural units.

New styles of expressing emotions were introduced with the computer world where emotions are expressed with "Emoticons." These "Emoticons" (a portmanteau word of the English words emotion and icon) are built by using punctuation marks and letters; they are little pictures that look like faces. "Smiles" are graphic Emoticons; they are used by people to communicate their emotions and to specify the context of meaning. Especially in Internet chats, in private e-mail communication, in twitter, or at social networks, this expression is used (for more information about Emoticons, see Walther, 2006). Smiles which look like faces are also used in questionnaires by asking: Which face comes closest to expressing how you feel about your life as a whole? (see, e.g., Andrews & Withey, 1976, p. 376). So you can put Smiles in a row which range from happy to sad (see, e.g., Fig. 3).

Discussion

Emotions and feelings of well-being, which belong to our human nature, are not self-evident. Moreover, they have to be identified by individuals in question, by significant others and also by QoL researcher. As the case of a newborn child shows, human beings have emotions and feelings before they are able to speak. Giving names to them is learned in the individual socialization process of growing up, and it is part of the social construction of reality. Often other persons refer to our emotions and feelings of well-being, then they influence our interpersonal relationships. Self-definitions and definitions by others about well-being are included in our communication processes. If different emotions and feelings of well-being run against others, this can cause distortions in relationships and also severe conflicts.

The interpretation of emotions and feelings of well-being and ill-being depends on personalities, situations, and cultures, and the verbalization of emotions and feelings is not absolutely necessary as body language and facial expressions also transport information.

There is always more or less uncertainty and variability in the process of identifying and interpreting emotions and feelings.

Cross-References

▶ Emotional Well-Being
▶ Face Perception
▶ Happiness

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Well-Being and Immigration

▶ Well-Being and Values of Immigrants to Spain

Well-Being and Personal Values in Europe

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Synonyms

Basic values and well-being in Europe; Goals and well-being in Europe; Human values and well-being in Europe; Individual values and well-being; Values and affect; Values and perceived control; Values and satisfaction with life

Definition

Personal ▶ values refer to (1) beliefs (2) linked to goals or desirable behaviors within a cultural context (3) that transcend specific situations and (4) guide the assessment of behavior, people, and events (Schwartz, 1992). These beliefs (5) are organized according to their relative importance, giving a structure to an integrated value system in which some values are prioritized over others. Schwartz (1992) suggested a model of ten basic values (see Fig. 1) – universalism, benevolence, tradition, conformity, ▶ security, power, ▶ achievement, ▶ hedonism, stimulation, and self-direction – which are grouped into four general objectives (self-transcendence, conservation, self-enhancement, and openness to change). Importantly, values guide personal intentional activities and therefore affect one's ▶ happiness (Lyubomirsky, Sheldon, & Schkade, 2005).

Well-Being and Personal Values in Europe,
Fig. 1 Theoretical model of ten personal values and general objectives (With permission from Schwartz, 1992)

Description

Personal Values and Well-Being

Personal values contribute to our well-being. The link between values and well-being can be analyzed from three perspectives (Sagiv, Roccas, & Hazan, 2004): (a) healthy values, (b) goal attainment, and (c) person-environment congruence.

Healthy Values

The healthy values perspective is based on ▶ self-determination theory (Ryan & Deci, 2000). According to this view, intrinsic values reflecting psychological growth and ▶ self-actualization needs promote well-being. In contrast, extrinsic values oriented towards obtaining approval, admiration, and praise undermine it. Research has revealed that extrinsic values are negatively associated with well-being, while intrinsic ones are positively related to it in diverse populations and cultural contexts (e.g., Kasser & Ahuvia, 2002; Kasser & Ryan, 1996; Vansteenkiste, Duriez, Simons, & Soenens, 2006). As regards personal values, self-direction, stimulation, universalism, benevolence, and achievement would reflect intrinsic motives, whereas power, security, conformity,

and tradition might express extrinsic motives (Sagiv et al., 2004). Sagiv and Schwartz (2000) found that stimulation, self-direction, and achievement, but not benevolence or universalism (considered to be intrinsic values), were positively associated with affective well-being. In contrast, security, conformity, and tradition, but not power (extrinsic motives), were negatively related to affective well-being.

Goal Attainment

The second perspective emphasizes that psychological need satisfaction gives a positive sense of well-being and especially the attainment of goals which are concordant with the individual's intrinsic motives (Sagiv et al., 2004). Various studies have demonstrated that self-concordant values, pursued for autonomous motives, were related to higher ▶ subjective well-being across different cultures (Sheldon et al., 2004; Sheldon & Elliot, 1999). Self-concordant values would be associated with autonomy and relatedness. Openness to experience values of self-direction, related to mastery and ▶ self-determination, and stimulation can be considered reflecting autonomous needs. Self-transcendence values of mainly

benevolence, associated with positive social relationships, but also universalism would be viewed as relational.

Person-Environment Congruence

The person-environment congruence perspective suggests that holding values which are congruent with those prevailing in the environmental context leads to greater well-being (Sagiv et al., 2004). People experience well-being when the context permits the expression of their values. Goal attainment will be possible when the context reinforces its pursuit. That is, an environment congruent with individual goals provides opportunities for satisfying those needs, while an incongruent environment impedes goal attainment. Contrary to the view focused on attainment of self-concordant (or intrinsic) goals as promoting well-being, the person-environment congruence perspective asserts that attainment of values which are socially desired – whether they are intrinsic or extrinsic – leads to higher levels of well-being. Sagiv and Schwartz's (2000) results concerning power confirm the validity of this hypothesis. The power value positively predicted well-being in business students, while negatively in psychology students.

The three perspectives are not completely exclusive. In optimal conditions which enable an individual to strive for self-concordant goals which reflect psychological growth and ▶ self-actualization needs, the pursuit and attainment of these intrinsic values would result in higher well-being. In the optimal environment one feels free to pursue goals which can satisfy his or her internal needs of growth and self-actualization.

The Key Findings from European Social Survey (2006)

A recent study (Bobowik, Basabe, Paez, Jimenez-Aristizabal, & Bilbao, 2011) analyzed the association between personal values and well-being, taking into consideration both hedonic (affectivity, ▶ life satisfaction) and eudaimonic (perceived control and ▶ freedom) well-being, different populations (host nationals and immigrants), and diverse environmental contexts. In this entry, we review the relationship between

personal values and well-being explored in the total sample from the European Social Survey (2006) (see Bobowik et al., 2011), as well as correlations per country in the same ESS dataset (see Table 1). Another article in this volume examines the link between values and well-being in immigrants as compared to host nationals in Spain.

In congruence with the hypothesis of the positive influence of healthy values, self-direction, hedonism, stimulation, and benevolence among Europeans in overall correlated positively with well-being. Self-direction and hedonism exhibited the relatively strongest relationship with well-being (correlations coefficients above 0.10). Self-direction and hedonism correlated most with ▶ affect balance, whereas self-direction and stimulation correlated most with perceived control. Finally, hedonism and benevolence were associated most with life satisfaction. Interestingly, while hedonism seems to be a crucial value for high affective well-being, self-direction is the important value with respect to eudaimonic well-being measured in terms of perceived control and freedom. Hedonism is more affect-loaded value, while self-direction is more cognition-based. In turn, universalism correlated positively with affect balance and life satisfaction though not with perceived control, yet with correlation coefficients considerably smaller than for openness to change values. The correlations for these four personal values were also predominantly positive across the 23 European countries, with few exceptions. For instance, well-being correlated negatively with the openness to experience values in Norway, Finland, or France, whereas with benevolence in Poland and Bulgaria (ex-communist countries).

The results from ESS data (2006) also confirmed the healthy values hypothesis regarding the negative influence of extrinsic values. Security, power, tradition, conformity, and achievement showed a negative relationship with well-being, although in the case of conformity and achievement, the association was weaker than for other values. Security was clearly the most negatively related to well-being. Achievement showed stronger negative correlation with SWL

Well-Being and Personal Values in Europe, Table 1 Pearson correlations between personal values and well-being

Affect balance

	UN	BE	TR	SE	CO	PO	AC	HE	ST	SD
Austria	0.07	0.09	−0.03	−0.08	−0.07	−0.11	−0.04	0.05	0.04	0.10
Belgium	−0.02	0.00	−0.07	−0.16	0.04	−0.03	−0.02	0.12	0.06	0.07
Bulgaria	−0.05	−0.02	−0.08	−0.11	−0.05	−0.06	0.13	0.08	0.09	0.15
Switzerland	0.06	0.05	0.05	−0.08	−0.08	−0.12	−0.08	0.14	0.05	0.06
Cyprus	0.06	0.09	−0.10	0.02	−0.16	−0.09	0.00	0.01	0.17	0.04
Germany	0.06	0.08	−0.07	−0.12	−0.05	−0.09	−0.06	0.13	0.01	0.14
Denmark	−0.01	0.06	0.02	−0.12	0.03	−0.09	−0.12	0.10	0.04	0.11
Estonia	−0.01	0.07	0.01	−0.12	−0.02	−0.11	−0.02	−0.02	0.10	0.11
Spain	0.07	0.07	−0.10	−0.06	−0.07	−0.05	−0.08	0.14	0.03	0.08
Finland	0.03	0.10	0.06	−0.04	0.04	−0.09	−0.13	0.02	0.03	0.00
France	0.02	0.01	0.00	−0.10	0.02	0.02	−0.12	0.14	0.01	0.00
United Kingdom	0.02	0.02	−0.10	−0.15	−0.04	−0.11	0.00	0.17	0.12	0.06
Hungary	−0.01	0.07	−0.01	−0.06	−0.06	−0.11	0.00	0.07	0.07	0.06
Ireland	0.04	0.10	0.00	−0.07	0.06	−0.09	−0.04	−0.05	0.02	0.05
Netherlands	−0.02	0.03	−0.10	−0.11	−0.02	−0.08	−0.03	0.17	0.08	0.09
Norway	0.01	0.09	0.05	0.03	0.12	−0.08	−0.07	−0.03	−0.04	−0.03
Poland	0.00	−0.04	−0.08	−0.07	−0.03	0.00	0.04	0.03	0.00	0.12
Portugal	−0.01	0.12	−0.07	0.03	−0.11	−0.09	−0.02	0.10	−0.06	0.15
Russian Federation	0.00	0.03	−0.10	−0.04	−0.03	−0.04	0.07	0.02	0.05	0.07
Sweden	−0.04	0.04	−0.04	−0.12	−0.04	0.03	−0.04	0.05	0.08	0.08
Slovenia	0.12	0.04	−0.05	−0.13	−0.06	−0.11	−0.05	0.08	0.04	0.16
Slovakia	0.02	0.10	−0.07	−0.05	0.00	−0.05	−0.01	−0.01	0.00	0.14
Ukraine	0.04	0.04	−0.09	−0.04	−0.04	−0.02	0.00	0.00	0.00	0.13
Total	0.04	0.08	−0.07	−0.13	−0.04	−0.09	−0.05	0.10	0.05	0.12

Satisfaction with life

	UN	BE	TR	SE	CO	PO	AC	HE	ST	SD
Austria	0.06	0.12	−0.01	0.00	−0.02	−0.15	−0.08	0.08	−0.03	0.06
Belgium	−0.03	0.05	−0.00	−0.14	0.04	−0.05	−0.02	0.10	0.03	0.03
Bulgaria	−0.05	0.03	−0.05	−0.14	−0.10	−0.03	0.19	−0.00	0.07	0.15
Switzerland	−0.01	0.09	0.04	−0.04	−0.02	−0.08	−0.05	0.10	−0.01	0.01
Cyprus	0.03	0.06	−0.08	−0.04	−0.03	−0.01	−0.13	0.09	0.09	0.00
Germany	0.09	0.07	−0.01	−0.08	−0.01	−0.05	−0.07	0.05	−0.03	0.08
Denmark	−0.06	0.06	0.06	−0.07	0.00	−0.01	−0.06	0.08	0.00	0.02
Estonia	0.00	0.04	−0.03	−0.14	−0.01	−0.13	−0.04	0.07	0.05	0.11
Spain	−0.01	0.07	−0.01	−0.02	−0.05	−0.04	−0.03	0.08	0.02	0.03
Finland	−0.03	0.09	0.10	−0.12	0.10	−0.08	−0.05	0.05	−0.06	−0.04
France	0.02	0.01	0.00	−0.05	−0.01	0.02	−0.05	0.12	−0.02	−0.03
United Kingdom	0.02	0.09	−0.09	−0.10	0.00	−0.08	−0.02	0.14	0.07	0.00
Hungary	−0.04	0.05	0.05	−0.06	−0.03	−0.05	0.03	0.04	0.00	0.02
Ireland	0.00	0.08	0.05	−0.11	0.02	−0.09	−0.01	0.04	−0.02	0.02
Netherlands	0.06	0.09	−0.07	−0.09	−0.02	−0.09	−0.05	0.14	0.03	0.09
Norway	−0.04	0.04	0.06	0.01	0.09	−0.05	−0.04	0.01	−0.02	−0.07
Poland	0.01	0.00	−0.06	−0.05	−0.06	−0.02	0.03	0.03	−0.01	0.11
Portugal	0.03	0.08	−0.01	−0.04	−0.13	−0.14	0.02	0.11	0.00	0.10
Russian Federation	−0.09	0.05	−0.08	−0.17	−0.04	0.03	0.09	0.07	0.08	0.07
Sweden	−0.05	0.03	−0.05	−0.07	0.00	0.01	−0.10	0.11	0.06	0.04
Slovenia	0.03	0.02	−0.03	−0.11	−0.03	−0.06	−0.08	0.10	0.05	0.13

(continued)

Well-Being and Personal Values in Europe, Table 1 (continued)

Satisfaction with life

	UN	BE	TR	SE	CO	PO	AC	HE	ST	SD
Slovakia	−0.05	0.03	−0.04	−0.12	−0.01	0.03	0.01	0.01	0.03	0.12
Ukraine	−0.03	0.01	−0.02	−0.10	−0.01	0.01	0.06	0.05	0.02	0.07
Total	0.05	0.13	−0.06	−0.17	−0.04	−0.11	−0.08	0.14	0.05	0.11

Perceived control

	UN	BE	TR	SE	CO	PO	AC	HE	ST	SD
Austria	0.03	0.09	−0.12	−0.07	−0.11	−0.10	−0.03	0.07	0.07	0.19
Belgium	−0.02	0.00	−0.01	−0.06	−0.05	−0.06	−0.05	0.11	0.04	0.09
Bulgaria	−0.05	−0.05	−0.03	−0.03	−0.06	−0.06	0.00	0.05	0.04	0.24
Switzerland	−0.02	0.01	0.01	−0.16	−0.08	−0.06	−0.04	0.10	0.07	0.17
Cyprus	−0.07	0.07	−0.08	−0.17	−0.14	−0.12	−0.02	0.08	0.07	0.35
Germany	−0.01	0.05	−0.05	−0.10	−0.03	−0.06	−0.03	0.14	0.07	0.06
Denmark	−0.03	0.01	−0.06	−0.06	0.01	−0.10	−0.05	0.12	0.08	0.08
Estonia	−0.08	0.06	−0.11	−0.14	−0.10	−0.03	0.01	0.10	0.11	0.17
Spain	0.04	0.04	−0.02	−0.08	−0.02	−0.09	−0.03	0.04	0.06	0.15
Finland	0.01	0.03	0.08	−0.10	0.05	−0.09	−0.10	0.03	0.01	0.04
France	−0.05	0.00	−0.04	−0.08	−0.05	−0.02	−0.07	0.08	0.08	0.13
United Kingdom	0.02	0.04	−0.06	−0.09	−0.05	−0.06	−0.04	0.08	0.06	0.10
Hungary	−0.03	0.00	−0.06	−0.10	−0.02	−0.05	0.01	0.06	0.07	0.12
Ireland	−0.01	0.00	−0.06	−0.02	−0.03	−0.10	0.02	0.04	0.04	0.13
Netherlands	−0.01	−0.01	−0.11	−0.08	−0.05	−0.07	−0.02	0.14	0.10	0.11
Norway	−0.07	0.01	−0.10	−0.05	0.01	0.00	0.03	0.09	0.03	0.08
Poland	−0.03	−0.03	−0.08	−0.06	−0.11	−0.08	0.04	0.05	0.06	0.16
Portugal	−0.06	−0.03	−0.09	−0.04	−0.11	0.01	0.08	0.06	0.05	0.19
Russian Federation	−0.10	0.00	−0.16	−0.19	−0.14	0.02	0.09	0.07	0.14	0.26
Sweden	0.01	0.03	−0.06	−0.14	−0.07	−0.05	−0.01	0.13	0.06	0.10
Slovenia	0.00	0.02	−0.07	−0.13	0.00	−0.01	−0.04	0.08	0.01	0.15
Slovakia	0.01	0.04	−0.04	−0.09	−0.04	−0.07	−0.01	0.03	0.05	0.11
Ukraine	−0.11	−0.01	−0.14	−0.12	−0.11	0.01	0.08	0.09	0.10	0.25
Total	−0.01	0.03	−0.08	−0.11	−0.06	−0.07	−0.02	0.09	0.08	0.15

UN universalism, *BE* benevolence, *TR* tradition, *CO* conformity, *SE* security, *PO* power, *AC* achievement, *HE* hedonism, *ST* stimulation, *SD* self-direction. Correlations adjusted for sex, age, and the general mean to eliminate individual differences in use of the response scale
Source: European Social Survey (2006)

compared to tradition and conformity. Together, conservation values, and especially security, are associated with lower well-being. People who share conservation values may express greater need for ingroup attachment or present a less secure attachment style, which results in lower (especially affective) well-being. The correlations for extrinsic values were mostly negative across all the countries, although with more variation than for intrinsic values. Again, security showed the clearest negative cross-country pattern of association with well-being. Conformity

and tradition were, in turn, not negatively related to well-being in some Scandinavian countries (especially in Finland and Switzerland). Conversely, achievement was related to higher well-being in ex-communist countries (especially in Bulgaria, Russian Federation, and Ukraine).

In general, the findings from ESS (2006) of a positive role of intrinsic values related to openness to experience, such as self-direction, hedonism, and stimulation, and a negative role of extrinsic ones, such as security, power, and tradition, are an additional contribution to those of

previous studies that demonstrated specific, but universal, functions of extrinsic and intrinsic goals with regard to well-being (Kasser & Ahuvia, 2002; Sagiv & Schwartz, 2000; Schmuck, Kasser, & Ryan, 2000; Sheldon et al., 2004; Vansteenkiste et al., 2006).

On the other hand, the relation of some values to well-being might depend on such factors as the possibility of goal attainment, environmental conditions, and congruence between personal values and those prevailing in a given cultural context. Self-transcendence and self-enhancement values, which could be linked to egalitarian vs. hierarchical values, are not clearly associated with well-being. Specifically, universalism was related to well-being rather positively, but not as strongly as individualistic or openness to experience values, and there was substantial cross-country variation. The relation between self-transcendence goals and well-being remains weak and unclear, in accordance with the findings of Sagiv and Schwartz (2000). Also, achievement displayed a complex pattern of relationship with well-being. One explanation is that depending on the context, individual differences, and situational factors, achievement can be understood as either an extrinsic or intrinsic goal, self-concordant. Therefore, its role for promoting well-being is ambivalent.

Summary

To recapitulate, there is evidence for a specific association pattern between personal values and well-being, including affect balance, satisfaction with life, and perceived control, although the relationship is weak. The results of the study provided support for the distinction between well-being promoting and impeding values, derived from self-determination theory (Ryan & Deci, 2000). Self-direction, hedonism, stimulation, and benevolence are related to higher well-being, while security, power, and tradition are related to lower well-being. The relation of universalism, conformity, and achievement to well-being seems less clear.

Values should be taken into consideration as components of a well-being model, as proposed by various researchers (Lyubomirsky et al., 2005). Being subjacent to people's ▶ attitudes

and behavioral responses, values deserve special attention and consideration from well-being researchers, since promoting personal growth-related values can make individuals happier.

Cross-References

▶ Affective Component of Happiness
▶ Aspiration-Achievement Gap
▶ Eudaimonic and Hedonic Happiness
▶ Eudaimonic Well-being
▶ Freedom
▶ Goal Achievement
▶ Happiness
▶ Hedonism
▶ Immigrants, an Overview
▶ Intrinsic and Extrinsic Values
▶ Need for Approval Measures
▶ Personal Growth
▶ Security
▶ Self-Actualization
▶ Self-Determination Theory
▶ Subjective Well-Being (SWB)
▶ Value Theories
▶ Well-Being and Values of Immigrants to Spain

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Well-Being and Progress Measurement

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Synonyms

Negative transitory cycles; Net positive development

Definition

Measurement designed to represent well-being emerged between the 1920s and 1930s. From that time, uninterrupted research developed several measures of well-being. Valuing the progress of a country has mostly meant measuring its material growth as its GDP, but a more holistic vision suggests including other kinds of indicators to have a more balanced idea of society progress and well-being.

Description

Objective and Subjective Well-Being

Using the concepts of *Negative Transitory Cycles* (NTC) and *Net Positive Development* (NPD) (D'Acci, 2010), we see how history showed human development decreasing in certain aspects during different periods of time, lasting from a few decades to a few centuries (NTC). However, when we look at the same history but from a larger temporal perspective, we can see that our life has improved, in both quality and duration (NPD). The desire to progress is part of human nature that should be managed attenuating as much as possible future NTC and heightening NPD. For this "progress management," it requires understanding and measuring well-being. First, it needs to distinguish objective and subjective well-being.

Objective well-being concerns observable factors such as richness, health, and tangible goods. *Subjective well-being* concerns psychological experiences.

We can look at well-being not only as objective well-being but also as *happiness* (subjective well-being) or, respectively, as *material well-being* (*material utility*) and as *psychological well-being* (*psychological utility*). This separation is also close, although does not coincide, with the distinction between stimulation and comfort of Scitovsky in his well-known The Joyless Economy (1976).

When we purchase a bike, our objective well-being is given by the level of material utility provided by it (greater mobility, a means of exercising, a property that can be sold and therefore receive some proceeds), while our subjective well-being derives from the answers to several questions such as the following: "Is it my first bike?" "How important is it for my own philosophy of life to have a bike or to have

a beautiful bike?" "How psychologically significant is it for me to have this kind of physical activity?" "How fulfilling is it to move/travel in an ecological way?" "How is my new bike compared with my previous one and with the bikes of people around me?"

In 2006 Paul Dolan outlined five main theoretical approaches to measuring well-being: preference satisfaction (assuming people's rationality, it contends that their well-being will be highest if they have the most resources – i.e., income), objective lists (defining a list of conditions – i.e., freedom, education – from which well-being emerges), functioning accounts (focusing on life's experiences/characteristics believed to be part of living well – i.e., social relation, engagement), hedonic accounts (balances positive-negative emotions usually measured over short periods of time), and evaluative accounts (individual assessment of one's own life – it is a judgment about the feeling rather than the feelings themselves).

Measuring Subjective Well-Being

Measures of happiness appeared in applied branches of psychology, medicine, and sociology attempting to understand the causes of happiness.

The origin of a science of well-being was marked by a 1917 article of Myerson proposing a discipline of "empathics" as the study of "the well-being of the normal." Measures of subjective happiness emerged in marital studies (Davis K.B.) in 1929, in educational psychology (Watson G.) in 1930, and in personality psychology (Allport, 1937; Murray, 1938). A number of studies emerged after these initial developments.

Watson (1930) asked people to describe their average state over several months with this question: "Comparing yourself with other persons of the same age and sex how do you feel you should rate your own general happiness?" The subjects were asked to indicate their reply by drawing a short vertical line in a horizontal line where, from left to right, "most miserable of all," "about three-fourths of the population happier than you are," "the average person of your own age and sex," and so on were written. They were also asked to make a circle at the point where they

assume their friends would rate them. After, subjects had to choose one sentence, among ten (such as "Cheerful, gay spirits most of the time. . ." and "Ups and down, now happy about things, now depressed. . ."), which comes nearest to fitting them. Another question asked subjects to write in a sentence or two – something like those above – which describe their general happiness in life. Then subjects were given a list of 50 properties, half positive and half negative (enthusiastic, troubled, annoyed, etc.), and asked to check every term that could define their attitudes. Finally by a graphic rating device as in the first question, they had to indicate their happiness in different areas and stages of life. Based on these responses, Watson calculated an aggregate happiness score. Under the supervision of Watson, Sailer C. in 1931 gave another contribution to well-being measurement by his "Happiness self-estimates of young men."

Hart (1940) proposed the "chart of happiness," measuring happiness by a scale like a centigrade thermometer. From zero down, the scores mean deeper and deeper unhappiness and vice versa. Hart devised two euphorimeters: one to measure happiness at the moment and the other the general happiness on which one lives in the long run. For the "At-the-Moment Euphorimeter," participants were asked to underline each adjective (among a list of 48 synonyms of "happy-unhappy"), which describes how they felt during that day, and to cross out the adjectives not describing how they felt. A subject was said to have a happy reaction underlining a positive adjective or crossing out a negative one and an unhappy reaction if vice versa. The score was computed by the number of happy minus unhappy reactions. For the "Long-Run Euphorimeter," many of the questions asked participants how they "usually" felt.

Goldings' study (1954) showed subjects 30 photographs of faces with ambiguous expressions and asked them to rate people's happiness-unhappiness on a ten-point scale. In theory, subjects would be expected to project their own happiness onto the faces. Second, subjects were given linear-type rating scales as in Watson (1930), and an average avowed happiness score from 1 to 6 was calculated. Finally Goldings

asked five clinical experimenters to rank order the subjects' general happiness. He found high agreement among the five judges and between the clinical judges and the subjects' avowed happiness but no correlation between this last and projected happiness. Hence, he concluded that the indirect measure of happiness, by the projection of happiness, must be rejected.

Gurin, Veroff, and Feld (1960) enrolled 2,460 randomly selected adults and asked, "Taking things all together, how would you say things are these days – would you say you're very happy, pretty happy, or not too happy?" Quite similar questions were used in other recent surveys: "All things considered, how satisfied are you with your life as a whole these days?" (on a scale from one, dissatisfied, to ten, satisfied; *World Values Survey*) and "On the whole, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied with the life you lead?" (*Eurobarometer Surveys*).

Neugarten, Havighurst, and Tobin (1961) proposed two indexes: Life Satisfaction Index A and Life Satisfaction Index B. The first had 20 assertions like "I have gotten pretty much what I expected out of life" and checkboxes for agree-disagree-unsure, one point for any agreement with a satisfaction assertion or disagreement with a dissatisfaction. The score was the sum of the points. The second index had 12 questions like "how satisfied would you say you are with your way of life," replying "very satisfied" (2 points), "fairly satisfied" (1 point), or "not very satisfied" (0 point).

Campbell's "Index of General Affect" (1976) is based on descriptive adjectives by which participants describe their lives. Combining the result of this adjective test with a satisfaction score from questions about specific topics (happiness, marriage, housing, job, etc.), Campbell built an "Index of Well-Being."

The "Delighted-Terrible Scale" (D-T) of Andrews and Withey (1976) has seven categories ranging from "delighted" to "terrible" providing a global assessment of happiness-satisfaction of people's lives.

Other surveys use multiple-item approaches such as the "Satisfaction With Life Scale" (Pavot & Diener, 1993), which is composed of five questions, rated on a scale from 1 to 7.

Psychological studies (Kahneman 2006; Kahneman, Krueger, Schkade, Scharw, & Stone, 2004, 1994) show several types of problems that occur when people try to give a global evaluation about their happiness. So Kahneman proposed a method of evaluating the global happiness of a person through a reconstruction of the previous day, by filling out a structured questionnaire: *Day Reconstruction Method* (DRM). The respondents rate each episode of the previous day in terms of its positive or negative effect (momentary utility) and also indicate how long each episode lasted. Global "happiness" is then the temporal integral of momentary utility.

This idea of the global day of happiness as a temporal integral of momentary utility comes from the utilitarian Jeremy Bentham (1789) through Francis Ysidro Edgeworth (1881) and Alfred Marshall (1890). This concept was called *experienced utility* by Kahneman, and it is pretty similar to the *process benefits* of Juster, Courant, and Dow (1985): "...direct subjective consequences from engaging in some activities to the exclusion of others... For instance, how much an individual likes or dislikes the activity 'painting one's house', in conjunction with the amount of time one spends in painting the house, is as important a determinant of well-being independent of how satisfied one feels about having a freshly painted house."

Figure 1 shows some average *experienced utility* (or *net affect*) scores, concerning some episodes during the day, from the above-mentioned research carried out on a sample of 909 employed women in Texas (Kahneman et al., 2004). The respondents rated each episode of the previous day by replying to the following question: "How did you feel during this episode?" In replying to this question, she gave a score from 0 to 6 on some possible feelings (happy, frustrated/bored, depressed/sad, annoyed/frightened, tender/cordial, irritated/vexed, worried/anxious, amused, tired), where 0 indicates that the relative feeling was not felt at all and 6 indicates that the respondents experienced that feeling very much. The net affect is the
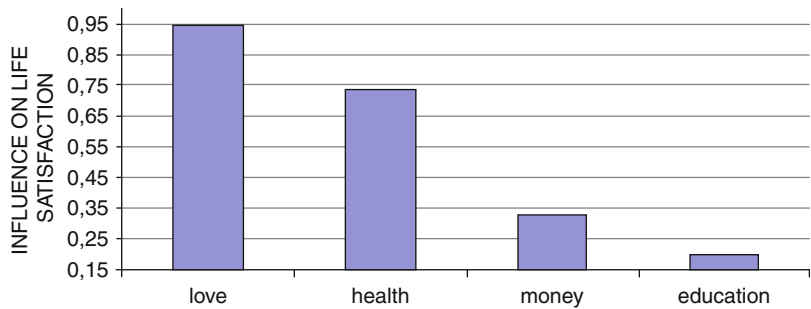
Well-Being and Progress Measurement,
Fig. 1 "Happiness" (net affect) and time spent on some activities (Source: D'Acci 2010; elaboration of data from Kahneman et al. 2004)
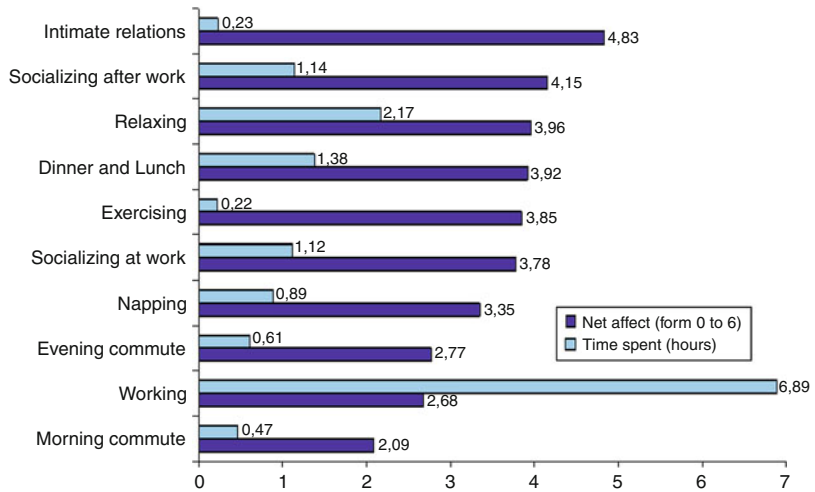
Well-Being and Progress Measurement,
Fig. 2 Influence on life satisfaction (Source: D'Acci 2010)


mean of the scores of the positive feelings minus the mean of the scores of the negative feelings.

Research carried out by Leu, Burri, and Priester (1997) in Switzerland, on a sample of more than 6,000 people, showed, by multiple regression, the relative impact of several socioeconomic, demographic, and institutional variables on the level of life satisfaction. Figure 2 shows the influence of some of these variables, and in this histogram, the height of the bar *love* indicates the difference between the average score of life satisfaction of people who are "married" and of people who are "separated and living alone," keeping constant all the other variables. *Health* indicates the same kind of comparison but between people with "good health" and "bad health." While *money* is the comparison between people with "income SFr.5,000 and more" and "income less than SFr.2,000," *education* is between people with "elevated education" and "base education."

In a recent interview with Kahneman (2010) (Jarden, 2011), he mentioned that the most important well-being finding is that it has a large genetic component. Headey and Wearing (1992) already talked about the "homeostatic process": Even after several modifications in our life condition, our happiness tends to go back to our original level of happiness. It is as if our happiness derives more from our genetic predisposition than from events changing our life.

Measuring Objective Well-Being

As sources of objective well-being, we mean every aspect that can be directly measurable like economic richness (GDP, income), longevity (average death age), health (number of pathologies, etc.), pollution, life quality in cities (criminality, percentage of green, traffic, transport, distribution of beauties and amenities – methodology proposed in D'Acci, 2009, 2008 – etc.), level of human rights (the condition of women, hours of work,
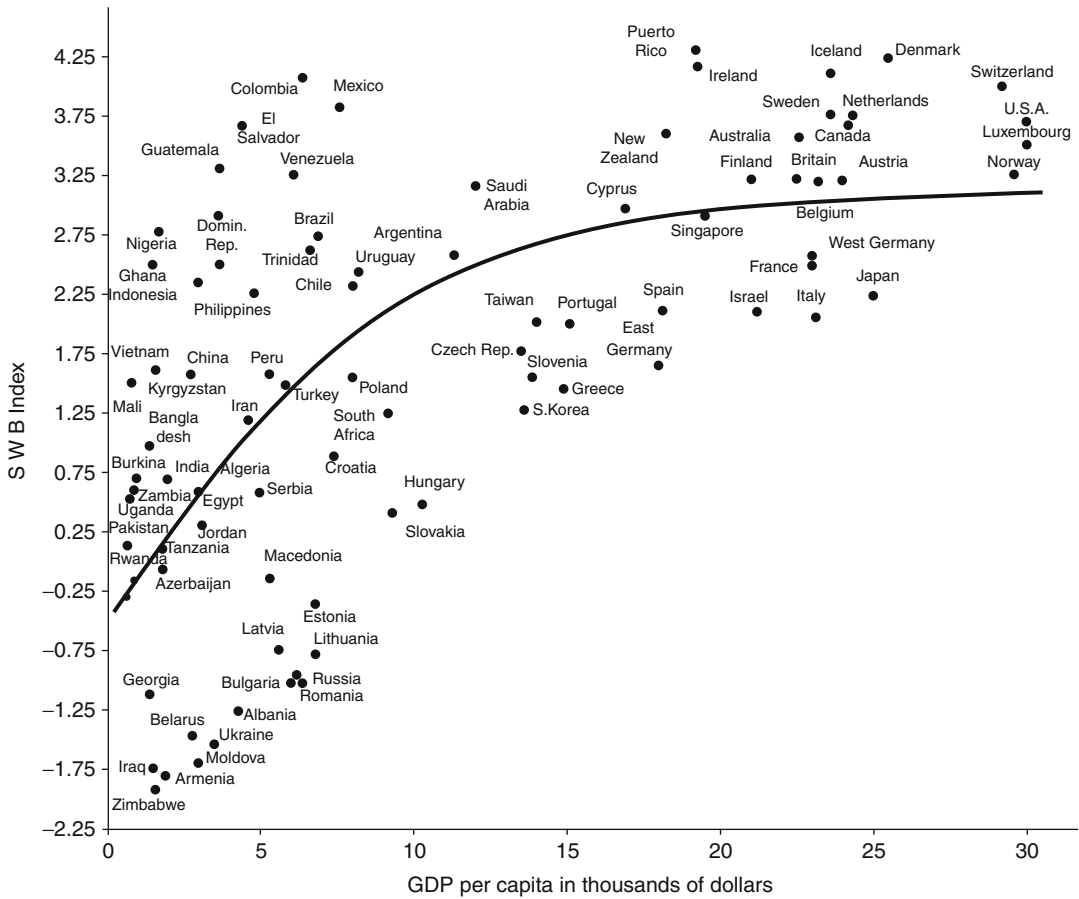
Well-Being and Progress Measurement, Fig. 3 Subjective well-being (SWB), per capita gross domestic product (GDP) PPP = purchasing power parity estimates. Well-Being Index is based on reported life satisfaction and happiness, using mean results from all available surveys conducted during 1995–2007 (cubic curve plotted; r5.62) (Source: elaboration from D'Acci 2010; Inglehart et al. 2008, Fig. 2, p. 269)

freedom, etc.), national healthy lifestyle (sport practice, drinking/smoking culture, unhealthy alimentary habits, etc.), and education (number of universities, average level of study, etc.).

Even if we want to consider the results of other research which shows how an increase of richness does not correspond to an increase in happiness (expressed), there is evidence that, at the very least, it does not decrease, but on average stays the same (except the case of China during the period 1994–2005) (Kahneman, 2006) and some other countries that show a little decrease of expressed happiness (Internet appendix to Inglehart, Foa, & Welzel, 2008). A relation is also presented between GDP per capita and life expectancy at birth (Fig. 4).

As a reaction against the use of GDP as a measure of the goodness of life, the quality of national life, in the 1960s the social indicators movement emerged.

Well-Being and Progress Indicators
As well-being and "progress" measures of a country, we should consider both objective and subjective well-being. Several alternative indicators and indexes have been proposed.

The *Human Development Index* (HDI) combines measures of life expectancy, literacy, educational attainment, and GDP per capita: life expectancy at birth, as an index of population health and longevity; knowledge and education, as measured by the adult literacy rate
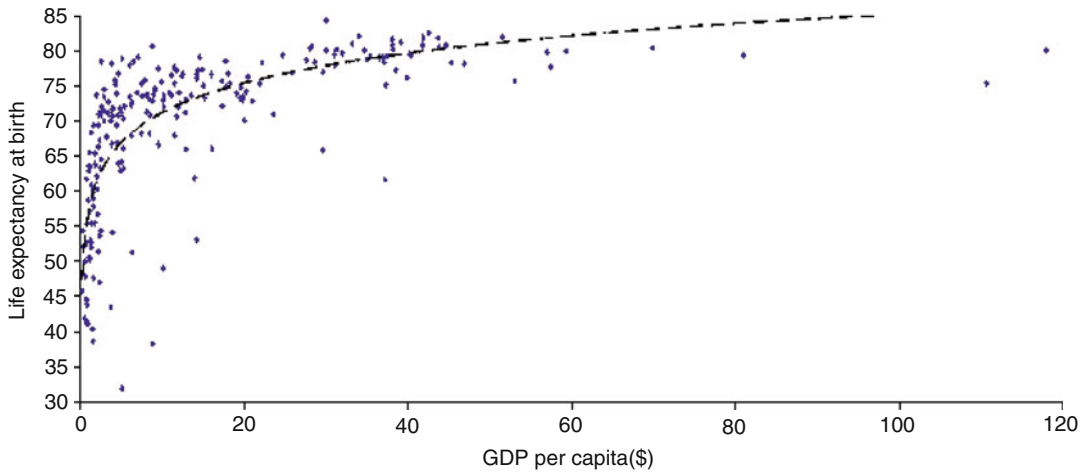
Well-Being and Progress Measurement, Fig. 4 GDP per capita and life expectancy at birth (2009) in 224 countries (Source: D'Acci 2010)

(with two-thirds weighting) and the combined primary, secondary, and tertiary gross enrollment ratio (with one-third weighting); and standard of living, as measured by the natural logarithm (to reduce the impact beyond a certain level) of gross domestic product per capita at purchasing power parity (GDP ppp). Each of these three factors has the same weight.

The *Genuine Progress Indicator* (GPI) adds to GDP the cost of negative effects related to economic activity (such as the cost of crime, cost of ozone depletion, and cost of resource depletion, among others), proposed by Cliff Cobb (1994).

The *Index of Sustainable Economic Welfare* (ISEW) = personal consumption + public non-defensive expenditures + capital formation + services from domestic labor – costs of environmental degradation – depreciation of natural capital – private defensive expenditures. The index is based on the ideas presented by William Nordhaus and James Tobin (1973). It was first coined in 1989 by Herman Daly and John B. Cobb. They later went on to add several other "costs" to the definition of ISEW. In this later work, they built the *Genuine Progress Indicator*.

The *Gross National Happiness* (GNH) includes indicators about psychological well-being, ecology, health, education, culture,

living standards, time use, community vitality, and good governance. It was coined in 1972 by Bhutan's former King Jigme Singye Wangchuck.

The *Quality of Life Index* indicators used are material well-being (GDP per person), health (life expectancy at birth), political stability and security, family life (divorce rate), community life, climate and geography (latitude), job security (unemployment rate), political freedom, and gender equality (ratio of average male and female earnings), developed by the Economist Intelligence Unit in 2005.

The mathematical expression for the *Life-Quality Index* (LQI), L, is L = EKG where E is the expectancy of healthy life at birth, G is the gross domestic product (GDP) per person, and the parameter K is a constant based on time budget studies which are available for many countries (K is approximately equal to 5.0 for developed nations), defined by Nathwani et al. (1997).

The *Sustainable Society Index* (SSI) (2006, Sustainable Society Foundation) measures the level of sustainability in its broadest sense: human well-being, environmental well-being, and economic well-being and comprises 24 indicators.

A dynamic model of well-being was developed by "nef" (the New Economic Foundation, Thompson & Marks, 2008), where well-being is given by individual's "external conditions,"

GDP (PPP)		GDP per capita		Well-Being & Progress Index WIP		Human Development Index HDI		Quality of life index	
USA	1,000	Luxembourg	1,000	Iceland	0,760	Luxembourg	0,933	Ireland	8,333
China	0,710	USA	0,691	Denmark	0,759	Norway	0,873	Switzerland	8,068
Japan	0,321	Norway	0,683	Finland	0,757	Iceland	0,850	Norway	8,051
India	0,304	Ireland	0,634	Norway	0,730	Ireland	0,847	Luxembourg	8,015
Germany	0,195	Iceland	0,600	Sweden	0,729	USA	0,845	Sweden	7,937
United Kingdom	0,161	Switzerland	0,585	Netherlands	0,728	Canada	0,832	Australia	7,925
France	0,148	Denmark	0,557	Australia	0,726	Australia	0,829	Iceland	7,911
Italy	0,134	Austria	0,553	Austria	0,723	Switzerland	0,821	Italy	7,810
Brazil	0,125	Canada	0,547	Switzerland	0,722	Sweden	0,819	Denmark	7,796
Russian	0,124	United Kingdom	0,545	Ireland	0,715	Denmark	0,817	Spain	7,727
Spain	0,094	Netherlands	0,536	Belgium	0,697	Netherlands	0,817	Singapore	7,719
Mexico	0,089	Sweden	0,533	USA	0,695	Finland	0,815	Finland	7,618
Canada	0,086	Finland	0,527	New Zeland	0,688	Austria	0,809	USA	7,615
Indonesia	0,068	Belgium	0,526	Germany	0,684	France	0,808	Canada	7,599
Australia	0,051	Australia	0,521	United Kingdom	0,682	United Kingdom	0,805	New Zeland	7,436
Turkey	0,048	Japan	0,512	Luxembourg	0,672	Japan	0,804	Netherlands	7,433
Argentina	0,044	France	0,497	Japan	0,668	Belgium	0,803	Japan	7,392
Iran	0,043	Singapore	0,485	France	0,664	Spain	0,796	Portugal	7,307
Netherlands	0,042	Germany	0,481	Canada	0,651	New Zeland	0,782	Austria	7,268
Poland	0,042	Italy	0,465	Spain	0,646	Italy	0,781	Greece	7,163
South Africa	0,041	Qatar	0,451	Italy	0,644	Germany	0,773	Belgium	7,095
Philippines	0,034	Spain	0,443	Greece	0,629	Greece	0,750	France	7,084
SaudiArabia	0,029	Kuwait	0,428	Singapore	0,577	Singapore	0,745	Germany	7,048
Belgium	0,026	UnitedArabEmirates	0,415	Poland	0,569	Portugal	0,692	United Kingdom	6,917
Colombia	0,026	New Zeland	0,406	Estonia	0,569	Kuwait	0,684	Mexico	6,766
Egypt	0,025	Greece	0,379	Slovakia	0,566	Qatar	0,660	Malaysia	6,608
Sweden	0,023	Portugal	0,329	Portugal	0,560	Poland	0,663	Brazil	6,470
Austria	0,022	Slovakia	0,252	Lithuania	0,550	Argentina	0,650	Argentina	6,469
Malaysia	0,022	SaudiArabia	0,249	Croatia	0,550	Lithuania	0,645	Qatar	6,462
Switzerland	0,021	Estonia	0,245	Argentina	0,538	Estonia	0,642	SriLanka	6,417
Greece	0,020	Lithuania	0,229	Uruguay	0,537	Slovakia	0,636	Philippines	6,403
Portugal	0,017	Argentina	0,225	Mexico	0,525	Latvia	0,634	Slovakia	6,381
Romania	0,015	Poland	0,218	Bulgaria	0,518	UnitedArabEmirates	0,631	Uruguay	6,368
Norway	0,015	Latvia	0,215	Romania	0,514	Uruguay	0,631	Panama	6,361
Denmark	0,014	Croatia	0,204	Latvia	0,501	Croatia	0,613	Poland	6,309
Peru	0,013	Mauritius	0,199	Panama	0,496	Bulgaria	0,589	Croatia	6,301
Finland	0,013	South Africa	0,172	Kuwait	0,483	Mexico	0,577	Turkey	6,286
Ireland	0,012	Malaysia	0,168	Malaysia	0,476	Romania	0,568	Ecuador	6,272
Singapore	0,010	Russian	0,167	Philippines	0,470	Panama	0,566	Peru	6,216
Kazakhstan	0,009	Mexico	0,166	Indonesia	0,468	Kazakhstan	0,561	Colombia	6,176
New Zeland	0,008	Uruguay	0,152	Kazakhsian	0,468	Russian	0,559	Kuwait	6,171
SriLanka	0,007	Romania	0,137	Brazil	0,455	Macedonia	0,551	ElSalvador	6,164
Slovakia	0,006	Bulgaria	0,137	Qatar	0,451	Brazil	0,547	Bulgaria	6,162
Tunisia	0,006	Turkey	0,126	Russian		Malaysia	0,546	Romaina	6,105
Bulgaria	0,005	Brazil	0,126	Mauritius	0,444	SaudiArabia	0,538	China	6,083
Kuwait	0,005	Tunisia	0,126	Tajikistan	0,441	Colombia	0,536	Lithuania	6,033
Croatia	0,004	Iran	0,119	Peru	0,435	Ecuador	0,531	Latvia	6,008
Ecuador	0,004	Kazakhastan	0,117	Paraguay	0,431	Mauritius	0,528	Estonia	5,905
Lithuania	0,003	Panama	0,113	ElSalvador	0,431	Philippines	0,527	UnitedArabEmirates	5,899
Nepal	0,003	Colombia	0,108	SriLanka	0,429	Peru	0,518	Indonesia	5,814
ElSalvador	0,002	Macedonia	0,106	Colombia	0,426	China	0,512	SaudiArabia	5,767
Uruguay	0,002	China	0,098	Nicaragua	0,424	Paraguay	0,502	India	5,759
Latvia	0,002	Peru	0,086	Turkey	0,413	Turkey	0,495	Paraguay	5,756
Luxembourg	0,002	ElSalvador	0,073	Tunisia	0,413	SriLanka	0,476	Nicaragua	5,663
Paraguay	0,001	Philippines	0,071	China	0,401	Tajikistan	0,473	Egypt	5,605
Bolivia	0,001	Paraguay	0,063	SaudiArabia	0,391	Iran	0,469	Bolivia	5,492
Panama	0,001	SriLanka	0,062	Ecuador	0,385	Indonesia	0,468	Tunisia	5,472
Estonia	0,001	Ecuador	0,058	India	0,384	Tunisia	0,468	Iran	5,343
Nicaragua	0,001	Egypt	0,058	Bolivia	0,382	ElSalvador	0,448	Macedonia	5,337
Madagascar	0,001	Indonesia	0,049	Iran	0,378	Bolivia	0,447	SouthAfrica	5,245
Mauritius	0,001	Nicaragua	0,046	UnitedArabEmirates	0,374	Nicaragua	0,427	Kazakhstan	5,082
Macedonia	0,000	India	0,043	Macedonia	0,367	Egypt	0,410	Russia	5,796
Zambia	0,000	Bolivia	0,032	Egypt	0,355	South Africa	0,342	Tajikistan	4,754
Iceland	0,000	Nepal	0,011	Madagascar	0,352	India	0,271		
Tajikistan	0,000	Tajikistan	0,007	South Africa	0,325	Madagascar	0,249		
		Zambia	0,002	Nepal	0,325	Nepal	0,180		
		Madagascar	0,000	Zambia	0,211	Zambia	0,097		

Well-Being and Progress Measurement, Fig. 5 Comparison among WIP and GDP, GDP per capita, HDI, and quality of life index (Source: D'Acci 2010)

income, employment, housing, etc., acting together with their personal characteristics – optimism, resilience, etc.

The *Well-Being and Progress Index* (WIP) (D'Acci, 2010) combines indicators among life expectancy at birth, richness and equality, subjective well-being, education, research, political rights, civil liberties, women's equality, and intentional homicides and will add quality of the urban environment and ecological behaviors.

The *Your Better Life Index* of the Organisation for Economic Cooperation and Development (OECD, 2010) defines the well-being of countries by 11 topics: community, education, environment, governance, health, housing, income, jobs, life satisfaction, safety, and work-life balance.

Discussion

Measures of well-being were developed as an ethical wish to improve society. These measurements can provide macrolevel indicators of life's quality and substitute the economic measures (GDP) mostly used till nowadays as the single social well-being and progress meter. Since some top economists joined, the quality of research on well-being has improved as well as its statistical analysis level. Also, recently geneticists and physiologists are adding their contribution. Probably this multidisciplinary approach will be able to increasingly give the right input to the research of quality of life and its measurement.

Cross-References

▶ Qualitative Indicators of Development

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Well-Being and Quality of Life

▶ Quality of Life (QOL), an Overview

Well-Being and Self-Wants

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Synonyms

Control-process theories of motivation; Desire-fulfillment theories of happiness; Self-wants satisfaction

Definition

Self-wants are desires that arise from discrepancies between what one has and what one does not. Such discrepancies are negatively related to ▶ well-being (Larsen & McKibban, 2008a; Michalos, 1985), even for those who want more of what they already have (Norris & Larsen, 2011). Conversely, more greatly wanting what one has is positively related to well-being (Larsen & McKibban) and mitigates the negative effects on well-being of wanting more of what one already has (Norris & Larsen). Self-wants have been examined in many other domains such as religion and social life (Michalos, 1991, 1993) and can arise from a number of sources, including perceived discrepancies between what one has and what one wants, what one thinks others have, and what one expects to have in the future (Michalos, 1985). In this entry, self-wants are discussed more specifically with regard to material desires that result from perceived have-want discrepancies.

Description

The idea that ▶ happiness is a function of the discrepancy between what one has and what one wants has a long intellectual history that can be traced from Aristotle to James's (1950/1890) conceptualization of ▶ self-esteem as the ratio of successes to pretensions. Discrepancy theories are closely related to desire-fulfillment theories of happiness (e.g., Parfit, 1984). More generally, self-wants are related to control-process theories of motivation, which hold that negative affect results from increased discrepancies between one's actual or perceived and desired state (i.e., Carver & Scheier, 2002).

Self-want discrepancies may result from what one actually has and wants (Larsen & McKibban, 2008) as well as what one thinks others have (Michalos, 1985). Discrepancies can also arise subjectively from the extent to which one wants what they already have (Larsen & McKibban). The relationship of such discrepancies to happiness is well established (Michalos). For instance,

the positive relationship between money and well-being is greatest among those who highly desire financial success (Nickerson, Schwarz, Diener, & Kahneman, 2003). Laboratory research demonstrates that how happy people are with their income depends both on how desirable the things they want are and whether they are able to purchase those things at their income level (Solberg, Diener, Wirtz, Lucas, & Oishi, 2002).

One way to reduce self-want discrepancies and thus increase happiness is to obtain more of what we want. Indeed, those who have more of what they want are happier (Larsen & McKibban, 2008a). However, our wants may be subject to the ▶ hedonic treadmill (Brickman & Campbell, 1971). If we quickly replace our newly acquired wants with new wants, we will not be happier. Indeed, we may even want bigger, better, and newer versions of things that we already have (Norris & Larsen, 2011).

On the other hand, self-want discrepancies may also be reduced by more greatly wanting what we already have. Indeed, Rabbi Hyman Schachtel (1954) said that "happiness is not having what you want, but wanting what you have" (P. 37).

Across two studies, Larsen and McKibban (2008a) tested this maxim by having participants indicate the extent to which they wanted 52 material items as well as whether or not they had each of the items. These items were representative of a broad range of things likely considered luxuries (e.g., a flat-screen TV) as well as things more utilitarian in nature (e.g., a bed). To measure happiness, participants completed the ▶ Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985).

In Fig. 1, the extent to which one wants what they have is represented by the overlap between the two boxes. The extent to which one has what they want is represented by the overlap between the two boxes, divided by the white-shaded area outside the gray box. To quantify these variables, the extent to which participants wanted what they had and had what they wanted was calculated by employing two conditional probabilities with common numerators but
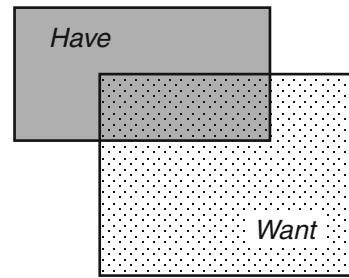
Well-Being and Self-Wants, Fig. 1 The extent to which one wants what they have is represented by the overlap between the two boxes. The extent to which one has what they want is represented by the overlap between the two boxes, divided by the white-shaded area outside the gray box. Adapted with permission from Larsen & McKibban (2008b)

different denominators, resulting in two distinct and quantifiable variables. Specifically, wanting what one has is represented by the degree to which one wants the things that they have divided by the number of things that they have. The extent to which one has what they want is represented by the degree to which one wants the things they have divided by the degree to which they want all of the items – those that they have and those that they do not.

Results indicated that Rabbi Schachtel was partially correct. Participants who wanted what they had more than others did tend to be happier, in accordance with the Rabbi's maxim. However, the results also supported traditional discrepancy theories of happiness. Participants who had more of what they wanted were also happier than those who had less of what they wanted. In short, both the extent to which people wanted what they had and the extent to which they had what they wanted both accounted for unique variance in happiness.

The fact that wanting what one has is related to happiness may not be inconsistent with discrepancy theory. Happiness may be a function of the degree of concord between what one has and what one wants, as opposed to simply the distance between one's wants and haves. From this perspective, discrepancies may result from either wanting what one does not have more greatly or wanting what one does have less greatly. It could

be that an increased focus on what one does have reduces the focus on what one does not have, subjectively diminishing the perceived discrepancy between haves and wants. This could be part of the explanation for why grateful individuals are happier (McCullough, Emmons, & Tsang, 2002). Indeed, a follow-up study demonstrated that wanting what one has partially mediated the effects of ▶ gratitude on well-being (Larsen & McKibban, 2008a). That is, grateful people were happier, in part, because they more greatly wanted what they had. Conversely, maximizers, who strive to attain the ideal, are less happy (Schwartz et al., 2002). To the extent that maximizers do not always attain the ideal, they may be less happy because they want what they have less and want what they do not have more. Consistent with previous findings, Larsen and McKibban found that maximizers were less happy. Mediational analyses indicated that this was due, in part, to the fact that they wanted what they had less, and to a smaller extent, because they had less of what they wanted.

Wanting what we have may be a particularly promising approach to happiness to the extent that desire-fulfillment strategies result in hedonic treadmill effects. On the hedonic treadmill, we can never have everything we want, because our wants keep pace with (or even outpace) our haves. We may want a tablet PC. Having acquired one, however, we may soon want a newer one. This is a particularly important consideration in the developed world, in which most people have quite a bit to begin with. In fact, we may have everything we want and still want more of those things, a phenomenon Norris and Larsen (2011) called "wanting more."

Wanting more will create self-want discrepancies, just as not having the things we want will create discrepancies. Wanting more is a unique phenomenon, however. Just because we have a car does not mean that we do not want another one, or a newer one, a bigger one, or a faster one. Wanting more is also conceptually distinct from wanting what we have. Just because we want

another car does not necessarily mean we are unhappy with the one that we have either.

Because wanting more can create self-want discrepancies, we predicted wanting more would be negatively related to well-being. Because wanting more is conceptually distinct from wanting what one has, we did not expect the variables to simply be inversely related. Rather, they should be empirically distinct and thus uncorrelated. However, just as we predicted wanting more would be negatively related to well-being because it exacerbates self-want discrepancies, we predicted that wanting what one has may mitigate these effects. Wanting what one has may subjectively reduce self-want discrepancies; it may do so by focusing attention on what people have relative to what they do not.

To examine wanting more, we asked undergraduates to report the extent to which they had and wanted each of ten items (Norris & Larsen, 2011). These items were culled from the larger set of items used in Larsen and McKibban (2008a); however, we collapsed some specific items into larger categories. For instance, instead of asking whether participants had and wanted an Xbox or Playstation, we asked them if they had and wanted a video game system more generally.

Participants first reported whether they had each of the ten items. If they had the item, they then reported the extent to which they wanted it. However, they also reported the extent to which they wanted a different one. Following Larsen and McKibban (2008a), we computed the extent to which participants wanted what they had as the average degree to which they reported wanting those things divided by the number of scale points in order to yield a conditional probability with scores ranging from 0 to 1. We calculated the extent to which participants wanted more in a parallel manner.

Participants also completed the ▶ Satisfaction with Life Scale (Diener et al., 1985) as well as a measure of materialism (Richins & Dawson, 1992). ▶ Materialism is a value defined as the central importance placed on the acquisition of material possessions (Richins & Dawson).

We predicted that materialism may be related to wanting more. Materialists may have quite a bit, but that may not keep them from wanting more of what they have.

Results confirmed these hypotheses. Wanting what one has and wanting more were uncorrelated, indicating that wanting more of what you already have did not keep our participants from wanting what they already had. Furthermore, those who wanted more were less happy. However, this effect was moderated by the extent to which people wanted what they had. Only those who both wanted more and wanted what they had less greatly were less happy. In short, wanting what one has mitigates the negative effects of wanting more.

Discussion

Self-wants arise in many domains (Michalos, 1991, 1993) and can result from discrepancies between what one has, what one wants, thinks others have, has had, expects to have, etc. (Michalos, 1985). For luxury material goods, self-want discrepancies can arise even for things that one already has, with negative consequences for well-being (Norris & Larsen, 2011). Wanting what one has, on the other hand, can mitigate these negative effects. In the material domain more broadly, wanting what one has is associated with gratitude and greater well-being (Larsen & McKibban, 2008a).

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Well-Being and Sustainability Accounting

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Well-Being and Values of Immigrants to Spain

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Synonyms

Basic values and well-being in migrants to Spain; Goals and well-being in migrants to Spain; Human values and well-being in migrants; Individual values and well-being in migrants; Values and affect in migrants; Values and immigration; Values and perceived control in migrants; Values and satisfaction with life in migrants; Well-being and immigration

Definition

Both studies carried out at the collective (Basabe, Páez, & Valencia, 2002) and individual level (Sagiv & Schwartz, 2000) have shown that cultural and personal values (Schwartz, 1992) are linked to ▶ well-being. Schwartz (1992) suggested a model of ten basic values: universalism, benevolence, tradition, conformity, ▶ security, power, ▶ achievement, ▶ hedonism, stimulation, and self-direction, which are grouped into four general objectives (self-transcendence, conservation, self-enhancement, and openness to change). Healthy values hypothesis suggests that values can be considered generally adaptive or inadaptive. In contrast, according to the person-environment congruence perspective, the role of values for psychological functioning might depend on the environmental, cultural, or socioeconomic context (Sagiv, Roccas, & Hazan, 2004).

Description

Values, Well-Being, and Immigration

The relationship between personal values and well-being is particularly interesting in the context of ▶ immigration. According to ▶ self-determination theory, in optimal conditions, the pursuit and attainment of intrinsic values would boost well-being. Nevertheless, psychological threat increases the priority people give to extrinsic goals (financial success, popularity, and image) compared to intrinsic ones (▶ personal growth, affiliation, and community) (Sheldon & Kasser, 2008). In suboptimal conditions people orient themselves more toward psychological needs for security and safety. Threat is therefore a stimulus to seek security at the expense of ▶ self-actualization. Status, money, and image may help survive.

Immigrants might feel psychologically threatened in the new cultural context. Their ▶ motivation to migrate is also directly linked to extrinsic values of security, wealth, and status, which immigrants pursue at the expense of intrinsic values. The feeling of obligation to strive for not necessarily self-concordant goals may lead to lower well-being. Immigrants in Europe were found to report lower levels of subjective well-being but higher levels of socioeconomic satisfaction than the rest of the population (Baltatescu, 2005), which might indicate that attaining extrinsic and/or nonconcordant goals indeed undermines well-being.

Yet, pursuing some extrinsic values such as power (money, wealth, and status) might enhance immigrants' well-being because such values can aid sociocultural adjustment. Likewise, conservation values of security, tradition, and conformity, although in principle considered extrinsic, might be also related to the motivation to migrate. Fulfillment of these needs may lead to positive well-being. However, apart from migrating to pursue goals such as caring for one's family or security, people also migrate to attain other goals, such as personal growth or achievement. Tartakovsky and Schwartz (2001) found that people tend to migrate as a result of three types of motivation: preservation (security),

self-development (growth), and ▶ materialism (money, wealth). These motivations were related to personal values and well-being. When motivation to migrate is based on conservation or self-enhancement values, it is associated with lower well-being, whether because those goals are intrinsic, difficult to attain in the host society, or incongruent with the environment. Finally, universalism and benevolence values might seem artificial in the face of the constant social inequity experienced as an immigrant. Hence, the pursuit of such goals would not be associated as strongly with well-being as in the host nationals, which is not experiencing the same level of ▶ psychological stress and threat.

Culture, Context, and Well-Being

Values can also be analyzed at the collective level. There are two main cultural dimensions: individualism-▶ collectivism and hierarchy or power distance (Hofstede, 2001). As far as immigrants in Spain are concerned, they mostly come from collectivistic cultures, while ▶ Spain itself would be relatively more individualistic. Cultural values are also pertinent for well-being. Among collectivists well-being was more strongly associated with financial satisfaction and in the individualistic context with ▶ freedom and ▶ self-esteem needs (Hofstede, 2001).

Immigrants may not be strongly inclined toward pursuing self-direction or hedonism because they may strive more for improving their socioeconomic status. Also, experiencing different types of psychological threat, immigrants would be primarily focused on attaining values of security and conformity, which would reinforce their feeling of stability and acceptance in a new society. Finally, they would have an interest in maintaining their own cultural repertoire, as values of tradition reinforce their cultural identity and give them a feeling of belonging. For example, confirming the positive effect of tradition, conformity, and security on well-being, collectivistic values were associated with ▶ life satisfaction in the individualistic countries of European Union (Lima & Novo, 2007). For this reason, immigrants in EU would experience lower well-being, first, being in a society where

pursuing extrinsic goals is more intensively promoted and, second, as persons who experience value conflict situations in an individualistic host country. In addition, UE differs from the countries from which the immigrants proceed, being less hierarchical (Hofstede, 2001). Immigrants might focus on attaining values of power and achievement, as it could help them promote themselves in their new environment. In consequence, immigrants' well-being might again be threatened by the value conflict related to emotional inhibition in a more egalitarian context or the pursuit of extrinsic, not self-concordant values.

Basing on the theoretical review presented, Bobowik, Basabe, Paez, Jimenez-Aristizabal, and Bilbao (2011) suggest a series of specific hypotheses presented in Table 1.

The Key Findings

A recent study (Bobowik et al., 2011) analyzed the relationship between personal values and both hedonic (affectivity, ▶ life satisfaction) and eudaimonic (perceived control and ▶ freedom) well-being in host nationals and immigrants. Bobowik et al. compared five samples: a sample from the European Social Survey (2006) including 22 European countries (S1 $N = 128{,}375$, Spain not included), a Spanish subsample from the same survey (S2 $N = 1{,}321$), a general population sample from the Basque Country Autonomous Region (S3 $N = 1{,}361$), a sample of Basque students and their relatives (S4 $N = 820$), and a sample of immigrants living in Spain (S5 $N = 1{,}171$). The immigrants sample consisted of participants originating from ▶ Brazil, Ecuador, Colombia, Morocco, sub-Saharan Africa, and Eastern Europe (see another article in this volume for the correlations between values and well-being in 23 European countries).

Bobowik et al. (2011) tested the healthy values hypothesis and the person-environment congruence hypothesis by means of correlation analysis as well as ▶ meta-analysis and meta-regression procedure with the χ^2 heterogeneity statistic.

Results mostly confirmed the healthy values hypothesis. Hedonism, stimulation, and self-direction were positively associated with well-

Well-Being and Values of Immigrants to Spain, Table 1 Hypotheses: healthy values versus person-environment congruence

	Healthy values	Person-environment congruence
Stimulation, self-direction, and hedonism	As "healthy"/intrinsic values will be positively correlated with well-being both in natives and immigrants	As congruent with the values prevailing in the context, they will be positively related to well-being both in natives and immigrants
Universalism and benevolence	As "healthy"/intrinsic values will be positively correlated with well-being among both natives and immigrants	As congruent with those prevailing in the cultural environment, they will correlate positively with well-being yet may be less related in immigrants than in natives
Tradition, conformity, and security	*An ambivalent role*: as "unhealthy"/extrinsic goals, they will be negatively related to well-being in both natives and immigrants	As incongruent with the individualistic context, they will correlate negatively with well-being
	As "healthy"/intrinsic values which provide support and care, they will be positively correlated with well-being, especially with perceived control and in immigrant samples	
Power and achievement	Power: as "unhealthy"/extrinsic goals, they will be negatively related to well-being	Power: as incongruent with the values prevailing in the context, it will be negatively correlated with well-being
	Achievement: *An ambivalent role*: as a "healthy"/intrinsic value (boosting performance, autonomy, self-esteem, and mastery), it will correlate positively with well-being	Achievement: as a value somewhat incongruent with the values prevailing in the context, it will be negatively correlated with well-being
	As an "unhealthy"/extrinsic value based on personal effort to achieve the recognition of others, it will be negatively related to well-being	

Source: Bobowik et al. (2011)

being (see Table 2). The relationship was positive both as a pooled effect and throughout all samples, although the coefficients were small. The largest positive correlations were detected for hedonism and self-direction. Hedonism correlated more with ▶ affect balance and life satisfaction, whereas self-direction with perceived control. The χ^2 heterogeneity test through the meta-regression demonstrated that for these values, the variability across samples is not bigger than expected by chance (Table 3).

The relationship of universalism and benevolence with well-being was weaker compared to openness to experience values and with some coefficients being negative. The pooled effects were homogeneous across samples yet very small, with the relatively strongest association between benevolence and SWL. Self-transcendence and self-enhancement values thus not clearly associated with well-being. For example, benevolence was not related to well-being in immigrants, while it was not always

related positively among host nationals. Universalism, in turn, was positively associated with affect balance in immigrants and some host national groups, but with life satisfaction only slightly in host nationals. Finally, universalism played a different role in relation to perceived control among host nationals and immigrants.

Tradition, conformity, and security were negatively associated with well-being. All the pooled effects were negative, although some correlations between security and well-being did not confirm the healthy values hypothesis. The meta-regression results indicated that security undermines well-being but in some populations it is slightly positively related to well-being. It was the Basque sample which differed from the rest in the case of correlation with affect balance (Fig. 1), whereas the association of security with SWL (Fig. 2) deviated from the rest in the immigrant sample. In each of the cases, the relationship was more positive compared to the rest of the samples. Security, whether considered in the

Well-Being and Values of Immigrants to Spain, Table 2 Pearson correlations between values and well-being

	Affect balance					Satisfaction with life				Perceived control			
	S1	S2	S3	S4	S5	S1	S2	S4	S5	S1	S2	S4	S5
Universalism	.03	.05	.02	−.02	.08	.03	−.02	.06	.02	−.02	.03	.02	.08
Benevolence	.06	.05	−.02	−.03	.03	.12	.06	.03	.02	.02	.03	.02	.00
Tradition	−.08	−.12	−.10	−.03	−.13	−.08	−.02	−.06	−.05	−.09	−.02	−.05	−.09
Conformity	−.05	−.09	−.08	−.07	−.12	−.06	−.06	−.07	−.06	−.07	−.03	−.03	−.06
Security	−.14	−.08	.04	−.10	−.03	−.19	−.03	−.06	.00	−.11	−.09	−.04	.02
Power	−.07	−.04	−.08	−.03	−.08	−.09	−.04	−.11	−.07	−.06	−.09	−.11	−.04
Achievement	−.04	−.06	.01	.07	−.03	−.06	−.02	.01	−.05	−.01	−.02	.01	−.03
Hedonism	.11	.16	.09	.08	.15	.15	.09	.14	.09	.10	.04	.09	.05
Stimulation	.07	.06	.04	.08	.07	.07	.03	.08	.08	.09	.06	.07	.00
Self-direction	.12	.08	.11	.10	.13	.12	.03	.01	.08	.15	.15	.05	.11

Source: Bobowik et al. (2011)
Note: Correlations are adjusted on each respondent's mean rating of all values to correct for scale use (Schwartz, 1992).
S1 = ESS Europe without Spain, S2 = ESS Spain, S3 = General population in the Basque Country, S4 = Students and their relatives from the Basque Country, S5 = Immigrants in Spain

Well-Being and Values of Immigrants to Spain, Table 3 Meta-analysis results – pooled effect sizes (r) for values and well-being and samples' heterogeneity

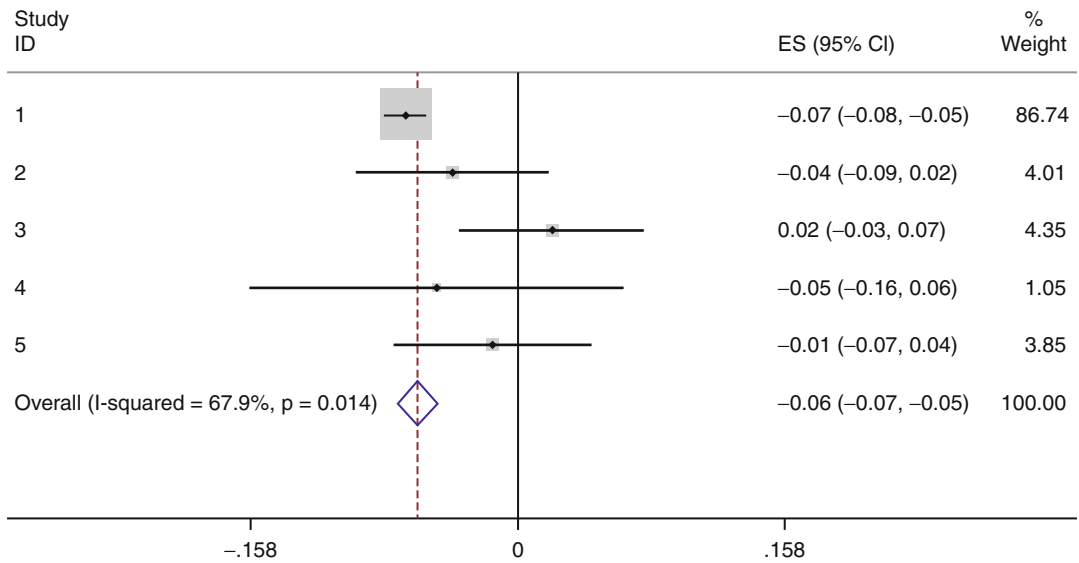|	Affect balance				Satisfaction with life				Perceived control			
	r	95 % CI		χ^2	r	95 % CI		χ^2	r	95 % CI		χ^2
Universalism	.02	.00	.03	1.16	.01	.01	.03	0.92	−.01	−.02	.00	3.75
Benevolence	.03	.02	.04	2.91	.06	.05	.07	5.66	.01	.00	.02	0.15
Tradition	−.04	−.05	−.03	1.23	−.04	−.05	−.02	1.17	−.04	−.05	−.03	1.47
Conformity	−.03	−.04	−.02	1.74	−.03	−.04	−.02	0.01	−.03	−.04	−.02	0.64
Security	−.06	−.07	−.05	12.47[*]	−.08	−.09	−.07	16.04[**]	−.05	−.06	−.04	4.96
Power	−.03	−.04	−.02	0.41	−.04	−.05	−.03	0.79	−.03	−.04	−.02	0.67
Achievement	.00	−.03	−.01	1.87	−.03	−.04	−.02	1.12	−.01	−.02	.01	0.20
Hedonism	.06	.04	.07	1.92	.08	.07	.09	2.64	.05	.04	.06	1.97
Stimulation	.04	.02	.05	0.36	.04	.02	.05	0.59	.04	.03	.06	2.77
Self-direction	.06	.05	.07	0.71	.06	.05	.07	5.18	.08	.07	.09	2.49

Source: Bobowik et al. (2011)
Note: For the χ^2 statistic, significant values indicate that there is more variability in effect sizes than would be expected by chance. Samples included: S1 = ESS Europe without Spain, S2 = ESS Spain, S3 = General population in the Basque Country, S4 = Students and their relatives from the Basque Country, S5 = Immigrants in Spain
Significance for the heterogeneity test: [**]$p < .001$, [*]$p < .05$

psychological, socioeconomic, or political context, may be regarded as one of the principal motivation factors for immigration. Immigrants seem to be striving for and manage to attain security in the host country and, in consequence, feel they control and master the situation they experience. However, the heterogeneity among the samples was also observed for affec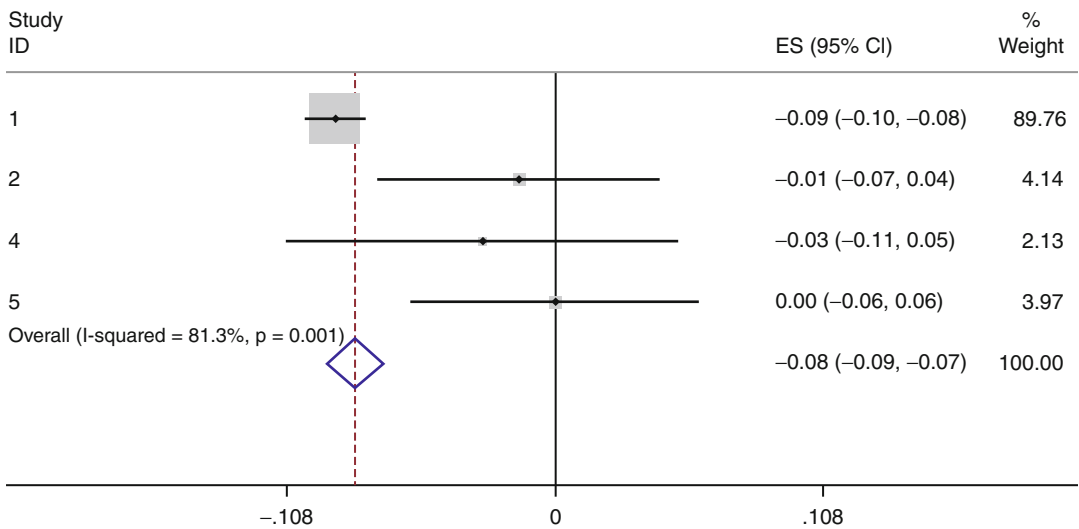tivity in one of the Basque samples. Security might be therefore in general a value related to well-being in a more complex way.

As far as the hierarchy-focused values are concerned, power was associated with lower subjective well-being, which confirms the results of the studies based on self-determination theory. Achievement, however, displayed a more complex role, being negatively associated with affect balance and life satisfaction but mostly in

Study ID		ES (95% CI)	% Weight
1		−0.07 (−0.08, −0.05)	86.74
2		−0.04 (−0.09, 0.02)	4.01
3		0.02 (−0.03, 0.07)	4.35
4		−0.05 (−0.16, 0.06)	1.05
5		−0.01 (−0.07, 0.04)	3.85
Overall (I-squared = 67.9%, p = 0.014)		−0.06 (−0.07, −0.05)	100.00

−.158   0   .158

Well-Being and Values of Immigrants to Spain, Fig. 1 Security and affect balance – effect sizes and their confidence intervals (CI) for five samples: S1 = ESS Europe without Spain, S2 = ESS Spain, S3 = general population in the Basque Country, S4 = students and their relatives from the Basque Country, S5 = immigrants in Spain. The diamond figure represents pooled effect size (Source: Bobowik et al., 2011)

Study ID		ES (95% CI)	% Weight
1		−0.09 (−0.10, −0.08)	89.76
2		−0.01 (−0.07, 0.04)	4.14
4		−0.03 (−0.11, 0.05)	2.13
5		0.00 (−0.06, 0.06)	3.97
Overall (I-squared = 81.3%, p = 0.001)		−0.08 (−0.09, −0.07)	100.00

−.108   0   .108

Well-Being and Values of Immigrants to Spain, Fig. 2 Security and satisfaction with life – effect sizes and their confidence intervals (CI) for five samples: S1 = ESS Europe without Spain, S2 = ESS Spain, S4 = students and their relatives from the Basque Country, S5 = immigrants in Spain. The diamond figure represents pooled effect size (Source: Bobowik et al., 2011)

natives, while being positively related to life satisfaction among immigrants. The relationship of achievement with well-being therefore depends on the context and individual.

Summary

Most personal values reinforce well-being in a similar way both in host national and immigrant populations. Confirming the healthy values

hypothesis, individualistic values of self-direction, hedonism, promote well-being, whereas collectivistic values of tradition and conformity as well as hierarchy-focused value of power impede well-being. Self-transcendence values of universalism and benevolence are weakly associated with well-being. Finally, achievement and security play an ambivalent role for well-being, depending on the context.

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Well-Being Assessment

▶ Quality-of-Life-Inventory

Well-Being at Work

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Synonyms

Employee well-being; Quality of working life

Definition

Well-being at work is a summative concept that characterizes the quality of working lives, including positive and negative aspects such as income, work-life balance as well as occupational safety and health aspects, and it may be a major determinant of productivity at the individual, enterprise, and societal levels.

Description

Employment and paid work play a major role in the individual quality of life and affect individual well-being both positively and negatively. In fact, the nature of work can be both beneficial and harmful for the individual well-being Generally, potentially negative aspects include stressors, hazards, and work-life balance while the potentially positive effects of work include income, engagement, personal growth, and learning.

In this context, well-being at work is a summative concept that characterizes the quality of working lives, including occupational safety and health (OSH) aspects, and it may be

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a major determinant of productivity at the individual, enterprise, and societal levels.

Traditionally, work-derived well-being has been studied using the construct of job satisfaction, (Muñoz de Bustillo, & Fernández Macías, 2005; Sousa-Poza & Sousa-Poza, 2000; Spector, 1997), due to its assumed positive impact on a large variety of individual and organization level outcomes, such as organizational climate, effort, productivity, cooperation, health, turnover, and performance. In fact, paralleling the literature on general well-being (Heller, Watson, & Ilies, 2004; Ilies, Schwind, & Heller, 2007), there is empirical evidence supporting both situational (Fried & Ferris, 1987) and dispositional (Judge, Heller, & Mount, 2002; Staw & Cohen-Charash, 2005) influences on job satisfaction.

However, the concept of well-being at work is much more complex than being summarized with single item.

The concept of well-being at work, and its synonymous, such as employee well-being, job quality, and quality of working life, has been defined differently in the literature and traditionally the definitions of the concept go along two dimensions: the economic perspective or the sociological approach (see Muñoz de Bustillo, Fernández-Macías, Antón, & Esteve, 2009 for an overview).

The orthodoxical economical view is the theory of compensating wage differential. The worth or value of job quality for a worker may be supposed to depend on two factors: the wage paid and the bundle of non-pecuniary characteristics or "amenities." For each worker, these two aspects of job quality will be more or less substitutive depending on their personal preferences for money and amenities, so different jobs in an occupation can have the same quality value for a worker as far as they offer different but compensating combinations of wage and amenities. Two different approaches criticize the applicability of compensating differentials in the labor market. The first casts doubts on the fulfillment in real labor markets of the assumptions that have to be met to allow for the full functioning of the principle of compensating differentials, namely, perfect information of workers of the value of the amenities associated to a given job, perfect competition, and full employment. The second approach is to argue that workers take their relative income into account, or that they take decisions not in isolation from society but as members of groups, and as such the compensating wage differential approach must be qualified. Thus, the observed wage differentials will not compensate adequately for the non-pecuniary aspects of the jobs and, in that case, the question of job quality becomes relevant in the evaluation of the efficiency of labor markets. On the other hand, the existence of partial compensating differentials highlights the importance of using both wage and non-pecuniary amenities when measuring job quality, (Muñoz de Bustillo et al., 2009).

The sociological approach to the concept of ob quality includes three main approaches which include the concept of alienation, the effect of work on health, and the work-life balance.

Karl Marx's concept of alienation is the starting point of the sociological tradition in the study of job quality, which emphasizes the intrinsic qualities of work as key determinants of the well-being of workers (without necessarily denying the importance of wages). We can identify two main strands in this tradition: one which has a more objective approach and focuses on skills (Braverman, 1974, 1998) and one more subjectivist strand focused on workers' feelings of powerlessness, meaninglessness, and isolation (Blauner, 1964).

The traditional approach of health and safety considered the workplace as a hotbed for illnesses and accidents: an environment which exposed workers to a number of physical and psychological agents that made them sick or generated the risk of accidents (Navarro, 1974). Unfortunately, this approach seems linked to the traditional economic approach of work as a disutility in itself, even though the perspective is obviously different. More recent approaches tend to take a more integrated, organizational approach, and assign a central role to the social determinants of health and safety problems, including motivation, decision latitude, and equity (Wilkinson, 2001). Most health and safety studies are strongly empirical in nature, and consist of the evaluation of the impact

of certain conditions of work on the health of workers. The range of conditions and outcomes studied has evolved following the changing nature of work in the twentieth century. Up to the 1970s, most health and safety literature focused on the types of risks and hazards typically found in industrial organizations, mostly those of a physical nature. In these earlier studies, the social aspects of work organization were often neglected, focusing rather on the degree of pressure and load that the production system required of workers. After the 1980s, with the decline in manufacturing and the increasing dominance of office and service work, the social environment received increasing attention, and the focus moved toward psychosocial risks and the various types and determinants of stress.

In some ways, work-life balance (WLB) has always been a concern for those studying both quality of work and quality of life (the notion that there must be a balance between work and nonworking life is a crucial element in any system of work values, and has always been present in discussions of work and leisure, the role of work in human life, etc.), but WLB has only come to the forefront of social research in the past 25 years. Muñoz de Bustillo et al. (2009) divided the literature on WLB into three categories: (1) studies of the objective levels of demands of work and nonwork activities, and their impact on the well-being of workers; (2) studies of the norms and values surrounding work and nonworking life, and their relation to workers' expectations and preferences; and finally, (3) studies of the subjective evaluation of workers of their situation regarding WLB (most importantly, their satisfaction with it), and its determinants. It is important to emphasize that, as mentioned earlier, most work-life balance research is either focused on gender or at least very concerned with it, as in advanced western societies, gender is the social factor that most directly affects the level of demands of work and nonworking life on individuals, as well as the norms and values surrounding work and family life. Taking the work-life balance into account from an objective approach would involve a detailed appraisal of the level of work demands

on the individual worker. In practical terms, this means collecting information about two main aspects of work: (1) working time, with the specific areas of duration of work, scheduling, flexibility (to be able to adapt working hours to other commitments), regularity (necessary to structure nonworking life) and the existence of clear boundaries between work and nonworking time (an area of increasing concern: technical advances may be blurring the boundaries, which has obvious implications for work-life balance); (2) the intensity of the work effort may also have implications for work-life balance, beyond its impact on working time (exhaustion and stress can lead to disruptions in life outside work).

Overcoming the divisions between economic and sociological approach, Sirgy, Efraty, Siegel, and Lee (2001) categorize the full range of employee needs for their well-being at work into two main groups: lower and higher order needs. According to them, the lower order category includes healthy/safety needs and economic/family needs while the higher order needs comprise of social needs, esteem needs, self-actualization needs, knowledge need, and aesthetic needs. Similarly, the Walton theoretical framework defines the concept of Quality of Working Life along the following categories (Walton, 1973):

– Fair and appropriate compensation: sufficient salary to cover life requirements under the social criteria.
– Working conditions: it consists of safe and healthful physical and mental working situations and reasonable social working hours.
– Use and development of capacities: autonomy at work and access to information on the total process.
– Chance of growth and security: having opportunities for continuous growth, having good conditions to increase personal empowerments and skills with perspective of wage advance and job security.
– Social integration in the organization: absence of prejudice and equality, sense of belonging to the organization.
– Constitutionalism: Rights of protection to the worker with impartial treatment and freedom of expression.

- Work and the total space of life: good balance between working time and time for leisure of the family.
- Social relevance of the work in the life: employees' perception of the social responsibilities in the firm and image of the company.

The quality of work is central to the concept of worker well-being and the International Labour Office (ILO) has introduced the concept of "decent work" in order to provide a more exhaustive measure of this concept. The quality of work is an essential determinant of the worker's well-being and the International Labour Office (ILO) has introduced the concept of "decent work" in order to provide a measurement and to promote this concept in all the world's countries (Anker, Chernyshev, Egger, Mehran, & Ritter, 2003, 2002).

The definition of decent work – as "opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity." The decent work is a multidimensional concept and explicitly includes six dimensions: opportunities for work, which refers to the need for all persons who want work to be able to find work; work in conditions of freedom, that underscores the fact that work should be freely chosen and that certain forms of work are not acceptable in the twenty-first century; productive work, that is essential for workers to have acceptable livelihoods for themselves and their families; equity in work, which represents workers' need to enjoy fair and equitable treatment and opportunity in work; security at work that is a reminder of the need to safeguard health, pensions, and livelihoods, and to provide adequate financial and other protection in the event of sickness and other contingencies; dignity at work that requires that workers be treated with respect at work, and that they be able to voice their concerns and participate in decision making about their own working conditions.

In the ILO concept, the first two dimensions of decent work – opportunities for work and freedom of choice of employment – are concerned with the availability and basic acceptability of work. The other four dimensions – productive work, equity, security, and dignity – are concerned with the extent to which available and freely accepted work is "decent."

In many ways, the ILO decent work concept is similar to what the European Union calls "quality of employment" or "job quality."

Measuring well-being at work can be compiled using various data sources, among them, it is worthwhile to mention the European Working Conditions Survey (EWCS), a survey covering all the EU Member States conducted by the European Foundation for the improvement of Living and Working Conditions, which can be considered a system of indicators of job quality (that is, a vector, or an index without the calculation of a final single number or overall score). The survey constitutes a very rich source of information for the analysis and evaluation of the evolution and differences in job quality and workers' well-being for the different EU Member States and it is used as data sources of several job quality indices, as, for instance, The European Job Quality Index, Quality of Employment Indicators, etc.

The EWCS has been carried out every 5 years since 1991, and there have been four waves so far. It covers a wide (and expanding) range of issues related to work and employment, most of them relevant for the purposes of job quality. Originally, the approach was closer to the Health and Safety tradition, but it quickly expanded to cover all the major areas of job quality appearing in the social sciences literature.

The EWCS questionnaire loosely follows the model of job quality published by Eurofound in 2002 and presented in Fig. 1 (Eurofound, 2002). The model has four main dimensions which roughly correspond to four of the traditions in the social sciences literature. The area that seems to be missing is the one related to the intrinsic rewards of work (autonomy, meaningfulness, and social environment): but in fact, this area is very well covered in the EWCS questionnaire, 9. Regarding the indicators within each dimension of the graph, the list seems indicative rather than exhaustive. The position of some of the indicators seems rather odd: for instance, work organization appears as an element of health and well-being, and income appears within career and employment security.

Well-Being at Work,
Fig. 1 Conceptualization
of Job and employment
quality according to
Eurofound (2002)
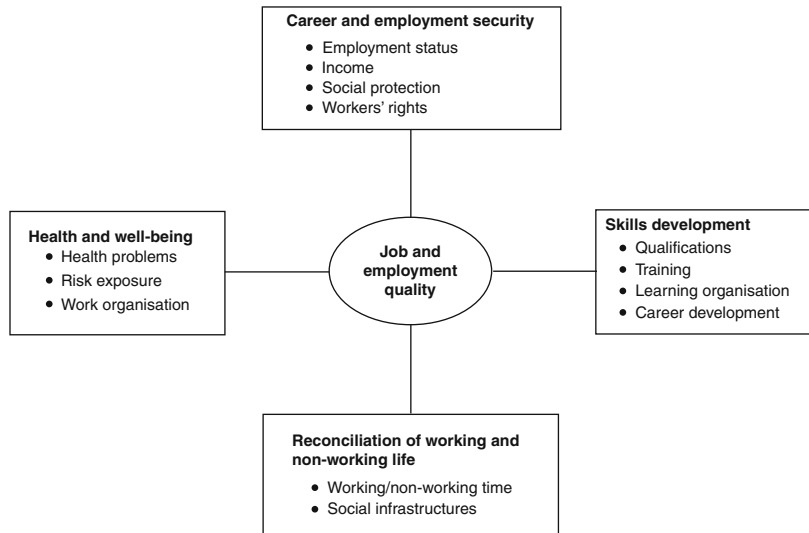
The model is clearly underdeveloped and somewhat discretional but this did not have a negative impact on the development of the questionnaire, which is extremely rich and detailed, and covers all the major areas of job quality identified in the literature.

Cross-References

► Employee Well-being
► Quality of Working Life

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Well-Being at Work, Subjective

▶ Job Satisfaction

Well-Being Disparities of Immigrant Aged in Australia

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Synonyms

Differences in well-being of older immigrants in
Australia; Disparities in quality of life of foreign-
born older people in Australia

Definition

The well-being of older immigrants can be
defined by a number of indicators of social,
physical, and economic well-being that reflect
independent living and the pursuit of an active
retirement. These two dimensions of well-being
in old age derive from the concept of the "Third
Age" as a new stage of life of personal fulfillment
after retirement (see Laslett, 1989; Rowland,
2003). In research on the older foreign-born pop-
ulation in Australia based on this conceptual
framework (Khoo, 2012), indicators of well-
being have included living arrangements,
proficiency in English, ▶ level of education,
income, need for assistance with the ▶ activities
of daily living, participation in paid work,

volunteering, and caring for family members
and others. Data analyses have shown that there
are differences in these measures of well-being of
the immigrant aged in Australia by their country
or region of origin.

Description

Many industrialized countries are experiencing
population ageing, and in immigrant-receiving
countries such as Australia, the foreign-born pop-
ulation has an older age structure than the native-
born population. There is, therefore, research and
policy interest in the well-being of the immigrant
aged, and a number of studies have been
conducted over the past 20 years in Australia to
examine their experiences in relation to retire-
ment, living arrangements, community care, and
use of services (Australian Institute of Multicul-
tural Affairs [AIMA], 1985, 1986; Benham,
Gibson, Holmes, & Rowland, 2000; Khoo,
2012; Rowland, 1991; 1997). These studies
have shown differences in the social, physical,
and economic well-being of the immigrant aged
by country of origin and other characteristics as
measured by a range of indicators.

Discussion of population ageing is usually
focused on the dependency of the aged and the
costs of meeting this dependency. In the case of the
ethnic or immigrant aged, it has been suggested
that they face the "double jeopardy" of being aged
and ethnic, and the consequences of their ageing
experiences can be doubly negative (Dowd &
Bengston, 1978 in Rowland, 1991). On the other
hand, it has also been argued that the cultural
dimensions of ethnicity can facilitate adjustment
to the psychical and physical constraints of ageing
and that a better understanding of this process can
be gained, for example, by examining the influ-
ence of country of origin, historical point of entry,
and the processes of acculturation and ▶ social
integration on the experiences of the immigrant
aged (Holzberg, 1982).

In a recent study (Khoo, 2012), the concept of
the "Third Age" as a new life cycle stage of
productive ageing (see Laslett, 1989) has been
used to examine well-being among the immigrant

aged in Australia. The concept of "the Third Age," originating in Europe, refers to a new stage of life of personal fulfillment after retirement, before the Fourth Age of "true dependency and decrepitude" set in (Laslett, 1989; Rowland, 2003). The study uses Rowland's (2003) redefinition of Laslett's concept of the Third Age as a life cycle stage of independent living after age 65. This means experiencing a level of social, physical, and economic well-being that enables an older person to live at home with little or no assistance with the activities of daily living. Additionally, there may be pursuit of an active retirement, as envisioned by Laslett. This includes involvement in productive activities such as paid work and volunteering. Volunteering is considered a key productive ageing activity and is related to well-being in older people (Warburton, Paynter, & Petriwskyj, 2007). Based on the two dimensions of the "Third Age," the study examines a number of indicators of social, physical, and economic well-being among the immigrant aged to investigate the extent of ethnic diversity in these measures by country or region of origin.

It has been suggested that length of residence, proficiency in the language of the country of settlement, and educational background can affect the ageing experiences of migrants, with ethnicity not necessarily the most important factor (Rowland, 1991). Recent arrivals and immigrants experiencing difficulties with the language of the country of settlement may be less integrated into the community and more dependent on their relatives for social and economic support (Rowland, 2007). Co-residence with relatives is more likely among the ethnic aged where English language proficiency is relatively low (Benham et al., 2000). Because migrants from different countries differ in their period of arrival in Australia, English language proficiency, and level of education, it is necessary to control for these variables in examining well-being disparities by ethnicity or country of origin of the immigrant aged.

The recent study of well-being disparities of the immigrant aged has used data from the 2006 Australian population census to focus on eight outcome measures of social, physical, and economic well-being in older people reflecting independent living and the pursuit of an active retirement (Khoo, 2012). The measures are marital status, living at home (not in an aged care institution), no need for assistance with core daily activities, income, participation in paid work, volunteering, caring for children under age 15, and caring for an older, sick or disabled person, or family member.

Marital status can be an important indicator of family resources (Rowland, 2003) and social well-being, particularly for older people. Older people who are married and living with a spouse have the family support and companionship of a partner in contrast to those who are widowed, never married, divorced, or separated. On the other hand, some married older persons are also the primary carers of their spouse. Marital status is therefore also an explanatory variable in the data analyses of the other measures of well-being.

Living at home and not in institutional care is an indicator of independent living among the aged. The Australian population census has information on whether each person is enumerated in a private dwelling or a non-private dwelling. Older persons who are enumerated in a private dwelling are considered to be living at home, while those who are enumerated in a non-private dwelling are assumed to be in an institution, which may be an aged care hostel, nursing home, or hospital.

A direct indicator of physical independence among the aged is the lack of need for assistance with daily self-care activities. In the 2006 Australian census, four questions were asked of each person whether he/she needs someone to help with daily self-care, movement or communication, and the reasons for needing assistance. The Australian Bureau of Statistics then classifies people as needing assistance with core activities if they need assistance with any or all three types of activities because of a ▶ disability, long-term health condition (lasting six months or more), or old age.

Personal income is examined as an indicator of economic independence. Older people with income of their own generally have more control over their lives; they are less dependent on other family members and can afford to live on their

own. The aged population is divided into two income groups in the data analysis: those with a weekly income of less than $250 and those with a weekly income of $250 or more. These two categories provide an approximate differentiation between those whose income does not exceed the government age pension at the time, which provides for a basic standard of living, and those with (other sources of) higher income.

The pursuit of an active retirement is measured by four indicators: being in full-time or part-time employment in the week before the census, volunteering for an organization or group anytime in the last 12 months, looking after a child or children under age 15 without pay, and caring for a family member or other person who has a disability or long-term illness or problems related to old age.

Two measures of ▶ human capital – English language proficiency and level of education – are also examined as measures of social and economic well-being and as correlates of the eight outcome variables. English is the language of commerce, instruction, and almost all daily social interchange in Australia. Studies of immigrant settlement outcomes in Australia have shown that English proficiency and level of education are positively correlated with social, economic, and ▶ community participation and integration (see, e.g., Cobb-Clark & Khoo, 2006; Khoo & Temple, 2008). Not being able to speak English well can inhibit the formation of social networks and increase the risk of social isolation among older immigrants. Education has been considered an important personal resource that may contribute to both quantity and ▶ quality of life in old age through its effect on health and lifetime earnings (Rowland, 2003).

Differences in social, physical, and economic well-being were observed between birthplace groups, with immigrants from Western European, Eastern European, and Southern European countries showing differences in education, absence of restrictions with core activities, income, home ownership, participation in paid work, volunteering, and care of children. Asian birthplace groups also differ from one another.

The immigrant aged from Malaysia and the Philippines had higher proportions with post-school education, higher income, participation in paid work, and volunteering than those from Vietnam and China. The immigrant aged from Vietnam appeared to be the most disadvantaged on a number of measures of social and economic well-being.

Multivariate regression analyses showed that differences by birthplace in marital status and living at home remain after controlling for demographic and human capital characteristics (Khoo, 2012). The immigrant aged from Southern and Eastern European and Asian countries were all more likely to be living at home and not in an institutional care facility than immigrants from the English-speaking or Western European countries and the Australian-born aged. The immigrant aged who had higher education or who were proficient in English were also more likely to live at home and not in institutional care than those with less education or whose English was not good.

Differences in the likelihood of needing assistance with core daily activities between the immigrant aged – with the exception of those from the Middle East and Pacific region – and the Australian-born aged were not significant after taking account of their demographic and human capital characteristics. The immigrant aged from the Middle East and the Pacific region were the most likely to need assistance with daily activities, implying poorer physical health. The data analyses also show that better physical health in old age was associated with being married, being proficient in English and having higher education.

The measures of pursuit of an active retirement show differences by country of origin in participation in paid work and volunteering. Disparities in volunteering by birthplace of the immigrant aged remain even after controlling for English proficiency and education, suggesting there are other barriers to volunteering besides these two factors. The immigrant aged from Italy, Greece, and the Asian countries (except Northeast Asia aside from China) were more

likely to be caring for children than those from Western European countries. Differences by birthplace in caring for older, sick or disabled family members, or others were small and not statistically significant, with the exception of the immigrant aged from Italy who were more likely than other immigrant aged to be caring for other family members. The regression results also show that carers were more likely to be women and to be married, and were also more likely to be proficient in English and to have higher education. More recently arrived aged migrants were also more likely to be caring for children than immigrants who arrived before 1996.

The immigrant aged in Australia in 2006 differ by country or region of origin in many of the measures of social, physical, and economic well-being, even after taking into account differences in their demographic and human capital characteristics. This suggests that cultural factors and migration experiences associated with country of origin as a measure of ethnicity have some influence on the well-being of the immigrant aged. The findings support the view advanced by Holzberg (1982) that examining the influence of country of origin can be an important step towards understanding the well-being of the immigrant or ethnic aged, although the census data used in the study are not able to show how the cultural dimensions of ethnicity or immigrants' migration experience explain the disparities in well-being that are observed.

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Well-Being in Canada

▶ Canadian Index of Well-being

Well-Being in Cities

▶ City Competitiveness and Quality of Life

Well-Being in Croatia

▶ Croatia, Personal Well-Being Index

Well-Being in Developing Countries

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Definition

The Well-being in Developing Countries Research Group (WeD) was a multidisciplinary team based at the University of Bath, UK, in partnership with researchers and research institutions in Bangladesh, Ethiopia, Peru, and Thailand, 2002–2007. Its goal was "to develop a conceptual and methodological framework for understanding the social and cultural construction of well-being in ▶ developing countries" (McGregor, 2007: xxii). It was funded by the UK Economic and Social Research Council (ESRC). More details are available at www.welldev.org.uk.

Description

WeD research took place in five to seven communities in each of the four study countries (Bangladesh, Ethiopia, Peru, and Thailand) covering a total of more than 5,000 households. The communities within each country were chosen to illustrate different degrees of centrality or remoteness, on a continuum from urban to peri-urban to rural.

The conception of well-being that WeD worked with involves three aspects: the material (what people have or do not have), the relational (what people can or cannot do with it), and the subjective (what people think or feel about their lives) (McGregor, 2007; White, 2010). It emphasizes that all of these are grounded in specific social and cultural contexts and that well-being is better understood as a process than a state (ibidem). It draws particular attention to the importance of social relationships in people's capacities to achieve well-being (e.g., Camfield, Choudhury & Devine, 2009).

The WeD methodology involved six elements. Introduction to the communities and their social, economic, and political contexts was gained through Community Profiles. These combined secondary data, key informant interviews, and participatory research methods. The main research instrument was the Resources and Needs Questionnaire. This charted what resources households had and how well they were able to meet their needs. Resources were understood broadly to include social and cultural dimensions (such as relationship networks, connections with influential people, or titles conferring honorific status) as well as material factors such as assets and livelihoods. Third was the WeDQoL, an instrument to assess individuals' quality of life through measuring personal satisfaction with achievement of life goals, or aspiration gaps, in a culturally grounded way (Copestake & Camfield, 2010). This was used to interview more than 1600 individuals across the study sites. Fourth were income and expenditure surveys, which tracked 700 households for 1 year, using seasonal sample household surveys or monthly household diaries. Fifth, smaller-scale qualitative studies explored particular well-being issues that emerged as important in the process of the research. These included, for example, marriage and family and community politics in Bangladesh, migration in Peru, ▶ health in Thailand, and young lives in Ethiopia. Finally, the welfare regimes approach

developed earlier at Bath (Gough et al., 2004) was used to analyze the broader structures of economy, society, and policy that undergird the attempts of individuals and communities to achieve well-being.

Discussion

WeD has made a number of distinctive contributions to quality of life studies. First, it provides insight into well-being in poor communities within poor countries of the world, while the majority of quality of life research still concerns wealthier parts of the world. Second, it offers a distinctively social conception of well-being which seeks to comprehend economic perspectives on poverty and livelihoods and psychological perspectives on ▶ subjective well-being. Third, it emphasizes the politics of well-being and the importance of connecting quality of life at the personal level to broader political and economic regimes. Fourth, it seeks to connect academic research and policy communities. More specifically, it argues strongly for professionals in international development and public policy more generally to take seriously the importance of people's own perspectives and their own assessments of how they are doing with respect to what matters in their lives.

While the WeD project itself is now closed, its legacy is taken forward in a number of important ways. These include the study of ▶ religion and well-being in India and Bangladesh (e.g., White, Devine & Jha, 2011; Devine & White, 2013), work on children's well-being under the Young Lives project (e.g., Camfield, Streuli & Woodhead, 2010), the significance of well-being to thinking about what should follow the Millennium Development Goals (e.g., McGregor & Sumner, 2009), work monitoring the impact of the global financial crisis on the well-being of poor and vulnerable people (e.g., McGregor, 2010), research into the well-being and ▶ sustainability of fishing communities in South Asia (www.wellcoasts.org), and research into well-being and ▶ poverty pathways in Zambia and India (www.well-beingpathways.org).

Cross-References

▶ Health

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Well-Being Index for Canada

▶ Canadian Index of Well-being

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Well-Being Indicators for Native American Children

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Synonyms

American Indian and Alaska Native child well-being indicators; American Indian and Alaska Native children and youth well-being indicators; American Indian/Alaska Native cultural competence; Native American children and youth's well-being indicators; Native American children's well-being indicators; Native American resiliency

Definition

Well-being indicators for Native American children are information, data, or statistics that aim to measure the well-being of the Indigenous Native North American child and youth population of the United States. These indicators may derive from the mainstream Western perspective but must also include measures that reflect the worldview of Native Americans to truly reflect well-being.

Description

In this section the context of AI/AN well-being indicators is discussed first, followed by standard or traditional survival-based indicators, then the significance of the holistic worldview of Indigenous North Americans, and the inclusion of resiliency-based or positive indicators will be addressed, as well as issues and concerns for this population, and then concludes with a discussion of the topic of AI/AN child well-being.

Well-being studies have produced astonishing amounts of statistics on children's well-being in the last few decades. However, well-being information for Native American children is rare, and this is the case with practically any sort of data on Native Americans (Gone & Trimble, 2012; Willeto, 2007). Instead, data on Native Americans are typically included within the total US population or reported in the "other" category with additional racial-ethnic groups. These common practices result in making American Indian/Alaska Native information virtually invisible due to their small population size, while another concern is the prohibitively great cost of oversampling a population spread between urban and rural locations (Barth, 2000; Owings & Peng, 1999; U.S. Public Health Service Office of the Surgeon General, 2001). Even when Native American well-being indicators are generated, there are often limitations due to concerns about racial misclassification and accuracy (Swan et al., 2006; Willeto, 2007).

Standard Well-Being Indicators

Nevertheless, researchers and government agencies are producing some traditional (deficits or survival-based) well-being statistics on Native American children. However, there is a lack of consistency across measures, and it seems as though indicators are produced only when sufficient data exist with little regard for theoretical frameworks to guide this work.

Native American Kids. To address the scarcity of well-being data on Native American children, youths, and families (see *Native American child health indicators* for additional information), Professors Willeto and Goodluck were contracted by two well-respected AI/AN child advocacy groups (National Indian Child Welfare Association – NICWA of Portland, OR, and Casey Family Programs – CFP of Seattle, WA) to explore the feasibility and then later to produce well-being data in the early 2000s, utilizing the Kids Count Data Book as a model (Annie E. Casey Foundation [AECF], 2000). Four reports detail national and selected state data on N.A. and all races children, youths, and families from 1995 to 2000 (Goodluck & Willeto, 2000, 2001; Willeto, 2002; Willeto & Goodluck, 2003). Their work shows that it is possible to produce

AI/AN children's well-being data and that AI/ANs demonstrates considerable variability across states, which a focus on only national figures obscures.

In general and at the national level, of ten well-being indicators (health: low birth weight, infant mortality, child deaths, teen deaths; ▶ education: high school dropouts; economic well-being: ▶ child poverty, children living with parents who do not have full-time year-round employment, teens who are not attending school and not working; family and community: children living with single parents, teen births), Native American kids fare worse than their non-Native peers in nine of the ten indicators, only faring better on rates of low birth weight (LBW). Focusing on the AI/AN well-being by state shows that of the fourteen states analyzed, California, New Mexico, and Oklahoma have the best rates, while South Dakota, Montana, and Minnesota have the worst rates of well-being (Willeto & Goodluck, 2003).

Trends in Indian Health and Regional Differences in Indian Health. Indian Health Services (IHS) delivers health care to federally recognized and enrolled tribal members, accounting for approximately two-thirds of the AI/AN population. In this capacity, IHS collects health data and periodically releases the *Trends in Indian Health* and *Regional Differences in Indian Health* reports, the most recent being the 2002–2003 editions (U.S. Department of Health and Human Services [USDHHS], 2003a, 2003b). In these reports, some well-being indicators are evident, though it is clear that the reports' design is intended to meet the goals of IHS and its constituents whose objective is to improve the health status of AI/ANs rather than focus on the broader field of AI/AN well-being. The statistics in these reports also show significant variability across regions or "IHS regional administrative units" in Native American children's well-being (USDHHS, 2003a, p. 3). For example, focusing on the LBW well-being indicator across the twelve IHS regions show that the Alaska Region has the lowest rate of LBW at 5.6 % of all AI/AN births, while the Phoenix Region has the highest percent at 7.2

(USDHHS, 2003a, p. 32). Furthermore, Willeto and Goodluck (2003) report that Native Americans have lower rates of LBW infants than their non-Native counterparts, which is the only well-being indicator in which Natives fare better. Yet, *Trends in Indian Health* additionally reports that the AI/AN population experiences more births of high birth weights (HBW) than the all races population of the USA and that HBW are often a complication of diabetic pregnancies (USDHHS, 2003b). Further, AI/AN rates of HBW vary widely from a low of 7.4 % in the Albuquerque Region to a high of 19.3 % in the Alaska Region, while the US all races percent is 9.8 and the IHS all areas percentage is 12.2 (USDHHS, 2003a, p. 33). Hence, while it is good news that AI/ANs have lower rates of LBW babies, there is also the concern regarding their higher rates of HBW babies due to diabetic pregnancies.

Child Health USA. Some governmental and private organizations have begun reporting on certain Native American child well-being indicators at the national level, but information is nevertheless rather sporadic for any particular geographical locale or group, such as tribal reservation or state, much less for any particular tribal affiliation. The U.S. Department of Health and Human Services (USDHHS, 2012) houses the Health Resources and Services Administration (HRSA) which produces Child Health USA annual reports which has a selected number of child well-being indicators on American Indian and Alaska Natives located in their 2012 edition which is available on their website (http://mchb.hrsa.gov/publications/childhealthusa.html). For example, in the family and social environment area, AI/AN well-being data are reported for two of the seven indicators, while in the education area, two of the six indicators report AI/AN well-being information.

Kids Count. The Annie E. Casey Foundation (AECF, 2012), in their annual Kids Count Data Book, reports racial/ethnic group statistics on their 16 key indicators which includes four areas of well-being, each measured by four indicators: four economic, four education, four health, and four family and community indicators at

the national level. Of the sixteen key indicators, AI/ANs have the highest percentages/rates in (economic well-being) children whose parents lack secure employment, teens not in school and not working, (health) children without health insurance, child and teen deaths, and teens who abuse alcohol or drugs. Overall, AI/ANs fare poorly in comparison to Asian and Pacific Islanders, Hispanics, and non-Hispanic Whites racial/ethnic groups with only African Americans faring worse. In fact, in most cases where African Americans have the highest (or worst) rates of well-being, Native Americans rank next to them. For example, African Americans have the highest rates of children in poverty at 38 % and AI/AN have the second highest rate at 35 % (AECF, 2012) (see http://datacenter.kidscount. org/DataBook/2012/OnlineBooks/KIDSCOUNT 2012DataBookFullReport.pdf).

Data Catalog. For people interested in accessing raw data in order to produce well-being measures, USDHHS contracted Westat to compile a data catalog on the health and well-being of American Indians, Alaska Natives, and other Native Americans (USDHHS, 2006). The data catalog identifies 68 data sources. Bear in mind, however, that the data catalog does not limit its focus to just children and youth. Data on health and well-being of American Indians, Alaska Natives, and other Native Americans can be accessed at http://aspe.hhs.gov/hsp/06/ Catalog-AI-AN-NA.

Indigenous Worldview and Well-Being

The holistic worldview of Indigenous North Americans requires an all-encompassing range of measures of well-being: the body, mind, and spirit of self, family, community, nature, and the universe. While this reflects the wide-ranging scope of Indigenous well-being, at a minimum a balanced collection of child well-being indicators rather than just attention on survival or deficit-based indicators is necessary. Although, the reduced gap in reporting traditional survival-based indicators is valued by AI/AN child advocates, the production of additional positive and/or resiliency-based indicators would balance the primarily negative stance of

traditional indicators and would better reflect the holistic worldview of AI/ANs.

Protective Factors. To this end, studies are identifying protective factors that promote resiliency among Native youth. Resiliency is the ability to bounce back from adversity (Masten, 2001). HeavyRunner and Morris (1997, as cited in Strand & Peacock, 2002) find that ▶ resilience is nurtured by concentrating on the ▶ spirituality (live by the belief in the interrelatedness of all), mental (have clear thoughts), emotional (balance all emotions), and physical (attention to the physical self) well-being of children and youth. Brendtro, Brokenleg, and Van Bockern (1990) argue that Native ways of fostering young people's ▶ self-esteem is based on belonging (everyone is a member of the community), mastery (importance of story telling), independence (importance of self-management), and generosity (core value of unselfishness). Bergstrom, Cleary, and Peacock (2003) found that connections to parents, communities, teachers, and schools, as well as being well grounded and connected to their tribal culture, are important to Native youth resiliency. In terms of a protective factor against suicide, cultural continuity (preservation of N.A. heritage/culture) was found to be significantly more successful in shielding Native youth against suicide risk (Chandler & Lalonde, 2008).

Native American Strengths. Through a content analysis of 22 carefully chosen documents, Goodluck (2002) identified 42 Native American strengths which she organized into ten themes: importance of spirituality, power of the group, relevance of identity, political relationships, our voice, environment, how do we do it, education, our values, and the next generation. The themes with the highest frequencies were categorized into three domains of well-being: spiritual belief system and practices (rituals and ceremonies), helping each other (social connections), and group belonging (extended family). This framework provides a foundation upon which future studies could build.

Native American Family Resilience. Building upon earlier work by Goodluck (2002), Goodluck and Willeto (2009) interviewed 38

Native American (from a variety of tribal nations) social work practitioners who worked primarily with AI/ANs to explore the nature of N.A. family resilience. Using first-person narratives, they identified seven domains of N.A. family resiliency: ethos and values, spirituality and religion, language, extended family, responses from culture, sense of humor, and moving forward the seventh generation. Hence, the framework proposed by Goodluck (2002) was based upon a content analysis of 22 documents; Goodluck and Willeto (2009) is primary research that seeks to shed light on the character of N.A. family resiliency using first-person narratives of AI/ANs who draw from their professional experience working with Native Peoples, in addition to their own lived histories as Indigenous Peoples. Comparison of the two models shows significant overlap. For example, the concept of spirituality appears in both models.

Family Strengthening in Indian America. The Annie E. Casey Foundation commissioned the Harvard Project on American Indian Economic Development to investigate the forces affecting children and families in Indian America, particularly programs that are successful and effective in addressing their well-being needs. Five case studies were identified to investigate: "The Ya Ne Dah Ah School in Chickaloon Village, Alaska; the Whirling Thunder Wellness Program on the Winnebago Reservation in Nebraska; the Fond du Lac Foster Care Licensing and Placement Agency in northern Minnesota; the Gila River Youth Council in Arizona; and the Menominee Community Center of Chicago" (Besaw et al. 2004, p. 3). As a result of studying these programs, an ecological model of growing up which considers political contours (sovereign nations, and self-determination), economic contours (haves and have-nots and institutional capacity), and sociocultural contours (definitions of "family," spirituality, and culture and the importance of land and place) was developed. Furthermore, they find that effective family strengthening promotes well-being and results from programs that are self-determined; leaderships can emerge from many levels

of tribal society; "buy-in" on the part of tribal communities and formal leadership is essential; effective initiatives are institutionalized; effective initiatives are spiritual at their core; effective initiatives explicitly draw on and strengthen tribal cultural practices; effective initiatives focus simultaneously on individuals and the tribal community; and effective initiatives consciously invest in the professional and educational skills of staff.

Issues/Concerns. Project TRUST produced a report (2008) that addresses mental health and well-being for N.A. adolescents; in it key issues are identified, and several policy, practice, and research recommendations are made to improve behavioral health services. Chief among these concern issues of trust/distrust of Western behavioral health providers and lack of addressing historical trauma experienced by Native Peoples (see http://hsc.unm.edu/som/prc/_pdfs/ TRUST_Report_May08.pdf). Historical trauma refers to the assaults that Indigenous Peoples have experienced via colonial processes which have had enduring negative impacts on AI/AN well-being as evidenced by high interpersonal ▶ violence, ▶ child abuse and neglect, poor health, and negative stereotyping that undermines AI/AN identity and society (Greenfield & Smith, 1999; Cross, Earle, & Simmons, 2000; Walters, Simoni, & Evans-Campbell, 2002, as cited in Evans-Campbell, 2008). Addressing the effects of historical trauma is essential when seeking to improve their well-being.

Discussion

Well-being indicators for Native American children consider a specific population subgroup in the United States. Their small size and dispersal throughout the USA pose challenges for well-being data preparers. Hence, this field trails behind the general child well-being indicators topic. Nevertheless, some entities are producing a few survival-based well-being indicators for AI/ANs at the national level. In general, these data indicate that N.A. children experience significantly less well-being than their non-Native counterparts. Many scholars would argue that AI/AN children and youth's

well-being is compromised due to the continuing legacy of subjugation that some scholars refer to as historical trauma. Furthermore, the record of survival-based indicators for Native American children is rather uneven and needs significant improvement to fully eliminate the gap experienced by AI/ANs in these types of indicators.

Rather promising are efforts to balance the negative perspective of survival-based indicators by including more resiliency-based or positive indicators. While Native Americans have experienced brutal violence, oppression, and decimation through colonization, it is clear that they are rebounding in population size and promoting revitalization efforts in their communities. While Indigenous North Americans will never forget their traumatic history, it is also important that they are not only surviving but thriving. Hence, scholarship has begun determining the important factors that explain these processes. Chief among these processes concerns the positive influence that traditional Native culture has on the well-being of AI/AN children and youth. It is wholly ironic that the deliberate intent of colonizers to eliminate Indigenous cultures not only did not succeed but proves to be the foundational heart upon which their well-being flourishes.

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Well-Being Indicators for Victoria, British Columbia, Canada

▶ Community Indicators Victoria

Well-Being Indicators, National

▶ National Well-Being Indicators

Well-Being Intervention

▶ Quality of Life-Therapy

Well-Being of Nations

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Synonyms

Social health; Social progress; Social well-being; Societal quality

Definition

How well a society functions.

Description

Four Kinds of Well-Being

The well-being of any system can be judged from different perspectives. One perspective is to look at the *chances* for the system, while the opposing perspective is to look at the wellness of *outcomes* for the system. Still another set of opposing views is to take either an *external* perspective or focus on the *inner* wellness of the system. When combined, these perspectives result in four kinds of well-being, which are depicted in Table 1.

When focusing on external chances, we deal with the *environmental conditions* of a system. Being in favorable conditions is seen as more "well" than being in adverse conditions. When focusing on internal chances, we deal with the *internal functioning* of a system. Working as designed is deemed more "well" than performing poorly. If the focus is on external outcomes, we deal with *environmental effects* of a system. A system that works positively on its environment being is deemed to be more "well" than a system that causes harm. If we focus on the inner outcomes, we deal with system *maintenance* in the first place. In this view, a system that keeps up is more "well" than a system that perishes.

When applied to biological organisms, the chances of being well are denoted using

Well-Being of Nations, Table 1 Four kinds of well-being

	External	Internal
Chances	Favorable environment	Good functioning
Outcomes	Positive external effects	Continuance

Well-Being of Nations, Table 2 Four kinds of societal well-being

	External	Internal
Chances	Ecological condition	Functioning
	Geo-political position	
Outcomes	Burden to eco-system	Continuity
	Contribution to civilization	Morale

the terms *biotope* (external chances) and *fitness* (internal chances), while the well-being outcomes are referred to as "adaptation," respectively, *continuation of the species* (external outcome) and *survival* of the organism itself (inner outcome). An application of this conceptual distinction to individual human well-being is reported in Veenhoven (2000).

When applied to business organizations, the external chances for being well are embodied in the *market*, while internal chances are in the *capital* of the firm. External outcomes can be denoted with the term *public wealth* and internal outcomes with *private profit*.

Well-Being of Nations

When applied to nations, the distinction into four kinds of well-being produces the variants presented in Table 2.

Ecological and Geopolitical Environment

The left top quadrant denotes the favorableness of a nation's environment. This has both physical and social aspects. The physical aspects were most important in the past; no strong societies have developed at the poles or in deserts. Yet modern technology has now reduced the significance of this environmental aspect of societal well-being. The social environment has become more important in the course of societal evolution; intersocietal competition has increase as has interdependency. Therefore, the position of a nation in the world system seems to represent the major environmental chance factor these days. In that view, a nation is better off when more it is central in the world system.

Functioning of Institutions

The right top quadrant of Table 2 denotes the ability of the social system to maintain itself in the given environment. This ability is in the social organization and, in the case of present day nations in particular, the functioning of the state. In this view, a nation is "well" if its institutions function properly.

Contributions to the Ecosystem and to Human Civilization

The left bottom quadrant of Table 2 denotes the outcomes of society for its environment. These outcomes can concern the physical environment as well as the social environment. In the first case, the well-being of a nation is judged by its impact on the ecosystem, which means that a nation is more "well" the less damage it causes. In the second case the well-being of a nation is judged by its impact on human civilization and in that context a nations is more "well" if it produces significant innovations.

Continuation and Morale

Lastly, the right bottom quadrant of Table 2 denotes the meaning of internal outcomes. How does this work out at the nation level?

The most basic outcome is again system maintenance and in the case of biological organisms that is equated with survival. At first sight, that would also apply to nations: one cannot say that a nation does well when it ceases to exist. Still, nations can become part of a stronger supranational system, and much of their characteristics be preserved in that way. This has happened with the member states of the European Union. So this criterion must be restricted to "single death" such as a nation succumbing to inner tensions.

In the case of individual well-being, inner outcomes also reflect in evaluative appraisals of life, humans being able to reflect on their

condition. Societies cannot reflect on themselves in the way individuals do. Still, there are collectively held beliefs in nations about the nation, and these tend to be linked to identification with the country and willingness to fight for the country. In this line, one could argue that a nation is more "well" the higher the "morale" is with the nation.

Indicators of Well-Being of Nations

Well-being is commonly measured with indexes that involve indicators from each of the quadrants in the above Tables 1 and 2 and add these in a sum score. Though commonly used, these indexes make no sense. The Tables help us to see why. Firstly, there is little point in adding *chances* to *outcome*s. A system that has good chances but bad outcomes can hardly be said to be "well." Secondly, there is no point either in the adding of *external conditions* and *inner functioning*. It is the *fit* that matters and not the *sum*. Comprehensive measurement of well-being of nations is therefore not possible. We must make do with measurements of separate aspect of well-being.

Indicators of External Conditions for Nations

As noted above, any nation functions in a *natural environment* which may be more or less favorable. Many aspects may be involved, such as temperature, rainfall, poisonous plants, germs, and industrial pollution. Only a few of these aspects have been sufficiently quantified to allow comparison across a great number of nations. For the purpose of this entry, I limit to the "biological capacity" of the land, that is, usable area per capita.

As discussed above, the *geopolitical position* of a nation became ever more important. This aspect of well-being also has many aspects that cannot be measured exhaustively. Still, some meaningful indicators are (a) the economic competitiveness of the nation and (b) its military power.

Indicators of Internal Functioning of Nations

The inside functioning of nations also has many aspects that can hardly be measured comprehensively. Still there are good indicators for some major features, such as the effectiveness of government, rule of law, and control of corruption. Another indicator is the functioning of the political system in giving voice to citizens and requiring accountability from rulers. These indicators are part of the World Bank's system of indicators of institutional quality.

Indicators of External Effects of Nations

Nations influence their wider environment in many ways, and it is again not possible to chart these all.

An indicator of ecological burden on the planet imposed by nations is their "ecological footprint," that is, the surface on earth used for the consumption of the average citizen. Now that surface is becoming scarce, the use of much surface becomes ever more damaging. Environmental impoverishment is also involved in the use of nonrenewable resources, and this can be measured fairly well using the nation's energy consumption.

Contributions to human civilization are also difficult to measure, among other things, because these manifest typically in the long term. Still the contribution to human development of technical innovation is probably well reflected in the number of patents per capita. It is also possible to quantify contributions to science using numbers of citations and contributions to arts by the numbers of novels written and movies made. A limitation of these figures is that they do not reflect the long-term addition to the human heritage.

Indicators of Continuity of Nations

At first sight, the continuity of a nation can be measured in the years since its establishment, and there are comparable data on that matter. Yet a formal proclamation of nationhood does not always fit with actual existence of a nation, and nations can have existed before such declarations in other recognizable forms. Continuity of nations can also be measured by the presence of threats to their existence, such as political instability, ethnic fragmentation, and civil war. Several of these indicators are combined in the "Failed State" index (Foreign Policy, 2010).

Well-being in Nations

The above discussed well-being of the social system should not be equated with the well-being

of citizens in nations (Veenhoven, 2009). Though people flourish typically better in nations that do well, this is not necessarily always the case. The concept of individual well-being and required social conditions are discussed elsewhere in this encyplopedia.

Cross-References

▶ Greatest Happiness for the Greatest Number
▶ Happiness
▶ Quality of Life (QOL)
▶ World Database of Happiness

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Well-Being of Spouses of Persons with Mild Cognitive Impairment

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Synonyms

Family caregiver well-being; Family stress and caregiving; Informal helpers' well-being; Mild cognitive impairment; Spouse caregiving

Definition

Mild cognitive impairment (MCI) is a syndrome in which a person has problems with memory, language, or other essential cognitive abilities that are noticeable to self and others and detectable on cognitive tests, but often are not severe enough to interfere with most functions of daily life (Alzheimer's Association, 2011; Petersen, 2004). As many as 10–20 % of people age 65 and older have MCI, but only about 15 % of them will progress to further stages of cognitive impairment (Amieva et al., 2004). Given the uncertainty about the prognosis of MCI and attendant anxiety about progressive memory loss and further deterioration, family members, especially spouses, are likely to experience MCI as a stressful situation.

Description

Theoretical Framework. The majority of research that has examined ▶ stress, coping, and well-being among family caregivers has used the stress process model (Pearlin, Mullan, Semple, & Skaff, 1990) or variations of this framework (Fig. 1). This framework highlights four aspects of the stress process:

(a) Background characteristics of the care provider such as demographic features and ascribed statuses.
(b) Primary stressors as revealed by both objective and subjective components. Objective indicators are the care receiver's cognitive status and accounts of the care receiver's exhibited problematic behaviors and limitations in performing ▶ activities of daily living. ▶ Subjective indicators include the caregiver's appraisal of the severity of stressors and the perceived losses, threats, or challenges due to stressors.
(c) Secondary stressors include both role strains associated with non-caregiving stressors such as family conflict, marital conflict, economic strain, and constriction of social life, and intrapsychic strains manifested as low ▶ self-esteem, mastery, and ▶ self-efficacy.
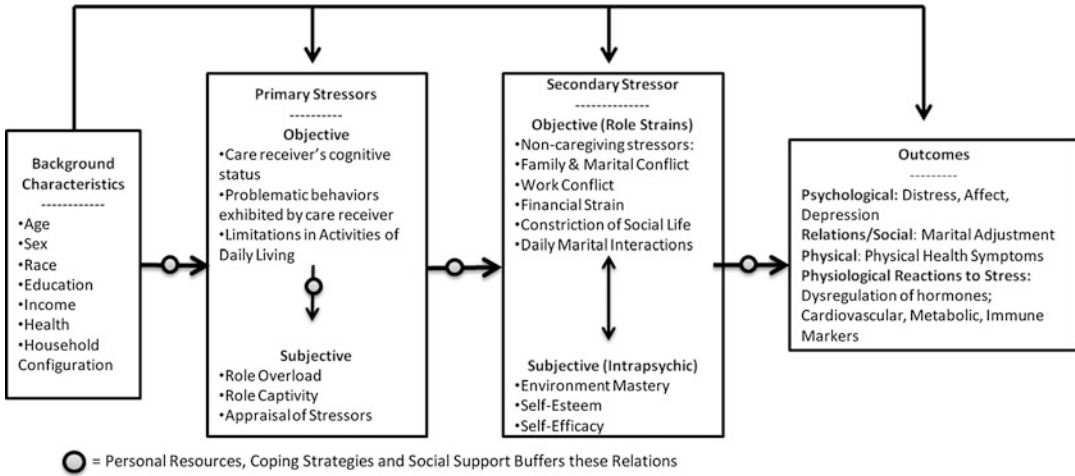
Well-Being of Spouses of Persons with Mild Cognitive Impairment, Fig. 1 The stress process model (Pearlin et al., 1990)

(d) Outcomes of the stress process include well-being factors such as psychological ▶ mood and distress, negative and positive affect, depression, and ▶ anxiety; social and relationship factors such as marital distress and effects on ▶ social interactions; physical health outcomes, including acute as well as chronic symptoms (e.g., exacerbation of arthritis symptoms); and physiological reactions to stress such as dysregulation of cortisol, alpha-amylase, and elevated levels of immune, cardiovascular, and metabolic markers. According to this framework, the primary and secondary stressors, as well as the outcomes, can be mediated by coping strategies and ▶ social support. Scholars using Pearlin's framework indicate that spouses' competence in providing care and commitment to the care process influence their ability to handle stress successfully. As time passes, if care needs increase or behaviors associated with cognitive impairment become more erratic, levels of distress and depression increase.

Discussion. Coping with symptoms related to MCI and being unable to anticipate future changes may be especially difficult for spouses of persons with MCI (PwMCI), who typically are the first line of support for their partners. Spouses represent more than one-half of caregivers living with noninstitutionalized family members who have physical and cognitive impairments. Given the traditional division of labor within the present population of older couples, wife-caregivers find themselves assuming new and greater responsibility for perceived male tasks such as yard work, household repairs, and financial management compared with husband-caregivers who are more likely to help with finances, arrange care, and perform other less burdensome tasks. Regardless of gender, taking on new tasks presents challenges for elderly spouses that may be viewed as positive when mastered but also can contribute to feelings of burden and stress (Yee & Schulz, 2000).

Research on caregiving and marital relationships suggests that caregiving wives report greater emotional distress in response to their situation than caregiving husbands. Scholars propose that wives take a more relational approach to caregiving; thus they are more emotionally attentive to the needs and changes in their partners and are more likely to report negative affect than husband-caregivers. That is not to say that husbands are immune to the emotional demands of caring for their wives with memory problems. But because husbands tend to use a more instrumental, problem-solving approach to providing care that focuses attention on accomplishing

tasks, they tend to experience stress linked to inability to assess and solve problems rather than stress associated with emotional responses to caregiving (Calasanti & Bowen, 2006).

The term *care partner* is frequently used in studies of family response to PwMCI because these supporters did not enter the role as caregivers in a strict sense. By definition, elders with MCI retain many of their cognitive skills and functional abilities but often receive some assistance from significant others (Blieszner & Roberto, 2010; Blieszner, Roberto, Wilcox, Barham, & Winston, 2007). Small, qualitative studies have identified elevated burden and concomitant high psychological distress (i.e., anxiety, depressive symptoms) among care partners of PwMCI (Bruce, McQuiggan, Williams, Westervelt, & Tremont, 2008; Lu et al., 2007). The presence of such symptoms among spouses may be associated with the newly found need to provide support and oversight, such as medication management and activity planning, which serves as a painful, daily reminder that their partners have developed memory problems (Garand, Dew, Eazor, Dekosky, & Reynolds, 2005). The distress spouses experience as a result of MCI-related changes often leads to communication problems, conflict, and aggravation of preexisting relationship issues that affect the partners' emotional involvement with one another.

Only a few studies have examined responses to cognitive decline from the perspective of both the PwMCI and their care partners. Analyses of longitudinal data from PwMCI, the spouse care partner, and one other family member (secondary care partner; Roberto, Blieszner, McCann, & McPherson, 2011) revealed divergent perspectives on the degree of memory loss and the effects of MCI on everyday functioning. The PwMCIs' mild memory loss interfered with their daily activities and responsibilities, decision-making processes, and relationships. Over time, memory impairment and behavioral problems tended to increase and PwMCI exhibited a high level of dependence on the spouse care partner and other family members. These changes in PwMCI's functioning led to changes in family roles and relationships that

created individual and relational distress for all family members. For example, spouse care partners took on increasing responsibility for monitoring, managing, and motivating PwMCI while making all the household decisions alone. Husbands drew many parallels between their previous professional experiences and newer care partner duties, which appeared to be an important way of maintaining their identity. Wife care partners were much more concerned with role reversals and sustaining the PwMCI's continued sense of identity, participation, and control. They frequently expressed misgivings about "taking over" more than necessary (Blieszner & Roberto, 2009). Physical health declines in PwMCI or care partners exacerbated the stress. Relationships were altered as family members grew more emotionally distant due to the PwMCIs' inability to sustain reciprocity in their relationships. Reliance on the church for support, particularly among African American spouse care partners, was constrained by their unwillingness to let others see them as vulnerable and declining in health (Brossoie, Roberto, & Blieszner, 2009). At the same time, spouse care partners demonstrated marked ▶ resilience as they managed the confusing, ambiguous, and unwelcome changes in their lives.

While most studies of care partners of PwMCI are cross-sectional and often provide retrospective accounts of the family's situation and well-being, the use of daily diary studies permits collection of information from care partners about everyday stressors experienced at multiple time periods each day, across multiple days. Savla et al. (2011) collected data on different periods in the day for seven consecutive days. They found that the PwMCI's problem behaviors (a primary stressor) had a significant impact on spouse care partners' assessments of their day. In particular, spouses noting more behavior problems toward the end of the day reported higher negative affect and lower positive affect. Similar effects of secondary stressors on negative and positive affect were also found. In particular, spouse care partners reported higher negative affect and lower positive affect on days when interactions with the PwMCI were unpleasant

(secondary stressors). One explanation of this finding is that lack of understanding and information about the causes and behavioral manifestations of MCI resulted in misattribution of behaviors to personality or individual choices rather than to brain changes and cognitive impairment (Blieszner et al. 2007). Although most PwMCI in this study functioned fairly well, spouses reported that in response to their partner's memory problems, they altered their daily activities and responsibilities, took on more of the tasks the PwMCI used to perform, and limited certain pleasurable activities. These changes may have contributed to communication problems, conflict, and aggravation of preexisting relationship issues that affected their emotional well-being.

Savla et al. (2011) also found that on days when spouse care partners reduced scheduled activities, they experienced higher negative affect and lower positive affect. Non-care-related difficulties, another type of secondary stressor, further contributed to increased daily negative affect among spouse care partners. They also exhibited greater distress when primary stressors (more behavioral problems) and secondary stressors (non-care-related difficulties, cutback of scheduled activities) were experienced on the same day. For instance, on days spouse care partners reduced their scheduled tasks and noticed more behavioral problems in the PwMCI, they reported lower positive affect. The presence of a number of behavioral problems may be associated with spouse care partners feeling they need to give more attention to the PwMCI or household matters than was previously necessary, which then takes them away from other meaningful pursuits. Conversely, participating in fewer social activities increases their time at home, which may heighten their awareness of and exposure to the PwMCI's behavior. Seeing their spouses exhibit uncharacteristic behaviors may serve as a painful daily reminder that their partners have developed memory problems (Garand et al., 2005), which undermines their psychological well-being.

Furthermore, non-care-related stressors appeared to be especially potent in eliciting feelings of distress on any given day (Savla, Roberto, Blieszner, Cox, & Gwazdauskas, 2011). This could be because in this early stage of memory decline, the caregiving demands affect family relationships, economic resources, and social contacts and involvement first, which may trigger more intense emotions than the worry of caring for the PwMCI. In addition, friends and work colleagues, who likely comprise the spouse care partners' support networks, may also place distinctive demands on the spouse care partners' endurance. Collectively, these findings suggest that other factors, aside from changes in PwMCIs' memory and behaviors, contribute to spouse care partners' feelings of distress and provide support for the growing use of the stress process model to advance understanding of MCI's influence on spouse care partners' well-being (Blieszner & Roberto, 2010; Lu et al., 2007; McIlvane et al., 2008).

Chronic and continuous caregiving-related stressors affect a variety of health indicators, including stress hormones (e.g., cortisol), cardiovascular factors, body weight, and insulin resistance (Vitaliano, Zhang, & Scanlan, 2003). The cumulative effect of these changes places family caregivers at risk for poorer health and increased rates of morbidity and mortality (Schulz & Beach, 1999). Researchers have speculated that the mechanism by which stressors lead to changes in health is through the collective upset of allostatic processes (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Vitaliano et al., 2003). The body's ability to achieve stability in response to changes introduced by stressful events is critical. Day-to-day stressors of living with a PwMCI may allow little time for recovery, further interfering with allostatic processes. Difficulties and reactions reported in interviews have been confirmed by examining stress-related hormones such as salivary cortisol. Savla et al. (2011) found that on days when spouse care partners reported behavior-related problems, they had a higher than typical cortisol response upon awakening, higher levels of salivary cortisol throughout the day and evening, and a slower rate of decline in cortisol across the day. The higher level of cortisol in the morning is associated with either earlier awakening that morning or

anticipation of the demands of the upcoming day (Fries, Dettenborn, & Kirschbaum, 2009). The flattening of the diurnal cortisol slope, indicated by elevated cortisol levels throughout the day and a slower rate of decline across the day, is associated with chronic and acute psychosocial stress, subclinical disease, and increased mortality (Adam, Hawkley, Kudielka, & Cacioppo, 2006). Similarly, another study of caregivers of persons with mild Alzheimer's disease (Wahben, Kishiyama, Zajdel, & Oken, 2008) found significantly elevated salivary cortisol among caregivers compared to non-caregivers. This suggests spouse care partners are having stress reactions that may put them at greater risk for physical health problems than they would otherwise be.

The current review clearly highlights the importance of understanding the well-being of spouses of PwMCI not only because of the rapid growth of the aging population and the number of individuals identified with MCI but because preliminary findings concerning the emotional stress and strains of supporting a PwMCI show that even problems appearing early in the care cycle could have long-term implications for care partners' health and well-being and the overall quality of family life. Future investigators should strive to acquire a deeper theoretical and empirical understanding of responses to the full range of memory impairment, not just in later stages such as coping with Alzheimer's diseases and other dementias. Research in this area is also crucial for aiding health-care professionals in providing useful advice to couples receiving a diagnosis of MCI, because few materials exist for this subgroup of patients and their families. Finally, research could support creation of mental health interventions aimed at maintaining and enhancing couple well-being as partners manage MCI-related changes in everyday life as well as in their romantic relationships.

Cross-References

▶ Caregiver, Burden
▶ Caregiving, Family
▶ Caregiving Hassles and Uplifts Scale
▶ Caregiver Perceived Burden Scale
▶ Caregiver, Self-Efficacy
▶ Cognitive Function
▶ Family Stress
▶ Stress Reactivity

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Well-Being, Spiritual

Well-Being, Sponsorship

Well-Being, Stability

Well-Being, Student

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Definition

Student well-being generally refers to a state of psychological, intellectual, emotional, physical, social, and spiritual wellness (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000). Taking the person-in-context perspective, student well-being represents whether the student can function effectively to act in response to the demands of the school and whether the school can accommodate to students' needs and expectations optimally, involving a balance between the strengths of the students for effective functioning and the school resources for healthy growth. Hence, student well-being comprises eudaimonic

indicators, such as fully functioning and positive development, and hedonic indicators of subjective well-being, such as presence of positive affect, absence of negative affect, and life satisfaction.

Description

Indicators of Student Well-Being

In reviewing the literature on student well-being, different studies have their own definitions of student well-being and utilize different measurements in accordance with their own conceptual frameworks, research interests, and aims. On one hand, student well-being is regarded as a unidimensional construct, simply measuring "the degree to which a student feels good in the school environment" (De Fraine, Van Landeghem, Van Damme, & Onghena, 2005). On the other hand, multiple indicators have been used to represent the multifacet construct of student well-being. For instance, relating to subjective well-being of children and adolescents (Diener, Oishi, & Lucas, 2003), student well-being was operationalized as a three-component construct comprising relatively high levels/presence of positive affect, relatively low levels/absence of negative affect, and cognitive evaluation of one's life/school (i.e., life satisfaction or school satisfaction). With reference to the wellness model for college students (Adams et al., 2000), well-being was conceived as a multidimensional construct, including psychological optimism, intellectual stimulation, emotional centeredness, physical resilience, social connectedness, and spiritual life purpose, with a balance among dimensions. Under this hedonic lens (Ryan & Deci, 2001), student well-being is concerned with how the students feel or perceive and is generally represented by subjective happiness and the experience of pleasure versus pain.

Based on the context-specific view of well-being, student well-being is examined within schools and educational settings. It refers to students' subjective and positive emotional and cognitive evaluation of school settings, e.g., "students' well-being in school is an emotional experience characterized by the dominance of positive feelings and cognitions towards school, persons in school and the school context in comparison to negative feelings and cognitions towards school life" (Hascher, 2003, p. 129, cited in Hascher, 2008). Obviously, an optimal school context is related to student well-being. Hascher (2008) noted that student well-being can be "an indicator of a learning environment which enables students to move towards their academic and social goals and for a qualitatively good school life" (p. 86) and can be reflected through six indicators, including positive attitudes and emotions towards school, enjoyment in school, positive academic self-concept, absence of physical complaints in school, absence of social problems in school, and absence of school worries.

Regarding the role-specific view of well-being, student well-being is examined with reference to the role of a student in school settings. Children and adolescents are active agents in their learning and development, while there are several expectations on how students should behave and what they need to achieve in the school context. Hence, student well-being is determined by "the degree to which a student is functioning effectively in the school community" (Fraillon, 2004, p. 24) and represented by the effective functioning of a student in both the intrapersonal dimension, i.e., "a student's internalized sense of self and consequent capacity to function in their school community" (p. 37) and the interpersonal dimension, i.e., "a student's appraisal of their social circumstances and consequent capacity to function in their school community" (p. 37). Similar psychosocial competence for effective functioning of students at school is also highlighted: "student well-being is defined as a sustainable state of positive mood and attitude, resilience, and satisfaction with self, relationships and experiences at school … a student's level of well-being is indicated by the degree to which the student demonstrates effective academic and social and emotional functioning and appropriate behaviour at school" (Australian Catholic University & Erebus International, 2008, p. 5).

Adopting the person-in-context perspective, both context-specific and role-specific aspects of student well-being are taken into consideration simultaneously (Lent, 2004). Student well-being reflects a match between the context of school and the role of student. As Engels, Aelterman, Van Petegem, and Schepens (2004) stated, "well-being at school (of pupils in secondary education) expresses a positive emotional life which is the result of harmony between the sum of specific environmental factors on the one hand and the personal needs and expectations of pupils vis-a'-vis the school on the other" (p. 128). Such a eudaimonic view of student well-being (Ryan & Deci, 2001) advocates a mutual accommodation between the students and the immediate school context that yields student well-being and helps crystallizing ways of promoting student well-being in school. Therefore, it is pertinent to strengthen both the student and school ecosystems, so that the student can function effectively to act in response to the demands of the school while the school can accommodate to students' needs and expectations optimally. Hence, student well-being comprises of eudaimonic indicators, such as fully functioning (Ryan & Deci, 2001) and positive development (Moore, Lippman, & Brown, 2004), while hedonic indicators of subjective well-being, such as presence of positive affect, absence of negative affect, and life satisfaction (Diener et al., 2003), can also be included.

Optimizing School Environment

Spratt, Shucksmith, and Watson (2006) claimed that school plays a significant role in promoting student well-being, health and positive behavior via its curriculum, pastoral care, discipline, and positive teacher-student relationship. In addition, school atmosphere, infrastructure and facilities, school regulations, contacts with teachers, involvement in class and at school, learning process, curriculum and learning content, and marking system were found to influence student well-being (Engels, Aelterman, Van Petegem, & Schepens, 2004). In particular, students were more satisfied with their school when they perceived that they had a positive student-teacher relationship, a sense of school connectedness, order and discipline, and academic support (Zullig, Huebner, & Patton, 2011). In short, the school needs to create a physically and emotionally safe environment, because it is basically addressing the deficiency needs of students in searching for safety, security, belongingness, and love (Maslow, 1987), and thus helps fostering student well-being.

Accommodating Learning Experiences

Schools also need to take a proactive approach to help students realize their growth needs such as their quest for self-esteem and self-actualization (Maslow, 1987). Providing "means for self-fulfillment" in school is a critical key contributing to students' self-esteem and well-being, on top of having an optimal physical school environment with adequate organization and arrangements for learning and health, having a loving social climate and relationships, and promoting health and healthy living habits among students (Konu, Lintonen, & Rimpela, 2002). The school can accommodate its curriculum and teaching-learning processes to offer ample and various opportunities for students' involvement in accordance with their attributes. It is noteworthy that students have their unique potentials that need to be identified and actualized. One of the means is to engage them in utilizing their strengths in learning and doing tasks that are challenging, meaningful, and purposeful so as to keep them engaged. When the students work with their strengths, they will have a higher sense of mastery and be more confident. All these motivate them to activate their potential to advance and actualize themselves. In line with self-determination theory (Ryan & Deci, 2000), research findings in both Western and Chinese cultural contexts demonstrated that when students are content with their sense of competence, autonomy, and relatedness experienced in learning, they will learn in a self-regulatory and intrinsic manner and be mentally healthy (e.g., Chirkov, Ryan, Kim, & Kaplan, 2003), regardless of the fact that different cultures

would place different values on the three psychological needs. All these ensure that school learning accommodates students' psychological needs, motivates students to learn, and helps them to function fully in their learning. Both pathways reciprocally influence each other and contribute to student well-being.

Enhancing Students' Goal Setting and Pursuit

While the school accommodates to students' needs, it is equally important to enable students to meet the requirements, demands, or expectations of the school. One of the aims of education is to enable students to attain whole-person development in the spheres of ethics, intellect, physique, social skills, spirit, and aesthetics, which is closely related to the multidimensional conception of well-being (e.g., Adams et al., 2000). Nevertheless, in most of the educational settings, particularly in Asian cultural contexts, there is a relatively strong emphasis on academic excellence, and students are expected to meet this social expectation. Goal setting and pursuit are essential for students to meet these expectations as well as to fulfill their own developmental needs. Setting valued and attainable goals can keep students engaged and confident in accomplishing the goals. Moreover, resilience to challenges in the goal-pursuit process, such as using emotional regulation, goal regulation, and social support, also necessarily contribute to student well-being when encountering adversity (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Therefore, simply increasing students' ability to accomplish academic achievement-oriented goals as expected is not sufficient. Enhancing their skills at setting up meaningful and attainable educational and life goals and at being persistent and resilient in goal pursuit are essential to help students to function positively in school learning, as well as lifelong learning, and to achieve in academic aspects as well as personal development aspects.

Promoting Positive Development in Students

To advance students' functioning and personal growth in the school and elsewhere, implementing developmental programs is a common practice providing opportunities for students to unlock, realize, and recognize their potential and strengths. In the USA, for instance, a recent review of 213 school-based social-emotional development programs (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011) reported that these programs did improve students' social-emotional skills, attitudes, positive social behavior, and academic performance and reduce conduct problems and emotional distress. Furthermore, extensive research findings showed that positive youth development programs enhanced adolescents' competence, confidence, character, connection, and caring (i.e., five Cs), which were related to the reduction of depression, delinquency and substance abuse, and the promotion of active engagement in making social contributions in adolescent developmental trajectories (e.g., Lewin-Bizan, Bowers, & Lerner, 2010). In the Hong Kong Chinese cultural context, a school-based program has been implemented to enhance students' positive youth development, in the aspects of bonding, social competence, emotional competence, cognitive competence, behavioral competence, moral competence, self-efficacy, prosocial norms, resilience, self-determination, spirituality, clear and positive identity, beliefs in the future, prosocial involvement, and recognition of positive behavior, which were found to mitigate adolescents' problem behavior in terms of delinquency and substance abuse and enhance life satisfaction both concurrently and longitudinally (Shek & Yu, 2011b; Sun & Shek, 2012). Program participants were found to have better positive development, thriving, life satisfaction, school adjustment, and reduced intentions to engage in problem behavior (Shek & Sun, 2010).

All these findings demonstrated that implementing developmental and preventive programs targeted at promoting competence and resilience in schools are imperative, as it is universally beneficial to students in preparing them with the necessary generic skills and positive values that contribute to their fully functioning and positive development. It not only benefits their well-being but also gets them ready to become tomorrow's leaders who

contribute to the well-being of mankind in their local and global communities, which indeed is an ultimate goal of education. However, it is noteworthy that there are very few validated programs aiming to promote positive development in different Chinese communities (Shek, 2010; Shek & Yu, 2011a).

Conclusion

Student well-being deserves more attention in primary, secondary, and tertiary schools and educational settings. This entry offers a definition and indicators of student well-being and proposes some promising ways of promoting student well-being. Future research is definitely needed to elaborate the eudaimonic conception of student well-being and its corresponding indicators. It provides directions for fostering student well-being, including, but not limited to, optimizing school environments, accommodating learning experiences, enhancing students' goal setting and pursuit, and promoting positive development in students. In the same vein, it is pertinent to conduct further research to demonstrate their effectiveness (each of them or in combinations) on student well-being across gender, age groups, educational settings, and cultures. Pursuit of mutual accommodation is advocated. It is hoped that student well-being can be maintained and promoted, as it further facilitates students to thrive in the school context and beyond and flourish across time.

Cross-References

▶ Adolescent Problem Behavior
▶ Adolescents' Life Satisfaction
▶ Competence
▶ Gifted American College Students, Application of the Personal Well-being Index (PWI) (Adult Version)
▶ Self-Actualization
▶ Self-Determination Theory
▶ Self-Efficacy
▶ Self-Esteem
▶ Spirituality
▶ Wellness

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Well-Being Therapy

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Synonyms

WBT

Definition

Well-being therapy (WBT) is a new psychotherapeutic strategy with the aim of enhancing psychological well-being. Well-being therapy is based on Ryff's multidimensional and eudaimonic model of psychological well-being, encompassing six dimensions: autonomy, personal growth, environmental mastery, purpose in life, positive relations, and self-acceptance. The goal of WBT is to improve the patients' impaired levels of psychological well-being according to these six dimensions (Fava & Ruini, 2003). WBT was originally applied and validated in the residual phase of mood and anxiety disorders, but its efficacy has also been extended to the prevention of relapse in recurrent depression, to the loss of antidepressant efficacy during maintenance pharmacotherapy in recurrent depression, to the treatment of posttraumatic stress disorder and of generalized anxiety disorder, and recently to the treatment of anxiety and behavioral disorders in children (Fava et al., 2004, 2005).

Description

Well-being therapy is a short-term psychotherapeutic strategy that extends over eight sessions, which may take place every week or every other week (Fava & Tomba, 2009). The duration of each session is usually in the range of 30–50 min. It is a technique which emphasizes self-observation,

with the use of a structured diary, and interaction between patient and therapist. In the initial phase (sessions 1–2), the therapist asks the patient to record in the diary the circumstances surrounding the episodes of well-being, rated on a 0–100 scale, with 0 being absence of well-being and 100 the most intense well-being that could be experienced. Then the patient is encouraged to identify thoughts and beliefs leading to premature interruption of well-being and is instructed to reinterpret those thoughts viewed from an observer's standpoint (cognitive restructuring). The technique is aimed at changing beliefs and attitudes detrimental to well-being, stimulating personal growth, and reinforcing well-being-promoting behaviors. In the final sessions, the therapist can use these reinterpretations to increase a sense of well-being in any of the six areas which might be impaired. WBT includes the following: cognitive restructuring, scheduling of pleasant activities, graded tasks assignment, assertiveness training, problem solving to improve patients' autonomy and environmental mastery, and increasing optimism and positive thinking. WBT shares techniques and therapeutic ingredients with standard cognitive behavioral therapy. However, the main point of distinction of WBT is its focus on the enhancement of psychological well-being and the promotion of optimal human functioning and not only the abatement of distress (as in cognitive behavioral therapy).

Further Applications

WBT could play an important role in preventive interventions, for example, with children or adolescents. Improving their levels of psychological well-being could be crucial in the development of their personality and could provide protection against future adversity and against health-risk behaviors (e.g., smoking, alcohol, or drug abuse). In recent investigations, WBT has been modified into a psychoeducational program performed in middle and high school with students (Ruini et al., 2009). This school WBT program consists of six, 2-h sessions to be performed in class once a week, where positive emotions and the dimensions of psychological well-being are explained to students using

role-playing, homeworks, and group discussions. The results of these preliminary interventions showed that school WBT was effective in improving psychological well-being and in decreasing distress (hostility and somatization) in adolescents. WBT could play an important role in psychosomatic medicine, where increasing psychological well-being may counteract the feelings of demoralization and loss which are part of chronic disease and thus improve the individual coping and resiliency process.

Cross-References

▶ Anxiety
▶ Child Well-Being
▶ Eudaimonia
▶ Eudaimonic Well-Being
▶ Personal Growth
▶ Positive Psychology
▶ Positive Psychotherapy
▶ Post-traumatic Stress Disorder (PTSD)
▶ Psychological Distress
▶ Resilience
▶ School-Based Interventions
▶ Self-Acceptance
▶ Well-being, philosophical theories of

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Well-Being, Marital Status and Satisfaction/Happiness

Well-Being, Michalos-Zumbo Index

Well-Being, Philosophical Theories of

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Synonyms

Flourishing; Happiness; Prudential value; Utility; Welfare

Definition

Well-being is what is achieved by someone living a life that is good for him or her. A life replete with well-being is a prudentially good life, but not necessarily a morally good life. Philosophical theories of well-being aim to characterize this prudential good in a way that explains what is good about it and systematizes the various judgments we tend to make about what is good for people.

Description

A person who has well-being is living a life that is going well for him or her; well-being is what we wish for other people for their own sakes, not,

for example, for the sake of making a morally better world. Well-being is an important idea in ► moral philosophy. For utilitarians, well-being is what we ought to maximize. For deontologists, well-being is the goal of our duty to help other people. For virtue ethicists, it is the target of the virtue of beneficence. Given how important an idea well-being is in moral philosophy, it is fortunate that there is a good deal of agreement about its particular ingredients. Few doubt that health, psychological happiness, and friendship are necessary for well-being. There is less agreement, however, on the deeper nature of well-being, that is, on what theory best explains why any particular ingredient belongs on the list.

One thing that seems intuitively good for people is pleasure. Moreover, many of the other things that seem good for people – friendship, health, and so on – are sources of pleasure. Reflecting on these facts, hedonism looks like a good theory of well-being. According to ► hedonism, well-being is pleasure and the absence of pain, and to live well is to get the best balance of pleasure over pain as possible. Though the classical utilitarians, Jeremy Bentham (1789/1970) and John Stuart Mill (1871/1999), did not use the word "well-being," they seem to have had a hedonistic conception of well-being, because they believed that the only thing intrinsically good for a person is ► pleasure and the absence of pain. There are also contemporary defenders of hedonism about well-being in philosophy (Roger Crisp, 2006, Fred Feldman, 2004) and in psychology (Daniel Kahneman, 1999).

The main problem with hedonism is that it seems to leave some important things out. Robert Nozick (1974) famously made this case with his experience machine thought experiment. Nozick asks us to imagine being given the choice to hook up to an absolutely reliable virtual reality machine that would guarantee us a life with more pleasure than the one we would have if we continued in our real lives. Nozick then points out that many of us would choose not to hook up to the machine because there are other things we

value besides pleasant experience: doing things (rather than merely thinking we're doing them), being a certain way, and having contact with reality. If you are persuaded by Nozick, pleasure is at best *one* of the things that could make our lives go well; it is not the whole story.

The insight that what is wrong with hedonism is that there are other things we want or care about besides pleasure leads to the idea that we could define well-being in terms of what we desire or care about. Indeed, the desire (or preference) satisfaction theory of well-being is another popular philosophical theory. According to this theory, you fare well when you get what you want. While there are some (particularly in economics) who defend the view that getting what you *actually* want is good for you, many philosophers have modified the theory so that the desires that it is good for us to satisfy are the desires we would have if we were informed (Griffin, 1986; Railton, 1986). The reason for this modification has to do with the fact that we can sometimes be mistaken about the objects of our desires in ways that very obviously affect how well things go for us. The chicken who wants to cross the road is not made better off by satisfying this desire if (unbeknownst to the chicken) the farmer is on the other side with a knife.

Informed desire theories, as they are sometimes called, can accommodate the insight from Nozick's experience machine that there are other things that are good for us besides pleasure. If a person wants real achievement more than pleasure, then that is what is good for him or her, according to the theory. But informed desire theories have their own problems. First, it seems that there are things we desire that do not have to do with our well-being. For example, a person might have a desire for justice that causes him or her to act in ways that require self-sacrifice. Or a person could have a desire for something to happen after he or she dies; the satisfaction of this desire does not intuitively seem to bear on his or her well-being, but it does so according to the informed desire theory. Second, the idea that our fully informed desires

have particular authority has invited objections because these idealized desires might be quite alien to us given the desires we actually have. When this happens, the informed desire theory tells us that the satisfaction of the desire we would have under ideal conditions (i.e., full information) is good for us even though our actual desires are for something quite different. The result is that what is good for us may be something we have no interest in, given our actual conditions.

Another way of putting the problem for informed desire theory is that the satisfaction of a desire we would have if informed does not necessarily produce any actual *felt* satisfaction, and it is the feeling of satisfaction that seems to be part of well-being. This observation leads us to the life satisfaction theory of well-being. Life satisfaction is an overall positive assessment of one's conditions of life. The assessment has both a cognitive and conative dimension so that a person who has life satisfaction judges that his or her life is going well and feels satisfied with it (Sumner, 1996). As with desire satisfaction theories, defenders of life satisfaction theory also tend to idealize life satisfaction in their theories of well-being (Tiberius & Plakias, 2010). According to the main proponent of the life satisfaction theory of well-being in philosophy, well-being is authentic happiness and authentic happiness is informed and autonomous life satisfaction (Sumner, 1996). The view that life satisfaction is a main component of subjective well-being is very popular in psychology and has formed the basis of a large body of empirical research (Diener, 1984).

▶ Life satisfaction theory has been attacked on two grounds (Haybron, 2008). First, there seems to be some arbitrariness built into life satisfaction. What standards we use to assess how well our life is going and how well it has to be going for us to be satisfied with it both seem like questions that admit of many different answers. If there is no nonarbitrary way to settle on a single answer, the life satisfaction theory seems to make well-being indeterminate. Second, life satisfaction appears to be scarce;

that is, it isn't often that we make the general assessment of our lives. If life satisfaction is something we rarely experience, then it makes a bad candidate for well-being, which seems to be a state we are always in to some degree or other.

The two previous theories we have discussed (desire theory and life satisfaction theory) have been called subjective theories because they make well-being depend on the psychological attitudes of well-being subjects. Subjective theories in general have difficulty accommodating certain "objectivist" ideas about well-being. Intuitively, there seem to be some things that are good for people independently of their particular desires or attitudes. For example, a person whose subjective attitudes are deformed by oppression or mental illness might want things (or be satisfied with things) that are meager or even harmful, and this does not seem to entail that these harmful things are good for the person. Moreover, when we think of the well-being of children whose subjective attitudes are not yet formed, it is natural to think that well-being includes some objective goods such as the development of one's talents, friendship, and health.

Subjective theories can try to accommodate these ideas about the objectively valuable components of well-being by appeal to idealization. But a more direct response is to move to a eudaimonist theory of well-being, according to which well-being consists in fulfilling your nature. We can distinguish two varieties of eudaimonism. According to the Aristotelian variety, to live well is to live in accordance with the standards of excellence for a member of the human species (Kraut, 2007). According to the individual nature variety of eudaimonism, to live well is to live in accordance with the standards imposed by your own nature (Haybron, 2008). Both of these views can explain why a person who is depressed might benefit from something that he or she doesn't want; both furnish a sensible view of the well-being of children. Eudaimonism also has advocates in psychology (Ryan & Deci, 2001), though sometimes eudaimonism in psychology refers to a subjective theory that focuses on different subjective attitudes than life satisfaction or pleasure (e.g., flow or a sense of mastery).

Eudaimonist theories and objective theories of well-being in general have been criticized for failing to provide the right connection between well-being and the subject (Sumner, 1996). Such theories imply that something could be good for a person, for his or her own sake, even if the person does not want, like, or enjoy it. For those who think that it is the special relationship to the subject that distinguishes well-being from other kinds of value (such as moral value), this is an unacceptable implication. Eudaimonism, particularly the Aristotelian variety, has also been challenged on the ground that it lacks an adequate defense of the claim that fulfilling our nature is objectively valuable.

The philosophical theories of well-being reviewed here all have strengths and weaknesses. In each case, the objections that have been raised above have elicited defenses and refinements of the theories. Sometimes, the debate about the correct theory of well-being can look intractable because there are competing intuitions about well-being and each theory captures some but not others. This stalemate has led some philosophers to think that there isn't a single correct theory of well-being (Alexandrova forthcoming, Tiberius, 2007). It should also prompt us to think more about the purpose that a theory of well-being is meant to serve and the criteria of success for theories intended to serve that purpose.

Cross-References

▶ Aristotle
▶ Ethics
▶ Eudaimonia
▶ Hedonism
▶ Life Satisfaction, Concept of
▶ Morality and Well-being
▶ Preference Satisfaction Theories
▶ Subjective well-being (SWB)
▶ Utilitarianism
▶ Virtue Ethics

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Well-Being, Sexual

Well-Being, Subjective

Well-Being, Subjective Indicators of

W

Well-Being/Quality of Life Judgments

Wellness

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Synonyms

Good and sound living; Healthy lifestyle

Definition

Wellness is the capability of living a healthy and
good life by an adequate combination of personal
resources, everyday life practices, and environ-
mental conditions. Wellness is more than fitness
because it considers a wider perspective that
includes the pursuit not only of ▶ physical well-
being but also of the psychological, social, spiri-
tual, and environmental dimensions of a sound
living.

Description

Wellness considers the regulatory dimensions of
daily life, but also the maintenance of an
evolutive and adaptive equilibrium during life
course, coping with the changing conditions of
personal and social life. Wellness includes ▶ per-
sonal projects and ▶ capabilities in regulating
individual times, practices, and relationships ori-
ented to maintain an equilibrium (▶ homeostasis)
and evolves during the life course
(*morphostasis*), but it includes also all regulatory
actions within daily life environments (school,
work, leisure time spaces, etc.), urban and social
environments (cities, local communities), and
natural environments (nutrition supplement, nat-
ural conditions of life, ecological sustainability)
oriented to supply services, creating collective
conditions and facilitate healthy living styles of
populations.

Historical Developments of the Concept

During different historical periods were devel-
oped several organic *corpus* of knowledge
directed to define a repertoire of learning, prac-
tices, and rules of life to be taken by those who
wanted to give themselves a good and sound life
plan. Among them, in ancient times, it may be
remembered that contained in the Greek *gymna-
sium*, which included gymnastics and philosoph-
ical studies, also recalled by Michel Foucault's
famous book on the "self-care" in the classical
world (1984). During the period of Roman impe-
rial era, we find the indication of Iuvenalis
(II sec. DC) "mens sana in corpore sano"
[*A sound mind in a sound body*: *Saturae*, X,
356], which reflects both the need to maintain
a hardened body and to accompany the exercise
of "valetudo" (referring mainly to the strength,
dexterity, and courage of the soldier) with the
moral and civic virtues of a Roman citizen. In
medieval times, you can remember the famous
Regimen Sanitatis Salernitanum, prepared by
the Medical School of Salerno, which highlights
the adaptations of the body in the changes of the
seasons, while, in the Renaissance, we find the
treatise "De vita sana" [*About sound living*: 1489]
of the medical humanist Marsilio Ficino, who
indicated in the combination of care of "corporeal
spirit," "incorporeal spirit," and "veneration of
the truth" the formula for a long life, guided
by a composite knowledge and developed by
everyone with proper care.

It can be said that both in classical Greek-
Roman and in the first humanism, the wellness
was the result of a body care (tempered on the
basis of physical exercises and military skills)
mediated by the pursuit of moral and civic vir-
tues, a guarantee of a healthy mind. These ideas
were opposed to others of Platonic ascendency
who preached the silence and the mortification
of the body. They try to reconcile the dualism
that pervades Western thought since the begin-
ning – in particular in the field of philosophy, but
also in the empirical field, such as the Hippo-
cratic medicine – through a systematic and inte-
grated way of life. It should be reminded that all
proposals are directed solely to the male gender
and wealthy class with women considered

unsuitable for "valetudo," because of their physical frailty and the prevailing maternal role, while manual workers were excluded from the culture and then from "moral" care of one's own soul.

In modernity, the medicine turns to the scientific-positivist view of the pathology, divesting the semi-holistic vision, focused on healthy living, which had developed in previous centuries (with many approximations), but also the philosophy loses interest in the development of ▶ wisdom in daily life. Some pedagogues of the nineteenth century, such as F. L. Jahan, P. Ling, and W. W. Jaeger, try, through the gym, to return to the classical view of *paideia*, while other scholars, through the hygiene and prevention, are involved in creating environmental conditions not detrimental to human life, especially in large towns. It also develops health education, which seeks to promote the learning of individual practices able to avoid the new typologies of risks in the industrial world. It has lost, however, the integrated vision of sound and good living that the humanistic guides had tried to renew taking the best of medical and philosophical thinking applied to everyday life. In this period grewwider the dualism and oppositions between "nature" and "culture," "physical" and "metaphysical," "flesh" and "spirit," each assigned to Boards that do not communicate, contrast each other, and draw reductive visions of personal and collective sound life.

At this stage, the women come very late and adopt a limited view of physical training, though, as mothers, are considered target of health education projects for the proper rearing of their children. The middle class, with the progressive increase of income and time available, enters the perspective of prevention, adopting suggested daily habits, such as hygienic customs, screenings, and regular checkup.

Recent Elaborations

A significant change in the horizon matures during the eighties of the twentieth century: the proposal of ▶ health promotion (World Health Organization [WHO], 1986) revalues personal responsibility in the definition of healthy lifestyles but joints it to the role of policies and collective actions in creating environments conducive to health. Health promotion adopts an incremental view of the individual and collective health potentialities. It is affected by the development that the term *wellness* has had since the 1960s: the proposal of the concept of "high-level wellness", defined as "an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable", is due to the epidemiologist Halbert L. Dunn (1961). Subsequently, some followers of Dunn, as John W. Travis (Travis & Ryan, 1981/1988/2004) and Robert Rodale, proceed to the foundation of the *Wellness Resource Center* in Mill Valley, California [1975], and provide application to the ideas of "wellness enhancement" and "wellness promotion" in personal lives and in community environments, such as those of working. For his part, Donald B. Ardell (1976) develops for over 40 years a complex project of personal wellness that has had wide audience among the US public. In the same period, Elizabeth Neilson founded the journal *Health Values*: *Achieving High Level Wellness* (renamed the *American Journal of Health Promotion* in 1996), which was dedicated to Dunn and reprinted one of his papers in its first edition.

After incubating in the two previous decades, the term wellness has spread, since the 1990s, in an increasingly attentive public that wants to react to the *Medical Nemesis* stigmatized by Ivan Illich (1976), looking for a reappropriation of capacity assessment and intervention on his health. Terms like self-care, ▶ empowerment, ▶ quality of life, ▶ ecology, ▶ health promotion, and wellness emerge to indicate the new attention paid to the rediscovery of an active and global vision of healthy lifestyles, of well-living oriented to quality of life, and of the creation of favorable conditions in everyday environments and in the relationship with nature.

In this field, three major theoretical and applied tendencies developed. The first is marked by the need of a new post-dualistic view of ▶ health that becomes a scientific and political objective which recognizes different lines of thought. Between these, the eco-systemic and

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complexity thinking, where it can be reminded the charismatic figure of Gregory Bateson (1972), which stresses the need for a new epistemology with respect to utilitarianism and the causationism typical of Western thought. Can also be placed in this field the scientific and cultural currents influenced by Eastern philosophies (Capra, 1986), supported by the spread of "holistic" wellness practices, such as yoga, zen, transcendental meditation, and "alternative" Chinese and Indian medicine. Relevant contributions come from new psychological trends – such as humanistic psychology (Maslow, 1968; Rogers, 1980), psychology of well-being (Keyes, 1998), psychosynthesis (Assagioli, 1965), transpersonal psychology (Wilber, 1983), and psychoneuroimmunology – which develop the concepts of psychological and ▶ social well-being stressing also the relational, symbolic, and spiritual dimensions of it. Also important is the contribution of the sociologist Aaron Antonovsky (1979), with the concept of ▶ salutogenesis, which focuses on the possible establishment of health even in very adverse conditions due to coping skills possessed by people and the learning of a kind of inner wisdom generated by the ▶ sense of coherence. Several are the attempts to coordinate these contributions on a scientific level, creating a new science of health (Lafaille & Fulder, 1993).

These new approaches have been taken and disseminated to a broad audience by exponents of the "new age" and "positive thinking" currents, such as Deepak Chopra (1991) and Andrew Weil (1997), or doctors converted to an integrated view of medicine, such as Michael Roizen and Mehmet Oz (2005), who proposed a number of manuals of good life oriented to combat the most common adverse lifestyles in the Western world.

These currents of thought seek, in general, to combine the mind and body care with some ethical and spiritual vision of life. In this sense, they propose a change of vision compared to the widespread idea of the delegation of our own health to the medical and pharmacological technologies, but mainly they are focused on the development of appropriate personal motivations to support sound practices.

A second tendency can be defined as social wellness. It wants to intervene on the conditions of life changing important aspects of urban environments and public intervention. It is in this line that can be included the indication of ▶ health promotion as "healthy public policy," developed by WHO since the 1980s (Milio, 1986). In this context, a critical orientation against the burequcretic organization of the welfare state has been developed, in favor of the activation of personal skills and nonprofit actors, participation in welfare community, and ability to promote wellness, especially for disadvantaged social groups. The social wellness is developed primarily as a critical and compensatory orientation opposite to the major risks of urban life, such as obesity, cardiovascular diseases, and cancer and, in general, to the unhealthy lifestyles typical of the Western world, including the abuse of drugs and medical therapies that can be avoided by adopting healthy lifestyles. It also highlights new risks, typical of the planetary era, linked to the disintegration of social capital and the bonds of belonging, supporting local and network projects to promote ▶ social well-being (Ingrosso, 2006).

A third tendency, characterized by a pragmatic and application-oriented attitude, developed especially in the USA, but then more and more popular also in Europe, develops the idea of wellness through practices and experiences to achieve in special health centers, leisure places (wellness tourism), and thermal waters (spa, hammam, saunas, etc.) or through special programs in workplace (Pelletier, 1984) and in other contexts of daily life. In this line, we can also include the spread of critical currents toward the practices of fitness, too oriented to the physical performance and body appearance (body building). Adopting this fashion, many products and businesses have begun to denote themselves as "wellness goods and services," attributing a meaning very fragmented and utilitarian to the term but exploiting the symbolic aura evoked by it. The uncontrolled spread and ambiguous use of the term have generated distrust and ambiguity surrounding this concept (Zimmer, 2010).

Problems and Prospects

The articulation of meanings and tendencies highlights difficulty of a consensus around the term wellness. It indicates more a field and a general approach aimed at promoting well-being in the daily life then a set of clear and defined programs. It assumes the available scientific knowledge in various areas (such as nutrition, physical education, and psychoneuroimmunology) but calls science to widen its vision of and its methods giving a focus to biographies, paths of sound life, and interactions between different dimensions of well-living (for scientific studies on evidence, see Watt, Verma, & Flynn, 1998). It wants to integrate the symbolic, cultural, and spiritual dimensions of living in wellness research (Myers, Sweeney, & Witmer, 2000; Powell, Shahabi, & Thoresen, 2003), making it a foundational dimension and characteristic of life in the *societies of health* (Kickbusch, 2005), highlighting the positive effects on collective meanings and ways of life that would have to adopt sustainable and sound lifestyles. It is important to underline the role of mass media and new media to widespread information, adopt practices, define health cultures, and support competent and ▶ active citizenship, but also in a market-oriented application of wellness (Ingrosso & Alietti, 2004).

This approach develops individual responsibility but also personal ▶ freedom through a deeper awareness of healthy choices that a person can play in everyday life. At the same time, it is sensitive to a cooperative and communitarian vision of social life and to a deep interaction with the environment and natural resources. In general, moving to an integrated vision and aesthetics of the personal and interpersonal life opens to ▶ spirituality, interpreted according to a secular perspective or through a more explicitly religious adherence.

The perspective of wellness is addressed to all genders and social classes. In particular, women show strong interest to these guidelines that enhance the care of self and others, the affective and relational dimension of living, and the sensitivity to biographical and symbolic aspects of everyday life, especially prevalent in the female gender.

It remains open the issue of a suitable socialization of the younger generations to the promotion of personal and collective ▶ health and the development over time of an inclusive approach to the various dimensions of life in which only part of the population succeed in accessing. Without definition of basic courses, investment in a collective effort for the creation of "health houses," and availability of professional references for the entire population, these guidelines do not seem able to find wide application and affect more deeply unhealthy lifestyles prevailing today. As Zygmunt Bauman has written (2008), the pursuit of happiness and self-assertion in a consumer society often leads to hedonistic ways, but the need for an *art of life* in which man is raised in a state of responsibility to himself and to others continues to keep open the search for well-living.

Cross-References

- ▶ Active Citizenship
- ▶ Capabilities
- ▶ Community Participation
- ▶ Disability and Health
- ▶ Empowerment
- ▶ Environment and Health
- ▶ Environmental Quality
- ▶ Everyday Life Experience
- ▶ Freedom
- ▶ Health
- ▶ Health Care
- ▶ Health Promotion
- ▶ Homeostasis
- ▶ Mass Media and Quality of Life
- ▶ Personal Projects
- ▶ Personal Well-Being
- ▶ Physical Activity
- ▶ Physical Well-Being
- ▶ Positive Psychology
- ▶ Psychological Well-Being Inventory
- ▶ Public Health
- ▶ Quality of Life
- ▶ Salutogenesis
- ▶ Sense of Belonging
- ▶ Sense of Coherence

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Wellness as Fairness

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Description

Whether by design or by default, the pursuit of well-being in ▶ quality of life research is open to multiple interpretations of the ▶ good life and the good society. Inferring from leading social scientists and philosophers what characteristics they would have ascribed to the good life and the good society, it is quite certain that wellness and fairness would have risen to the top of the list. Here I would like to suggest why they would have made it to the list and why they are key ingredients of high quality of life. Based on a previous paper published in the American Journal of

Community Psychology (Prilleltensky, 2011), I would like to propose the idea of wellness as fairness.

It is hard to imagine a desirable life in the absence of fairness, and it is hard to realize the type of interpersonal and psychological fulfillment envisioned by philosophers and psychologists without other types of wellness. Here I would like to argue that psychological thriving requires a set of synergistic conditions consisting of various types of wellness and various types of fairness. I would like to start by painting a picture of wellness, followed by a portrait of fairness. I will conclude by proposing a vision of wellness *as* fairness (De Vogli, Ferrie, Chandola, Kivimäki, & Marmot, 2007).

Wellness

Wellness is a positive state of affairs brought about by the satisfaction of objective and subjective needs in six domains of life: interpersonal, community, occupational, psychological, physical, and economic. Together, these six domains form the acronym I COPPE (see also Rath & Harter, 2010). By *objective* needs, I mean the satisfaction of material and physical needs required for survival and thriving, such as food, shelter, and clothing, whereas by *subjective* needs, I mean the emotional and psychological nurturance required for flourishing (Diener, Lucas, Schimmack, & Helliwell, 2009).

If we were to judge the well-being of Colombians in the 1990s or Mexicans in the first decade of this century only through objective measures, we would predict that their ▶ satisfaction with life is terribly low. Considering the high levels of ▶ violence in these two countries during these times, it would be safe to assume that people would feel despondent and demoralized. Yet, people in both countries reported some of the highest levels of subjective well-being in the world (Inglehart, Foa, Peterson, & Welzel, 2008). At this point, we can claim that they were all deluding themselves or that subjective aspects of well-being, like increased ▶ freedom, religion, tradition, ▶ social support, and close family ties, compensate for the violence and ▶ poverty around them

(Backman & Dixon, 1992). Indeed, there is evidence that cultural factors related to faith, social networks, and democratic progress compensate for poor objective conditions of poverty and crime (Buettner, 2010; Inglehart, 2010).

Consider now the opposite scenario in which objective conditions of prosperity improve over time, but people do not feel any happier. As points out in her recent book *Happiness around the world: The paradox of happy peasants and miserable millionaires*, this situation is not uncommon. Many wealthy people feel unhappy because they are forever comparing themselves to groups of higher income and status. In short, there is evidence to consider both objective and subjective dimensions of well-being.

Although Maslow proposed a hierarchical model of self-actualization whereby the higher levels depend on satisfaction of need at lower levels, his description of necessary conditions did not address properly ▶ justice and fairness as precursors of fulfillment. Thus, while paying attention to some necessary conditions, he largely ignored other sufficient conditions, namely, justice. This is congruent with the romantic view of ▶ self-actualization, which is so congruous with the American dream mythology. I assume a less sanguine view of self-actualization, one that acknowledges power differentials and great injustices in the world. This is not just my opinion, but there is a lot of empirical research supporting the tight connection between wellness and fairness. The evidence is so compelling that I have termed my approach to thriving *wellness AS fairness*.

To appreciate the impact of fairness on wellness, let me first describe different types of justice, or injustice, that impact individuals at different ecological levels, from person to relationships to organizations to communities.

Justice

In philosophy and the social sciences, justice can be divided into two main types and several specific subtypes. The two main types are distributive and procedural justice (Miller, 1999; Tornblom & Vermunt, 2007). Subtypes include, inter alia, relational, informational,

developmental, retributive, and cultural justice. I will argue that the various subtypes of justice derive from the two main types and pertain to specific conditions or relationships. It is useful to understand the uniqueness of main and specific subtypes of justice.

I believe that what is commonly called ▶ social justice is really distributive justice. ▶ Distributive justice refers to the fair and equitable allocation of burdens and privileges, rights and responsibilities, and pains and gains in society. The most synoptic definition of distributive justice is *to each his or her due* (Miller, 1999). Following ▶ Aristotle, Sandel (2009) recently argued that "justice means giving people what they deserve, giving each person his or her due" (p. 187). This is a useful definition that encapsulates the essence of justice: each person should receive what is due him or her, in a fair and equitable manner. The thorniest issue in justice is how to ascertain what is due a person. Different schools of thought lean either towards the merit or need criteria. The merit criterion implies that people should be rewarded based on effort and capacity. The need criterion calls for a distribution of resources based on what individuals require to survive and to thrive. These two criteria are not irreconcilable however. If we introduce context into the picture, we can see that, in certain cases, *need* ought to take precedence, while, in others, *merit* should be preferred. Imagine a situation in which two people grow up in identical circumstances. They go to the same schools, enjoy similar privileges, grow up in the same protective environment, have supportive parents and teachers, and happen to have identical IQs. Let's call them John and Josh. While they share many similarities, there is an important difference: John works very hard, while Josh plays with friends and spends a lot of time on Facebook. When time comes to receive a scholarship, or get a job, it turns out that John is naturally more deserving because he worked harder and got better grades and better experiences. In this case, Josh cannot blame the environment or poor academic abilities because he had the same advantages John had. Most people would not have a problem invoking the merit or equity criterion in this instance (Corning, 2011; Facione, Scherer, & Attig, 1978; Miller, 1999; Sandel, 2009). But what about a situation in which Jane and Jill happen to grow up in very different circumstances? While Jane and Jill were equally talented when they were born and had identical IQs, Jane grew up in great privilege and Jill in great disadvantage. Jane benefited from every private lesson that was offered in the city, such as music, chess, ▶ ballet, and foreign languages, while Jill was stuck in a one-bedroom apartment, with no heating in winter, watching TV for hours. Jane went to the best private school in town, while Jill attended the local inner city school. Jane's parents were rich; Jill's single mom was working three jobs to pay rent in a dilapidated one-bedroom apartment. Jill worked as hard as Jane, but when time came to apply to college or get jobs, Jane was offered admission into the best colleges in the country with a generous scholarship. Jill was not as fortunate. In this case, one might argue that Jill should have been entitled to a scholarship. After all, she worked just as hard as Jane and did all she could to get a scholarship. Need, we can argue, should be the preferred criterion (Corning, 2011; Facione et al., 1978; Miller, 1999). Unfortunately, many institutions ignore the contextual nature of justice and apply dogmatically the merit criterion in all circumstances (Facione et al., 1978; Fiske, 2011). Yes, it is true that Jane achieved higher grades than Jill, but Jill did not have the opportunities, support, and privileges Jane did.

The merit criterion is highly congruent with the American dream and the idea that anyone can overcome negative circumstances. This is a nice inspiring dream that becomes a reality only for a very small percentage of the population. Surely there are enough stories of success to perpetuate the mythology, but for every story of success like Oprah or Michael Jordan, there are hundreds of thousands of Jills who really wanted to go to college and overcome adversity but could not.

John, Josh, Jane, and Jill help us see the contextual nature of distributive justice. Under conditions of relative equality, it would be fair to accord advantage to those who work harder or who have higher capacities: the equity criterion. However, under conditions of inequality, it would be fair to accord preference to need over merit. While we live in a context of high inequality, most social institutions continue to privilege merit over need, thus perpetuating injustice (Barry, 2005; Ehrenreich, 2009; Fleischacker, 2004; Lakoff, 2006; Lareau & Conley, 2008; Schwalbe, 2008).

As important as distributive justice is, procedural justice is no less consequential for well-being. Procedural justice refers to fair, transparent, informative, respectful, and, I would argue, participatory decision-making processes (Miller, 1999; Tornblom & Vermunt, 2007). Decisions affecting individuals ought to follow due process, and they should be impartial. This type of justice is very important in organizations that hire, promote, and fire people. Similarly, in the legal system, procedural justice is paramount to make sure that all parties have a fair hearing. My definition, however, broadens the scope of procedural justice from its usual legal connotation of due process, towards an appreciation for a fair and inclusive process in all interactions, not just in the legal system. In community psychology, we are very sensitive to the importance of good processes (Kagan, Burton, Duckett, Lawthom, & Siddiquee, 2011; Kelly, 2006). When I work with organizations, I often tell them that a good process is a good outcome. Why, they ask? My answer: because a good process builds ▶ trust, respect, control, and ▶ empowerment, which are precious resources for individuals and systems alike (Kelly, 2006).

Both distributive and procedural types of justice play a role in personal, interpersonal, organizational, and ▶ community well-being. Whereas distributive justice is concerned with outcomes, procedural justice is concerned with process (Tyler & Belliveau, 1995). People's dignity and self-respect are highly dependent on both types of justice. As we shall see, human sensibilities to fairness in outcomes, and processes, affect well-being significantly.

Subtypes of Justice

Specific conditions or relationships call for particular types of justice. The relationship between people calls for relational justice. The relation between different groups calls for cultural justice. At each level of analysis, from the personal to the communal, unique types of justice play significant roles. In all cases, however, we are talking about the exchange of a good or obligation (subtype of distributive justice) or the process by which the allocation is made (subtype of procedural justice). All subtypes of justice try to answer either *what* or *how* questions. Specific types of justice include intrapersonal justice, interpersonal justice, informational justice, developmental justice, cultural justice, and retributive justice.

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West Germany

▶ Germany, Quality of Life

Wet Meadows

▶ Wetland(s)

Wetland(s)

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Synonyms

Bog; Fen; Floodplain forest; Marsh; Mire; Riparian zone; Slough; Swamp; Vernal pool; Wet meadows

Definition

Wetlands are defined in various ways depending upon where you live. In the United States, the definition of a wetland is a combination of ecological and regulatory terminology. The US definition, listed in EPA Regulations at 40 CFR 230.3(t), is "…those areas that are inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs and similar areas." In other regions of the world, the definition is much broader. The Convention on Wetlands of International Importance, also known as the Ramsar Convention, defines wetlands as "…lakes and rivers, swamps and marshes, wet grasslands and peatlands, oases, estuaries, deltas and tidal flats, near-shore marine areas, mangroves and coral reefs, and human-made sites such as fish ponds, rice paddies, reservoirs, and salt pans" (www.ramsar.org).

Description

Until recently, wetlands were considered to be wastelands, unfit for humans and often sites of disease. In the USA, the federal government actively promoted draining of wetlands, also

known as "reclamation" (Mitsch & Gosselink, 2007). Those efforts are largely over as wetlands are now considered areas of high biological productivity and serve many important ecological functions such as cleaning water, holding floods, and nutrient cycling, among others (Nyman, 2011). Wetlands are often the last refuges for many rare and endangered plants and animals. Indeed, recent evidence suggests that the ivory-billed woodpecker, once thought to be extinct, remains deep within floodplain wetland forests in the southern USA.

In spite of recent awareness of their value, wetlands remain under pressure. Because wetlands are often located where the topography is flat, wetlands are found where humans wish to develop. At last count, more than 50 % of the wetlands of the lower 48 states had been lost to some form of development (Dahl & Allord, 2006), though due to protection some wetland types are now increasing in area (Dahl, 2011). Other areas of the world have not been immune to wetlands losses. Europe has also lost more than 50 % of its wetlands over just the last century (Silva, Phillips, Jones, Eldridge, & O'Hara, 2007).

In the USA, the historic loss of wetland area exceeds 90 % in some states and federal laws protecting wetlands often require mitigation of impacts to damaged or lost wetlands (U.S. EPA, 2008). This has led to efforts for restoring wetlands, creating new wetlands, and increased preservation for existing wetlands. Considerable controversy exists concerning the ability to successfully restore or create new wetlands and much research has been directed towards that question (e.g., Cole & Brooks, 2000).

Wetlands affect quality of life in many ways. They serve as nutrient filters, helping keep waters clean. They are important habitats for fish and wildlife, providing important breeding grounds in the summer and refuges in the winter. Many societies have been formed in and around wetlands. One only has to look at the Marsh Arabs in the wetlands of the Tigris and Euphrates Rivers to understand the importance of wetlands to some cultures (McInnes, 2011). In some regions, peat cut from wetlands forms the basic fuel used by humans for heat and cooking. These peatlands are vast and may prove to be important in an era of global warming. Wetlands have a propensity to develop a peat base in many regions, and to lose those wetlands would impair the planet's ability to store excess carbon. Coastal wetlands often serve as a first line of defense against storms. Many scientists have suggested that the damage to New Orleans might have been much less severe had the coastal wetlands of Louisiana remained intact. In addition, coastal wetlands, such as mangrove swamps, provide the nursery grounds for a plethora of marine fish and other aquatic organisms essential to human food supplies (Mitsch & Gosselink, 2007). Loss of these marshes will severely impact our own ability to feed a growing world population. Wetlands are aesthetically beautiful to many and provide a source of variation in the landscape that is often appreciated in miniature with small backyard ponds and wetland vegetation.

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WFE

▶ Work-Family Enrichment

What Is Good for a Person

▶ Morality and Well-Being

Wheezy Bronchitis (in Children)

▶ Asthma

Whiplash Disability Questionnaire

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Definition

The Whiplash Disability Questionnaire (WDQ) is a 13-item self-administered questionnaire designed to measure disability associated with whiplash-associated disorders (WAD).

Description

Whiplash or acceleration/deceleration injuries may cause damage to the bony and soft tissues of the head, neck, and spine. The clinical manifestations of these injuries are referred to as whiplash-associated disorders (Spitzer et al., 1995).

The WDQ was developed by Pinfold et al. (2004) from the recommendations of Hoving, O'Leary, Niere, Green, and Buchbinder (2003) who analyzed the problems encountered by individuals with WAD using the problem elicitation technique, a semi-structured interview process. The WDQ consists of 13 items addressing current pain level; personal care; role performance including work, home, and study duties; mobility including driving and public transport; sleep; tiredness; social and leisure; emotional problems including sadness/depression, anger, and anxiety; and concentration impairments. Each item is accompanied by an 11-point (0–10) numerical rating scale anchored at each end by descriptors. Scores for each item are added to give a 0–130 score range. In a slightly more recent version of the WDQ (Willis et al., 2004), descriptors relating to tiredness/fatigue, sadness/depression, anger, and anxiety were altered to reflect how often these feelings are experienced rather than how much of each feeling is experienced. The WDQ takes approximately 5 min to complete and is easily understood by individuals fluent in English (Pinfold et al., 2004, Willis et al., 2004). The WDQ is currently being translated and tested in German, Spanish, and Japanese versions.

Validity

Pinfold et al. (2004) calculated internal consistency of 0.96 (Cronbach's alpha), sound factor structure, no substantial floor or ceiling effects, and excellent response rates when the WDQ was completed by 101 patients with WAD receiving physiotherapy treatment. The face validity of the WDQ was enhanced in the design phase by consultation with members of the Victorian Transport Accident Commission Medical Panel. The panel included practitioners in the fields of physiotherapy, musculoskeletal

medicine, occupational rehabilitative medicine, chiropractic, clinical psychology, and psychiatry. Correlation between WDQ change and client-perceived change over 1 month was 0.64. A Canadian study (Ferrari, Russell, & Kelly, 2006) compared WDQ responses with a global recovery question in 131 subjects with WAD who had attended primary care clinics in Edmonton, Canada. They found that all participants who reported complete recovery had WDQ scores of less than 13 (mean = 2.5), while those who reported that they had not recovered had scores of 13 or greater (mean = 29.9).

Reliability and Measurement Error

Short- (24 h, ICC = 0.96) and medium- (one month, ICC = 0.93) term reliability were ascertained by Willis et al. (2004) who tested 63 patients receiving physiotherapy treatment for WAD. The minimum detectable change (90 %) was calculated at 15 points (Willis et al., 2004). This indicates that if a patient's score changes by 15 points or more over a 1-month period, the clinician can be 90 % confident that the change was not due to measurement error. Changes less than 15 points may still reflect true differences although less confidence would be associated with these smaller changes.

Discussion

The WDQ appears to have appropriate validity, reliability, and responsiveness for measuring disability associated with WAD. However, two of the published studies relating to the WDQ have been limited to participants seeking treatment within Australian private physiotherapy practices (Pinfold et al., 2004, Willis et al., 2004). The generalizability of the results of these two studies to other populations is not known. Although Pinfold et al. (2004) claimed that there were no significant floor effects, 11 of 101 participants scored 15 points or fewer on the WDQ. For these clients, there would be

insufficient range to be 90 % confident that any improvements were not due to measurement error. Further research into the WDQ would be useful to ascertain its scale properties and to compare its responsiveness in comparison to other questionnaires used in testing clients with WAD. Further testing on WAD populations outside of the private physiotherapy sector and use in a prognostic cohort would also confirm its appropriateness for other groups.

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WHOQOL-BREF Taiwan Version

▶ Schizophrenia and Satisfaction with Life Scale

W

Widowerhood

▶ Psychological Well-Being Among Older Bereaved Spouses

Widowhood

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Synonyms

Bereavement

Definition

The widowed are individuals who experience the death of their spouse and have not remarried, and widowhood is the state or period of being widowed. A widow refers to a woman, and a widower refers to a man. Widowhood is a life transition/life event typically experienced in later life.

Description

The death of a spouse, or widowhood, often leads to significant physical, mental, social, and economic changes in an individual's life which importantly impact overall ▶ quality of life. Widowhood is associated with diminished quality of life, especially in the short term, though some aspects of quality of life tend to improve over time and especially under certain conditions. These effects vary across gender, age, and racial/ethnic groups and depend on other social and psychological variables. Understanding and addressing the effects of widowhood is increasingly important as the US population ages and more adults experience this life transition.

Demographics of Widowhood

The median age of widowhood in the United States is 61.3 years for men and 60.3 years for women (U.S. Census Bureau, 2010). Women are more likely than men to be widowed at every age. Black Americans become widowed at younger ages than Whites, and, proportionately, more Black Americans are widowed at all ages. Among those aged 65–74, 24.3 % of Blacks are widowed, compared to only 14.8 % of Whites (U.S. Census Bureau, 2010). The sizable and growing widowed population should be of concern to policymakers and scientists, particularly as widowhood is concentrated among already disadvantaged groups, namely, Blacks and women.

Consequences of Widowhood for Quality of Life

Widowhood impacts multiple dimensions of quality of life. Widowhood increases economic vulnerability (Utz, 2006), and, compared to the married, the widowed experience poorer physical and mental health across multiple outcomes. The widowed exhibit worse self-rated health (Byles, Feldman, & Mishra, 1999), higher ▶ disability (Tamborini, 2007), decreased immunocompetence (Biondi & Picardi, 1996), and higher rates of psychiatric disorders, including ▶ anxiety, ▶ psychological distress, and depressive symptoms (Carr, 2003; Li, Liang, Toler, & Gu, 2005; Williams, Takeuchi, & Adair, 1992). ▶ Mortality following widowhood is significantly elevated, particularly in the first year following the loss (Manor & Eisenbach, 2003). Widowhood is also associated with changes in ▶ health behavior that may undermine ▶ health and increase ▶ mortality risk. Compared to the married, individuals who become widowed experience more ▶ weight loss (Umberson, 1992), increased alcohol consumption (Eng, Kawachi, Fitzmaurice, & Rimm, 2005), and decreased ▶ physical activity (Tamborini, 2007). A number of important factors shape the impact of widowhood on quality of life so that some groups are more vulnerable than others.

Factors that Increase Vulnerability Following Widowhood

Gender

Most studies indicate that the transition to widowhood is worse for the physical and mental health of men than women (Goldman, Korenman, & Weinstein, 1995; Umberson, Wortman, & Kessler, 1992). Moreover, widowed men have significantly higher ▶ mortality rates than

widowed women, even after controlling for demographic, socioeconomic, and behavioral variables (Stimpson, Kuo, Ray, Raji, & Peek, 2007). However, there are important exceptions to this pattern. Widowed women have a higher risk of cardiovascular disease than married women, but this relationship is not seen among ▶ men (Zhang & Hayward, 2006). In regard to health behaviors, widowed men consume more alcohol, eat less nutritious foods, and ▶ exercise less than their married peers (Perreira & Sloan, 2001; Umberson, 1992), whereas widowed women experience more unintentional ▶ weight loss compared to married women (Umberson, Liu, & Powers, 2009).

Compared to men, women experience more adverse economic changes following widowhood, and this leads to considerable strain for widowed women (Utz, 2006). On average, women's income decreases nearly one-third after they are widowed, whereas men do not experience a significant drop in income (Bound, Duncan, Laren, & Oleinick, 1991).

These gender differences may occur because marriage tends to provide men and women with different types of resources that are then disrupted by the widowhood event. Marriage provides more economic benefits to women, whereas it provides men with more social/emotional support, positive influence on health habits, and ▶ household labor (Umberson, 1992). Widowhood, then, likely results in the loss of different types of resources for women and men, with gendered impacts on quality of life.

Race

While many studies have considered how widowhood affects quality of life, few studies have examined race differences in these effects. Moreover, race differences in the effects of widowhood on quality of life may further differ for men and women, and race/gender variation in widowhood effects on ▶ health is largely unknown.

There is some evidence that the association between widowhood and poor health is stronger for Whites than for Blacks (Williams et al., 1992). An analysis of Medicare data found that widowhood increases ▶ mortality risk for Whites but not for Blacks (Elwert & Christakis, 2006). Black adults' higher levels of religious participation and more ▶ social support from children may help to buffer the effects of widowhood on Blacks' well-being (Carr, 2004a). We caution, however, that little research has been done on race, widowhood, and health, and it is possible that Blacks are more affected than Whites on some dimensions of quality of life which have not been fully explored.

Age and Timing

The transition to widowhood is more detrimental to quality of life when it occurs at younger ages. Younger age at widowhood increases ▶ mortality risk, and the relative ▶ mortality risk declines linearly with age (Manor & Eisenbach, 2003). Additionally, differences between the married and widowed in serious ▶ psychological disorders, ▶ self-rated health, and ▶ disability are particularly pronounced among younger adults (Schoenborn, 2004). This may occur, in part, because widowhood at younger ages is contrary to life course norms; thus, ▶ stress and loss are unexpected and coping strategies for dealing with this type of loss are not well developed (Lieberman, 1996).

Duration of Widowhood

Increased ▶ mortality risk, depression, ▶ disability, and unintentional ▶ weight loss are most extreme during the first year following the death of a spouse, but these risks tend to diminish in subsequent years (Manor & Eisenbach, 2003; van den Brink et al., 2004; Wilcox et al., 2003). One explanation for the weakening of the widowhood effect with time is that survivors adapt to their loss and changed circumstances (Thierry, 2000). A second explanation, referred to as the "selection effect," is the least healthy individuals die in the first few years following widowhood, so that only the healthiest survive (Thierry, 2000).

Remarriage

Most widowed persons do not remarry, though widowed women are significantly less likely than widowed men to become involved in subsequent romantic relationships or to remarry, and this gap

W

increases with age (Lee, Willetts, & Seccombe, 1998). Those who remarry after widowhood have worse mental health and higher ▶ mortality risk than the married who have not been widowed (Barrett, 2000), though those who remarry after widowhood have better mental health than the widowed who do not remarry (Schneider, Sledge, Shuchter, & Zisook, 1996). Those who remarry may benefit from the economic and psychosocial aspects of marriage that, in turn, enhance mental health. However, another explanation is that only the most emotionally and physically robust widowed persons remarry so that it only appears that remarriage benefits ▶ health and well-being.

Caregiving

Caring for a spouse before the spouse died may influence how the bereaved person reacts to the loss. There are two opposing explanations for how ▶ caregiving shapes the relationship between widowhood and quality of life, and there is research support for both explanations. The first explanation is that the death of the spouse alleviates the substantial ▶ stress associated with ▶ caregiving and the reduction of ▶ stress leads to improved health and well-being (Schulz et al., 2001). The second explanation, referred to as the "wear and tear hypothesis," states that stressful caregiving erodes caregivers' resources and intensifies the negative impact of spousal loss (Keene & Prokos, 2008). Duration of caregiving also matters. Compared to non-caregivers and short-duration caregivers, those who provided care for longer periods of time experience fewer depressive symptoms following ▶ bereavement (Keene & Prokos, 2008).

Cause of Spousal Death

The widowhood effect is also influenced by how the spouse died. A spouse's painful death is associated with elevated ▶ anxiety among the widowed (Carr, 2003). Pre-loss acceptance of death, perhaps following long-term chronic conditions or involvement in ▶ hospice care, is associated with better mental health and lower mortality risk (Elwert & Christakis, 2008). Pre-loss acceptance may involve anticipatory coping by which individuals begin to emotionally prepare for the death and learn to cope with loss in advance of the spouse's death (Bonanno et al., 2002; Carr, 2003).

Quality of Marriage

Marital dynamics in the years prior to the loss also shape the health effects of widowhood. Those who are highly dependent on their spouse experience more ▶ anxiety and chronic grief (Carr et al., 2000), yet they may also be more likely to experience some positive changes following widowhood. For example, one study suggests that women who were very emotionally dependent on their spouse experience improved ▶ self-esteem after their spouse dies and men who were very instrumentally dependent (e.g., for housework) on their spouses experience greater ▶ personal growth following widowhood (Carr, 2004b).

Social Support

Widowed adults often experience increased emotional and instrumental support from friends and ▶ family, at least up to about 6 months following the loss (Utz, 2006). ▶ Social support from adult children buffers the deleterious effects of widowhood, but support from friends does not seem to have a strong protective effect (Li et al., 2005). Widowed women report more ▶ social support from others than do widowed men. One study shows that, in contrast to women, widowed men report even less support after widowhood than they had before their spouse died (Utz, 2006). Clearly, ▶ social support from others is an important resource for the widowed that improves their quality of life and has the potential to benefit their mental as well as physical health. Unfortunately, widowhood often triggers increased social isolation and loneliness, perhaps especially for men (Koropeckyj-Cox, 1998).

Discussion

Widowhood is a stressful life event with important implications for an individual's economic, mental, emotional, and ▶ physical quality of life. Though widowhood adversely affects quality of life, many of these effects dissipate with

time, and, under certain circumstances, such as for those who were long-term caregivers, widowhood can result in improved quality of life. Research on widowhood must consider the multiple factors that shape the impact of widowhood on quality of life, including sociodemographic variables such as age, race, and gender. Future research should be interdisciplinary and multimethod and follow individuals over time.

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Wildlife Conservation

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Definition

Wildlife conservation is an activity in which humans make conscious efforts to protect plants and other animal species and their habitats. Wildlife conservation is very important because wildlife and wilderness play an important role in maintaining the ecological balance and contribute to human quality of life.

Description

The phrase wildlife conservation conceptually invokes a valuation process in which it is decided that something, in this case wildlife, must be conserved. The decision to conserve requires a justification and associated valuation of that which is to be conserved. Justifications for conservation can be thought of broadly as falling into two categories: The first category assumes that there are potentially identifiable benefits to be derived through conservation, and the second

category is based on the idea that organisms have a right to exist because they have already existed for a long time, so that there is a difficult to define though recognizable benefit to be derived by these organisms' mere existence (see Margules & Usher, 1981, among others, for a thorough review of these categories). Valuation, then, in terms of wildlife conservation, must recognize distinctions between "held" and "assigned" values of wildlife (Brown, 1984) and must consider what values underlie attitudes toward wildlife and what types of wildlife and their number, in what settings in which we find them, and what opportunities they provide (Brown & Manfredo, 1987).

Decker and colleagues (Decker, Brown et al., 2001) traced the development of wildlife conservation and management by reviewing textbooks and other important documents starting with the work of Aldo Leopold and leading up into the 1980s. In this work, these scholars concluded that the most useful concept for contemporary wildlife management and conservation was that wildlife management and conservation consists of "the science and art of making decisions and taking actions to manipulate the structures, dynamics, and relations of populations, habitats, and people to achieve specific human objectives by means of the wildlife resource" (Giles, 1978).

Kinds or categories of values that stimulate efforts to engage in wildlife conservation include recreational, aesthetic, educational, biological, sociocultural, and commercial (for further discussion of categories and typologies of values and wildlife conservation, see King (1947), Kellert (1980), and Decker and Brown et al. (2001)). Each of these kinds or categories of values in some way relates to quality of life; however, additional study is required to empirically determine the ways in which, and the degrees to which, wildlife conservation contributes to human quality of life.

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Willingness to Pay for Private Environmental Goods

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Synonyms

Affluence hypothesis and WTP; Choice experiments and WTP; Conditional cooperation and WTP; Experimental auctions and WTP; Green product choices; Natural field experiments and WTP; Real choice experiments and WTP; Subjective discount rate and WTP; WTP

Definition

Private environmental goods have the characteristics of private goods (i.e., excludability from and rivalry of consumption), and moreover, they have positive external effects on the environment (i.e., improvement of environmental quality). Typical examples are energy-saving household appliances, hybrid cars, and green residential buildings that reduce emissions, and organic

food products that enhance soil conservation. Individuals who do not purchase environmental goods also benefit from these positive environmental effects.

Willingness to pay (WTP) is a concept derived from ► welfare economics that is used in economic valuation of environmental goods (see Freeman, 2003). It refers to the maximum amount of income an individual or household is prepared to give up to obtain more of another good (by keeping utility constant). This includes trade-offs: if more income is spent on a certain good, fewer units can be spent for another good. Often environmental goods are more expensive than conventional goods. The greater price consumers are willing to pay reveals the value they place on environmental goods.

Willingness to Pay for Private Environmental Goods, Table 1 Overview on methods to measure WTP

| Method | Measurement of WTP | | |
	Direct	Indirect	Incentive compatible
Simple survey items	√		No
Revealed preference methods			
Natural field experiments		√	Yes
Scanner data/diaries		√	Yes
Stated preference methods			
Contingent valuation	√		No
Choice experiment	√		No
Non-hypothetical experiments			
Experimental auctions	√		Yes
Real choice experiments	√		Yes

Description

Methods to Measure WTP

Table 1 gives an overview on methods to measure WTP for environmental goods. They differ in whether WTP is derived directly (stated behavior) or indirectly (market behavior) and in whether the measurement is incentive compatible including real economic consequences.

Many scholars employ **simple survey items** to measure individuals' WTP. For example, the following question is used in the International Social Survey Programme: "How willing would you be to pay much higher prices in order to protect the environment?" with a five-point response scale from "very willing" to "very unwilling" (see also Franzen & Meyer, 2010). Yet such items might be more prone to ► social desirability bias than advanced measures of WTP (see below). The main reason is that the respondents just have to agree or disagree with an item on environmental behavior that is socially desirable, whereas other methods include trade-offs and explicitly stated WTP amounts.

Revealed preference methods estimate WTP indirect from observed market behavior (Freeman, 2003). In the context of private environmental goods, this can be done in form of *natural field experiments* in which individuals

are not aware that they are part of. For example, the price difference between environmental and non-environmental goods can be manipulated experimentally in stores (see Anderson & Hansen, 2004 for an application on certified and uncertified plywood). Other studies use *scanner data* from *shopping diaries* kept by households to reveal preferences (see Bjorner, Hansen, & Russell, 2004 for an application on detergents with a certified environmental label).

Stated preference methods are used to collect data on WTP using surveys (Carson & Hanemann, 2005). Compared with revealed preference methods, the measurement of WTP is direct and the goods can be novel (i.e., not available at the market).

Using the *contingent valuation* method, a good is described and individuals are asked about their WTP in an open-ended or closed-ended question format. An open-ended question on WTP for CO_2-neutral fuel in Switzerland is used in Meyer and Liebe (2010): "A liter of gas costs about 1.60 francs nowadays. How much more would you pay for a liter of alternative fuel if you could drive the same distance with this fuel as with a liter of gas?"

In *choice experiments*, respondents are asked to choose between product alternatives characterized by a variety of attributes and attribute levels.

Typically, the respondents answer multiple choice tasks during the survey, with each choice task consisting of at least two product alternatives. Given that one of the attributes is the price, it is possible to estimate how much people are willing to pay to achieve more of a product attribute or attribute bundles. This provides more information than the contingent valuation method. The following introduction to a choice task is used in a study on WTP for green toilet paper in Canberra, Australia (Blamey, Bennett, Louviere, & Morrison, 2001: 121): "Each of the next eight questions shows a hypothetical set of toilet paper products. In each question, you are asked to imagine you are on a **typical** shopping trip for toilet paper, and that the products shown are the only ones available. You will be asked to indicate which one or more of the products you would **actually purchase on that trip**. There are 11 toilet paper products shown in each question. The features of each product are listed below the brand name. These features are:

Price and special on price Softness; as claimed by manufacturer

Number of rolls in a pack Colour; and prints/patterns

Number of ply Type; of paper (standard, recycled etc.)

Number of sheets Whether; the paper is scented."

There are several *experimental methods to measure non-hypothetical WTP*. They are incentive compatible by including a real trade-off between products and money (Alfens & Rickertsen, 2011). Examples are experimental auctions and real choice experiments. In *experimental auctions*, individuals (most often repeatedly) bid for the product, and the bidding mechanism determines who will get the product (e.g., highest bidder). In non-hypothetical or *real choice experiments*, individuals make choices on simulated shopping trips or in a survey-based choice experiment. One decision per individual is randomly chosen, and individuals will get the product for the price they are willing to pay.

Theoretical Approaches to Explain WTP

Different theoretical approaches and determinants from economics, sociology, and psychology are

Willingness to Pay for Private Environmental Goods, Table 2 Overview on theoretical approaches and determinants of WTP

Theoretical approaches	Determinants of WTP
Basic economic model	Income
	Subjective discount rate
Public goods	Conditional cooperation
	Generalized trust
Altruism and status motives (Costly Signaling Theory)	Pure altruism
	Warm-glow giving
	Status attainment
Attitudes (Theory of planned behavior)	Environmental concern
	Attitude toward (paying for) the environmental good
Personal and social norms (Norm-activation theory, theory of planned behavior)	Subjective (moral) obligation to pay
	Awareness of need for paying
	Awareness of responsibility for paying
	Subjective norm
Values (Value theory, value-belief-norm theory, post-materialism)	Universal value orientations such as benevolence
	Post-materialistic values

used to explain individuals' WTP for environmental goods (see Liebe, Preisendörfer, & Meyerhoff, 2011; Meyer & Liebe, 2010). Table 2 gives an overview.

Basic Economic Model

Income. When individuals consider paying for improved environmental quality, their choices are constrained by their disposable income. In the context of a restricted budget – given identical preferences – individuals with a higher income will be able to spend more for environmental goods than individuals with a lower income.

Subjective Discount Rate. Individuals do not always behave rationally when purchasing environmental goods. For example, when buying durable household goods such as a refrigerator, people often do not choose the model most economical in the long run and which is ecologically preferable. When consumers have a stronger preference for the present over the future (high subjective discount rate), they choose models with higher energy consumption but lower initial

costs over models with low energy consumption but greater initial costs (Hausman, 1979). The higher the subjective discount rate, the less important the future well-being and the lower WTP for environmental goods.

Public Goods

WTP for private environmental goods can be conceptualized as a contribution to a public good for which non-excludability from benefits applies; people who do not purchase environmental goods profit from an improved environmental quality due to green purchases by others. Thus, individuals have an incentive to use the good as a "free rider." Nevertheless, they make substantial (albeit suboptimal) contributions to public goods (Camerer, 2003).

Generalized Trust and Conditional Cooperation. Two determinants are consistently addressed in order to explain contributions to public goods: conditional cooperation and generalized trust (e.g., Gächter, 2007; Putnam, 2000). Central to both concepts is the dependence of individuals' behavior on expectations regarding the behavior of others. Conditionally cooperating individuals only make a contribution to a (public) environmental good when they are convinced that others are also doing so. Conversely, unconditionally cooperating individuals make decisions on WTP entirely independent of their expectations on third parties' actions. Generalized (or social) trust might turn people into unconditional cooperators and make conditional cooperators confident that others do their share.

Altruism and Status Motives

Pure Altruism and Warm-Glow Giving. As the environmental benefits of purchasing environmental goods are often not immediately apparent and not restricted to those who pay, altruism is a relevant determinant. Expenditures on environmental goods lead to a bequest value: the natural environment (e.g., biodiversity) is preserved for future generations, individuals' own children and grandchildren. Altruism is not, however, necessarily directed solely at other people as beneficiaries; it can also be aimed at animals and plants, whole landscapes or the biosphere itself (Guagnano, Dietz, & Stern, 1994). In contrast to this "pure" altruism, some studies on impure altruism showed that altruistic behavior can itself generate private utility, that is, a "warm glow of giving" (Andreoni, 1990).

Status Attainment.   In line with costly signaling theory (e.g., Fehrler & Przepiorka, 2013), WTP might be "constructed as altruistic" (Griskevicius, Tybur, & Van den Bergh, 2010). An individual is willing to pay a higher price for an environmental good (i.e., "costly ▸ prosocial behavior") in order to signal to others that she/he is willing to benefit them and to attain status. This is supported in experiments conducted by Griskevicius et al. (2010) who found that activating status motives (by a corresponding story) increases the likelihood of choosing pro-environmental green products (a car and household appliances) over the corresponding more luxurious nongreen products.

Attitudes

General Environmental Concern. Typically general environmental concern is used to explain pro-environmental behavior, including WTP. Some models, however, postulate indirect effects of environmental concern, for example, the ABC model (Guagnano, Stern, & Dietz, 1995) and the low-cost hypothesis (Diekmann & Preisendörfer, 2003).

Attitudes Toward the Good and Behavior of Paying. Attitudes and behavior are only moderately related when they are not measured on the same level of specificity. This fact is considered in Ajzen's (1991) theory of planned behavior which has been successfully applied to a variety of behavioral domains (see Armitage & Conner, 2001). According to Ajzen, the intention to perform a behavior is the immediate determinant of the behavior in question including "the behavior of paying money for a good" (Ajzen, Brown, & Rosenthal, 1996: 45). Among others, the attitude toward the behavior is proposed as a determinant of the behavioral intention. It refers to an individual's positive or negative evaluation of performing the behavior.

Personal and Social Norms

▶ Norms are behavioral regularities prescribing and proscribing behavior in specific circumstances (Hechter & Opp, 2001: xi). They are backed by negative (social disapproval) or positive (social approval) sanctions.

Personal Norms. Personal norms are internalized behavioral rules that, in the case of environmental goods, lead to feelings of moral obligation to buy green products. Many researchers assume a direct effect of a personal norm on WTP (Aertsens, Verbeke, Mondelaers, & Van Huylenbroeck, 2009). In contrast, Schwartz's norm-activation model (Schwartz, 1977) assumes that a personal norm leading to moral obligations is only activated and transformed into behavior if certain conditions are fulfilled (see Guagnano, 2001 for a study on WTP for recycled paper products). Different specifications of the model can be found in the literature. Most specifications include the awareness of ▶ need and the awareness of responsibility as determinants of norm activation. Awareness of need refers to the precondition that individuals must recognize that something has to be done concerning the object in question (i.e., environmental quality). Awareness of responsibility means that individuals must recognize that they are responsible for doing something. Both determinants mediate the effect of a perceived moral obligation on WTP.

Social Norms. Many studies, for example, regarding organic food consumption (Aertsens et al., 2009), rely on Ajzen's (1991) theory of planned behavior to analyze effects of a *subjective* social norm. Here, an individual's perception of social pressure from reference group members to purchase environmental goods is a key determinant of WTP.

Values

▶ Values refer to desirable "modes of conduct" and "end states of existence" (Rokeach, 1973: 7). They are considered as stable constructs.

Universal Values. Universal values including ▶ hedonism, universalism, and benevolence (Schwartz, 2006) may have a direct effect on WTP. In contrast, value-belief-norm theory, linking theories on personal values and norm activation, proposes that values have an indirect effect mediated by specific beliefs such as an individual's perceived ability to reduce environmental threats (Stern, 2000). Direct and indirect effects of values have been studied extensively with respect to organic food consumption (Aertsens et al., 2009).

Post-materialistic Values. According to Inglehart's ▶ post-materialism hypothesis (Inglehart, 1997), people with post-materialistic values can be assumed to show a greater WTP for environmental goods. With increasing prosperity, people are freed of pressing economic problems and can follow other-post-materialistic-goals such as self-fulfillment, "freedom," or environmental protection (the "scarcity hypothesis"). In contrast to the income effect, the post-materialism hypothesis concerns a long-term change in preferences and/or values and not in constraints. These values are formed during socialization and often remain intact throughout individuals' entire lives (the "socialization hypothesis"). Positive effects of post-materialistic values are found, for example, in a study on CO_2-neutral devices in Switzerland (Meyer & Liebe, 2010).

Discussion

Stated preference methods are mostly used to measure WTP for private environmental goods. Since in the majority of stated preference studies individuals make hypothetical decisions, a well-known problem is the so-called hypothetical bias: the divergence between hypothetically stated and actual WTP (Murphy, Allen, Stevens, & Weatherhead, 2005). One reason for the hypothetical bias might be the socially desirable response behavior, especially if goods comprise ethical components. Often studies are carried out in order to inform decision makers. Misleading (policy) measures might be a consequence of biased WTP estimates. However, methods such as choice experiments, which are based on some form of dichotomous choice questions, are less prone to the hypothetical bias than contingent valuation or simple survey items (Murphy et al., 2005). The bias is also considerably lower for private than for public goods. More studies are needed to test the hypothetical bias by using

incentive-compatible methods such as non-hypothetical choice experiments, experimental auctions, and natural field experiments. Further issues regarding choice experiments that need attention include choice-task complexity (Meyerhoff & Liebe, 2009) as well as reliability and stability of WTP over time (Liebe, Meyerhoff, & Hartje, 2012).

To improve the explanation of stated WTP, it is necessary to compare relevant theories instead of testing single theories. Only a few studies test two or more theories (e.g., Liebe et al., 2011; Meyer & Liebe, 2010). They show that theories such as the theory of planned behavior are supported if tested on their own. Yet by taking determinants from competing theories into account, other theoretical approaches show a higher explanatory power. Thus, studies using single theories or a limited number of theoretical determinants might be misleading.

Considering different theoretical determinants is also important for investigating the social distribution of WTP for environmental goods. Within public debate and academic literature, it is widely discussed to what extent environmental protection is a good that is reserved for those who are better off and can afford it (Pampel & Hunter, 2012). Studies on this affluence hypothesis test to what extent the personal wealth positively affects WTP at the individual level as well as to what extent a positive correlation between wealth and WTP is present at the macro level across countries (e.g., Franzen & Meyer, 2010). Yet the effect of individuals' income and a country's wealth on WTP might depend on the other determinants that are included in the analysis.

If the affluence hypothesis holds true, a greater WTP for environmental goods can be perceived as outweighing the unequal distribution of environmental burdens and social differences in consumption. Couched within research on environmental justice, empirical studies show that wealthier people suffer less from environmental burdens and yet leave behind a greater ecological footprint than poorer people (e.g., Lenzen & Murray, 2001). This results in a double advantage to wealthier individuals. In turn, a greater WTP

for environmental goods could be viewed as compensation for this double advantage and social inequality. Such compensation behavior may have the character of a by-product of individual environment-related behavior. It would be desirable to compare the size of these compensation effects with the smaller degree of environmental burdens and the greater consumption of resources enjoyed by the affluent.

Cross-References

▶ Affluence
▶ Consumption
▶ Consumption Externalities
▶ Ecological Footprint
▶ Household Disposable Personal Income

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Wind Energy

► Wind Power

Wind Power

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W

Synonyms

Wind energy

Definition

Kinetic energy from wind that is typically captured to generate electricity.

Description

Humans have been capturing kinetic energy from wind for thousands of years beginning with boats using sails on the Nile River and windmills pumping water in China (Sahin, 2004). The term windmill for describing all machines capturing wind energy comes from the iconic machines that dotted the landscape from the middle ages to the nineteenth century. The first wind-powered machine to generate electricity was invented in the late 1880s (Price, 2005). Concern over global warming and depletion of the earth's fossil fuel resources stimulated interest in wind as an energy resource (Liming, Haque, & Barg, 2008) and along with technological advances in wind power generation in the 1970s, wind turbines connected to the electrical grid could be found throughout Europe and the United States (Carlin, Laxson, & Muljadi, 2003). Governments have been under increasing pressure to develop additional renewable energy sources given the public fear over the risks of nuclear accidents, phasing out of coal-fired power plants and the environmental impacts of large scale hydroelectric projects. The need has been exacerbated by the Fukushima Daiichi nuclear disaster in 2011 and the climate change movement as nuclear power and coal are baseload power facilities which run continuously and meet a large percentage of electricity demands. Today, wind power is the fastest growing renewable energy source supplying 1.6 % of electricity worldwide (Observ'ER, 2012).

There are many potential positive impacts on population health that may be attributable to wind power generation. Since wind turbines generate no carbon dioxide or other air emissions when operating and increasing wind generation capacity displaces coal, gas, and other non-sustainable energy sources, there is potential to improve human health by lessening exposures to pollutants. In life cycle studies of greenhouse gas emissions of various electricity power generators, wind power typically has fared very well. Sovacool (2008) summarized life cycle estimates of grams of carbon dioxide per kilowatt hour (KWh) for numerous generation technologies and reported that wind was the lowest at 9 g/KWh. This predicted value compared to 66 g/KWh for nuclear and 960 g/KWh for coal generation with scrubbing (Sovacool, 2008). Increasing reliance on wind technologies does hold promise for reducing greenhouse gas emissions which is related to climate change and its population health impacts.

Wind power also has the potential to have positive impacts at local levels. Engi (2004), using a model of ▶ quality of life impacts, examined cause-and-effect relationships of feed-in tariff incentives to promote renewable energy technologies. The incentives had the potential to improve quality of life though enhanced economic well-being, environmental quality, civil liberties, and cultural heritage protection. In rural and remote areas of developing countries wind energy clearly can improve quality of life. Wind power, sometimes coupled with other renewable technologies, are common in "village-scale" power systems that are prevalent in India and China (Cassin & Zolin, 2009). Improvements in the standard of living, energy independence, and community ▶ empowerment are outcomes, especially if such systems are integrated within the local development process and incorporate public participation (Cassin & Zolin, 2009).

Wind turbines are typically grouped together in so-called wind farms or industrial wind facilities which are often located in semirural areas close to major metropolitan areas in order to optimize the transmission and distribution of electricity. Wind farms range in size from a few turbines that each generate between 0.5 MW to over 3 MW of electricity that are connected to the electrical grid. Wind farms are typically privately owned, but some may be owned by nonprofit organizations or community cooperatives. Tax credits or other incentives, applying to both

installation and operation, are often provided to encourage development of new wind farms. In most countries a feed-in-tariff system is used for all electricity generators with the compensation rates differing by the generation technology. Tariffs for wind and other renewable technologies are often higher than for traditional generators to encourage new installations and provide good return on investment for renewable power operators.

Although wind turbines are seen as a "clean" source of energy, they emit sound. The typical wind turbine used for the commercial production of electricity has three blades that are positioned upstream of the supporting tower. Air turbulence from the blades and supporting tower produce sound that is of low amplitude (loudness) and constantly shifting in character (amplitude and tone). Additionally, moving parts within the turbine produce mechanically generated sound. Overall, the sound from a turbine spans a wide range of frequencies that are both audible and inaudible (Berglund, Hassmen, & Job, 1996). A substantial amount of sound energy that is received by residents living within a few kilometers of a wind farm is below 20 Hz.

Audible sounds are defined as having frequency components typically ranging from approximately 200 to 20,000 Hz. Low-frequency noise has predominant frequency components below 200 Hz which is audible to the human ear and is commonly described as "background noise" (Government of Ontario, 2010). Noise where the predominant energy is at frequencies of 20 Hz and below is inaudible for most individuals and is termed infrasound (Leventhall, 2006). It has been speculated that the outer part of the ear, where the mechanism for sound to be perceived by the body begins, is unaffected by the infrasound from wind turbines, but parts of the inner ear connected to the vestibular system may be stimulated by infrasound (Salt & Hullar, 2010). Low-frequency noise may also initiate mechanical vibration on the body surface around the chest and abdomen, so the inner ear may perceive the vibration of the body, as well as the infrasound and inaudible

sound of the low-frequency noise from wind turbines (Takahashi, Kanda, & Yonekawa, 2002; Leventhall, 2006).

Residents living near wind farms have reported adverse effects including tinnitus (ringing in the ears), pressure in the ears, headache, dizziness, nausea, irritability, and sleep disturbance (Knopper & Ollson, 2011). Although there is biological plausibility that exposures to noise emissions from wind turbines may be a factor in causing these symptoms, issues of reporting bias and potential confounding have made it difficult for investigators to clearly identify causal links. Clearly, the presence of wind turbines and their noise is annoying to some residents, and there is an ample body of evidence linking annoyance with elevated ▸ stress. Wind turbine noise, which is different in character and in energy frequency distribution as compared to other noise sources, is more annoying to residents than traffic or aircraft noise.

The assessment of noise annoyance is a critical component in environmental noise studies, and the importance of its accurate measurement is reflected in the development, in 2003, of an ISO/TS standard titled "Acoustics – Assessment of Noise Annoyance by Means of Social and Social-acoustic Surveys." This title alone suggests that noise annoyance is complex and involves both acoustical and non-acoustical factors. In the case of wind farms, non-acoustical factors include those that are directly related to wind turbines and their infrastructure such as disruption of the visual landscape, presence of electromagnetic fields, and shadow flicker which occurs when alignment of the sun and the viewer results in shadows in their field of view each time a blade passes. Non-acoustical factors may also be both psychological and social. Social and other contextual factors vary widely from but are important in an individual's and a community's response to environmental noise and to wind farms.

For reasons that are not completely known, individuals differ quite markedly in their response to environmental noise. People who are highly annoyed from audible noises that are

at levels that do not impact the majority of others said to have noise sensitivity. Noise sensitivity has been found to be the most important non-acoustical factor in the noise-annoyance relationship (van Kamp & Davies, 2008). Although noise sensitivity has rarely been investigated in wind turbine studies, there are a number of reasons to suggest that it may play an even larger role in community responses as compared to other environmental noises. Wind farms are typically sited in semirural area close to major metropolitan centers, and it is often the case that many residents in these areas have previously lived in urban environments and have relocated because of the peaceful and restorative nature of the rural setting. Thus, it is expected that the percentage of noise sensitive individuals in these semirural areas may be higher than is typical of the broader population which ranges from 12 % to 15 % (van Kamp & Davies, 2008). Secondly, little is known about the annoyance response for exposures to sounds that are predominately low frequency and infrasound. It may be that individuals who are not sensitive to audible noise are sensitive to these low-frequency noises produced by the turbines. Lastly, the character of the noise which is known to be more irritating may exacerbate the response of noise sensitive individuals and also cause those not typically noise sensitive to have an adverse response.

There is considerable debate and controversy over the impacts of wind farms on nearby residents and communities. These concerns have led to the commissioning of reviews by governmental agencies around the world, and none have found that wind turbine noise is causally related to health effects (Knopper & Ollson, 2011). Despite the many reviews and the plethora of opinions and information informing the debate, a review of the literature on wind turbine health effects identified only 15 peer-reviewed articles published between 2003 and 2011 that were relevant (Knopper & Ollson, 2011). The authors of the review concluded that wind turbines are a source of annoyance and sleep disturbance for some people and that such effects were "...more strongly related to subjective factors like visual impact, attitude to wind turbines in general and sensitivity to noise" (Knopper & Ollson, 2011, p. 8).

Evidence is conflicting regarding the cause of high rates of annoyance and reported adverse impacts in residents in proximity to wind turbines. Findings of high rates of sleep disturbance (Knopper & Ollson, 2011) as well as lower health-related quality of life (Shepherd, McBride, Welch, Dirks, & Hill, 2011) in individuals in close proximity to wind farms is a concern. The WHO's definition of health which includes "...complete physical, mental, and social well-being" should encourage future research on the impacts of wind farms to embrace a more integrated and contextual approach. Residents in rural and semirural communities have a strong sense of place, and wind turbines may disrupt this by their visual impact. Similarly, the soundscapes are also adverse impacted by the encroachment of wind farms. Future research that considers important contextual factors related to place and impacts that wind farms have on the restorative qualities of quiet, pristine environments needs to be considered.

Cross-References

▶ Airport Noise
▶ Energy, Public Concern with
▶ Noise

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Winnipeg Area Study

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Synonyms

Area studies; Community studies; Community surveys; General social survey

Definition

Based on the model of the Detroit Area Study and the Alberta Survey, the Winnipeg Area Study (WAS) was an annual survey of 750 households in the city of Winnipeg (population 650,000) from 1981 to 2008. The threefold purpose of the survey was (1) to provide academics access to survey research expertise including a high quality citywide sample, (2) to offer quantitative social research training for graduate students, and (3) to provide reliable data on the city for public policy purposes.

While the survey is currently not in operation, access to previous research and data is available (Sociology@umanitoba.ca) and the sociology department is hoping to revive the study in a similar form.

Description

In addition to the ongoing demographic questions, in some years a single client would take up all the remaining space for the survey, while in other years, a number of researchers would buy modules of questions. These questions probed aspects of personal and public life; economic; health, and political attitudes and behavior; crime; professional and family life; and quality of life issues.

Similar types of community surveys in Canada include the Waterloo Region Area Study (WRAS), University of Waterloo, surveys conducted by the Institute for Social Research and Evaluation (ISRE) at the University of Northern British Columbia, and the longest running community survey in Canada, the Edmonton Area Survey, now expanded to the Alberta Survey. The Institute for Social Research (ISR) at York University conducts a number of surveys annually both in the Toronto region and across Canada but not an annual regional survey. The most ambitious similar survey in Canada is the ▶ General Social Survey, initiated by Statistics Canada in 1985.

WAS provided valuable statistical and methodological support services to faculty and

students. WAS was frequently asked to provide support to researchers applying for grants related to the survey's use; consultation on the design and development of survey instruments; support for ethics applications; development and maintenance of a sampling frame; selection of random samples; recruitment and training of interviewers; monitoring quality of data; coding, entering, verifying, and cleaning data; providing output and fully documented electronic data to researchers; and writing, publishing, and distributing reports of the annual survey. Many faculty members and students utilized all of these services, while others used only a few. The attractiveness of the survey also stems from the fact that it was one of the only nonprofit-based randomly selected samples of the city.

Input harmonization in the survey to achieve standardization of definitions and indicators was a major goal. In the second year of the project, the directors of WAS and then the Edmonton Area Study (now the Alberta Survey) met to create standardized demographic questions to be used on both surveys. As often as possible these were also identical to the Canadian census questions or those on the ▶ General Social Survey produced by Statistics Canada. The annual reports of the survey also reported on the instruments created by researchers from around the world when these instruments or measures were used on the WAS.

WAS was one of the longest running studies of its kind in North America. It provided a rich source of longitudinal cohort data that was useful for analyzing change and trends over time. In some years follow-up surveys were conducted with respondents from previous years creating a true longitudinal sample. WAS also teamed with researchers at a number of other universities to produce comparative samples on a wide variety of different topics. For example, on eleven surveys over the years, questions were exchanged between researchers using WAS and the Alberta Area Study in Edmonton without exchange of money, thus allowing researchers access to data on both cities. Future researchers can still contract WAS for the questions and data which they can use to compare with surveys they plan to conduct.

Each year a report of the survey was compiled indicating the sampling frame, the interviewing procedures including follow-up procedures (WAS was able to maintain many of the same interviewers, most over a period of ten years), the response rate (at least 70 % and as high as 80 %), and the representativeness of the sample to the city population. After the first few years of in-home interviews, the primary mode of administration became the telephone. WAS also prepared fully cleaned datasets with codebooks and all the information necessary for independent statistical analysis. In the early years, the WAS was archived at ICPSR at the University of Michigan.

The funding for WAS was primarily received from academic clients who purchased questions on the annual survey. These researchers came from sociology, psychology, economics, and geography within the faculty of arts. Others came from medicine (several departments), nursing, psychiatry, human ecology, social work, and continuing education. Academics from other universities purchased questions, including the University of Alberta, University of Iceland, University of Winnipeg, and Dalhousie University. Researchers would apply to national funding councils such as Social Sciences and Humanities Research Council (SSHRC) and Canadian Institutes of Health Research (CIHR) as well as provincial or university funding sources for grants to support their participation on the survey. The faculty of arts provided $25,000 in baseline funding, and the director was accorded a course release. Should the WAS be revived, members of the sociology department believe it could be self-sustaining but would probably require start-up funds. Never once was the WAS canceled for lack of research funds to support the annual survey.

In addition to running the annual survey, WAS as a research unit had the capacity to undertake a limited number of contracts for nonprofit clients. Recent clients included Manitoba Health Information Network and a number of university units such as equity services and various faculties, Manitoba Justice, city of Winnipeg, Law Society of Manitoba, and the province of Manitoba Human Rights Commission. These contracts

allowed WAS to generate funds which offset the costs of WAS and to help to improve and expand its activities.

WAS operations have helped facilitate grant generation on campus. Several faculty members and students have obtained significant research grants based on the respect which the WAS has garnered outside this institution. This included SSHRC and CIHR grants that have been awarded to researchers who utilized WAS as their main data collection strategy. The Interuniversity Consortium for Political and Social Research (ICPSR) rated WAS data as "excellent quality" and makes it available as part of its worldwide data bank.

A second goal of WAS was to train graduate students. A Survey Research Methods graduate course was set up at the origins of WAS. The 15 students (with a waiting list of another 15–20) annually would learn all phases of a research project. The principal investigator for a given survey would come to the class and outline his/ her theory, hypotheses, and preliminary questionnaire. The students would each conduct six interviews in the community as part of the pre-test phase. The PI would then return to the classroom to hear feedback and modify the survey which would then be administered by the team of professional interviewers of WAS. A second graduate course was set up to use WAS data from previous years for statistical training. WAS data has also been used in the production of theses and dissertations. WAS data is still used by professors in teaching undergraduate courses. It also provided paid employment for students. The training also allowed students to take advantage of the data from Statistics Canada through the Data Liberation Initiative and those deposited in the ▶ Canadian Research Data Centre Network.

In brief, the WAS performed a valuable service and has been an excellent resource for students, faculty, and policy makers. The data remain accessible. The project was a major focal point for the development of survey research expertise, both for primary data collection and for secondary data analysis. While funding cutbacks at the University temporarily curtained its operation, there is hope its reinstatement will occur shortly.

Cross-References

▶ Canadian Research Data Centre Network
▶ General Social Survey

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Wisdom

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Synonyms

Sagacity

Definition

Researchers have not yet agreed on a universal definition of wisdom. Consensus exists that wisdom is an ideal end state of human development that is hardly, if ever, fully achieved by

human beings. There is also consensus that wisdom is multifaceted, involving cognitive, emotional, and motivational aspects. A general distinction concerning the definition of wisdom is between conceptions of general wisdom, or knowledge and understanding of life in general, and personal wisdom, or knowledge and understanding more closely based on one's own personal experience and life story (Staudinger & Glück, 2011). As an example of general wisdom, the Berlin wisdom model defines wisdom as expertise in the fundamental pragmatics of human life (Baltes & Smith, 1990; Baltes & Staudinger, 2000). As an example of personal wisdom, Monika Ardelt defines wisdom as an integration of cognitive, reflective, and affective personality characteristics (Ardelt, 2000, 2003).

Description

Wisdom has gained in attention in psychology and other scientific fields over the last decades, probably due to the general growth of interest in positive aspects of human development and aging. Two main approaches to the psychological study of wisdom can be distinguished (Baltes & Staudinger, 2000; Sternberg, 1990). One line of work has focused on investigating laypeople's conceptions of wisdom, sometimes called implicit theories, assuming that a first step to defining wisdom is to investigate the social construction of the term. Others have developed theoretical models (sometimes called explicit theories of wisdom) based on psychological, philosophical, and theological literatures.

Lay Theories of Wisdom
In most studies of lay conceptions of wisdom, lists of characteristics were generated and then judged by participants concerning their centrality to wisdom. A summary of these studies (Bluck & Glück, 2005) identified five interrelated components. The *cognitive basis* of wisdom involves fluid and crystallized intelligence, with an emphasis on life knowledge and experience. *Insight* refers to the general motivation and ability to think about and understand complex issues

in depth. A *reflective attitude* is the motivation to think deeply about life, people, and oneself, which includes the ability to take different perspectives and to be critical of one's own view. *Concern for others* refers to a general attitude of compassion, kindness, and fairness toward others. *Real-world skills*, finally, are practical skills that enable wise individuals to utilize the other four aspects in difficult real-life situations – for example, to make good judgments, give good advice, and consider one's own limitations. Although these five components are quite consistent across studies, people differ in how much weight they put on these components. These differences are related to people's age (Clayton & Birren, 1980; Glück & Bluck, 2011), professional expertise (Sternberg, 1985), cultural background (Takahashi & Bordia, 2000), and, to a lesser degree, gender (Glück, Bischof & Siebenhüner, in press; Glück, Strasser, & Bluck, 2009). In one large-scale study, we found two typical conceptions of wisdom (Glück & Bluck, 2011): participants with a cognitive view of wisdom rated cognitive and reflective aspects as most central, whereas those with an integrative conception put additional emphasis on affective aspects such as love for humanity. The integrative conception was more frequent in older participants; other studies have found a similar conception to be more prevalent in Eastern than in Western samples (Takahashi & Bordia, 2000). Thus, wisdom conceptions differ between but also within cultures.

Laypeople's views have also been studied with a stronger focus on real-life manifestations of wisdom. Some studies investigated who is considered to be wise and why. Typical findings are that wisdom nominees are relatively old (but not all old people are considered wise) and are considered as wise because they gave good advice or provided some other form of guidance to the nominator or to the larger public (Jason et al., 2001; Montgomery, Barber, & McKee, 2002).

Psychological Theories of Wisdom
Lay theories of wisdom are important, but they may remain largely descriptive as they tend to list

"surface" characteristics of wise behavior, rather than providing an understanding of the cognitive, affective, and motivational bases of these manifestations. Wisdom theorists have tried to develop conceptions that have explanatory as well as descriptive value, and they have used their theoretical models to develop methods of measuring wisdom. Just like lay theories, psychological conceptions of wisdom differ in the emphasis that their proponents put on certain aspects. Some authors have categorized current scientific conceptions of wisdom into analytic/cognitive theories and synthetic/integrative theories (Takahashi & Overton, 2005) or, as mentioned before, into conceptions of general and personal wisdom (Staudinger & Glück, 2011). Personal wisdom refers to insights into life that were developed through one's own experiences, whereas general wisdom is about general insights that can be obtained without personal and emotional involvement. Thus, typical conceptions of personal wisdom view wisdom as a mature outcome of personality development, that is, an integrative compound of cognition with personality and affect. Examples of current conceptions of personal wisdom include Monika Ardelt's three-dimensional wisdom model (Ardelt, 2000, 2003), Michael R. Levenson's conception of wisdom as self-transcendence (Levenson, Jennings, Aldwin, & Shiraishi, 2005), Mickler and Staudinger's conception of personal wisdom (Mickler & Staudinger, 2008), and Jeffrey Webster's five-component model of wisdom (Webster, 2003, 2007). Most measurement approaches developed in the realm of personal wisdom have utilized the classical self-report methodology of personality assessment. Ardelt's three-dimensional wisdom scale (Ardelt, 2000, 2003) measures the cognitive, reflective, and affective component of wisdom. Webster's self-assessed wisdom scale (Webster, 2003, 2007) comprises five components: experience, reflection, emotion regulation, openness, and humor. Levenson's adult self-transcendence inventory (Levenson et al., 2005) measures levels of self-transcendence. A conceptual problem arises with measuring wisdom by self-report, however, if one considers self-criticism as an important constituent of wisdom: if wise individuals are more self-critical

than other people are, self-report measures may be distorted. A notable exception in the assessment of personal wisdom is Mickler's and Staudinger's Bremen paradigm (Mickler & Staudinger, 2008) in which transcripts of participants' responses to self-related questions are rated for five criteria of personal wisdom.

Theories of general wisdom, on the other hand, tend to consider wisdom as a specific type of broad and deep expertise or knowledge. For example, the Berlin wisdom model (Baltes & Smith, 1990; Baltes & Staudinger, 2000) defines wisdom as expertise in the fundamental pragmatics of life. This expertise manifests in five characteristics of wise responses to difficult life problems: rich factual knowledge, rich procedural knowledge, value relativism and tolerance, life-span contextualism, and recognition and management of uncertainty. Individual levels of wisdom are measured through think-aloud protocols concerning vignettes of difficult life problems, which are evaluated concerning the five criteria. Another example of a conception of general wisdom is Robert Sternberg's balance theory of wisdom (Sternberg, 1998, 2004). Sternberg conceptualizes wisdom as the application of tacit knowledge to life problems involving conflicts between different life domains or stakeholders, with the goal of maximizing a common good. A wise solution balances relevant intrapersonal, interpersonal, and extrapersonal interests. No measurement approach based on the balance theory has been published yet.

The Development of Wisdom

The differences between researchers' conceptions of wisdom also affect their views of how wisdom develops. There is general agreement that wisdom is a rare and optimal outcome of individual development and that while it tends to manifest in older individuals, age is neither a necessary nor a sufficient condition for the development of wisdom (Staudinger, 1999). Researchers also seem to agree that the development of wisdom is fostered by certain personal and motivational characteristics, such as intelligence, openness to experience, and a reflective

motivation, on the one hand, and certain experiential contexts, such as certain professional roles, parenthood, or critical life events, on the other hand (Baltes & Staudinger, 2000; Staudinger & Glück, 2011). In line with the stronger self-focus of personal wisdom, its proponents tend to put more emphasis on personal experiences with critical life events as catalysts for the development of wisdom (e.g., Ardelt, 2005; Glück, 2010; Tedeschi & Calhoun, 2004). Proponents of general wisdom, on the other hand, would perhaps argue that indirect experience with difficult situations might be more conducive to the development of (general) wisdom because emotional involvement is not so strong that it might impede reflection and judgment.

Wisdom and Well-Being

Both conceptually and empirically, the relationship between wisdom and well-being is somewhat complex. First of all, wisdom would seem likely to be related to eudaimonic rather than hedonic forms of well-being: wise individuals are oriented toward personal growth and meaning in life rather than toward superficial happiness, and they tend to pursue altruistic rather than egotistic orientations (Kunzmann & Baltes, 2003). On the other hand, laypeople often describe wise individuals as happy and content even in the face of relatively adverse situations. Thus, at least some notions of wisdom do include happiness, perhaps as a result of transcendence of external and self-enhancing needs (Levenson et al., 2005).

Discussion

The relationship between wisdom and well-being requires further research, including the question how wise individuals actively shape their environments and life situations so as to provide resources of growth and happiness. Other important directions of current wisdom research include (a) longitudinal studies of the development of wisdom which could clarify the way personal characteristics and experiences interact in fostering wisdom; (b) the investigation of processes, products, and contexts of wise behavior

rather than individuals as the only carriers of wisdom; and (c) more in-depth studies of cultural, historical, and individual differences as well as universalities in conceptions of wisdom (Staudinger & Glück, 2011).

Cross-References

▶ Cultural Values
▶ Eudaimonic Well-being
▶ Knowledge
▶ Life Events
▶ Personal Growth

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Wish

▶ Motivation

Wishful Thinking

▶ Positivity Bias

Withdrawal from Work

▶ Retirement Effects, Quality of Life

Withdrawn Persons

▶ Introvert/Introversion

Women with Obesity, Quality of Life

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Definition

Obesity can be defined as an abnormal or excessive fat accumulation that may impair health

(World Health Organization – WHO, 2011). Body mass index (BMI) is commonly used to classify individuals as having a diagnosis of obesity – individuals are considered obese when their BMI is greater than or equal to 30 (WHO, 2011).

Description

According to WHO (2011), in 2008, 1.5 billion adults were overweight and, of these, over nearly 300 million women were obese. Research suggests that there is a greater prevalence of overweight among men than among women (Bentley et al., 2011).

Overweight and obesity are the fifth most important risk factor for global deaths. WHO (2011) reports that 2.8 million adults die each year as a result of being overweight or obese, and excessive weight is associated to an increased risk of cardiovascular diseases (mainly heart disease and stroke), diabetes, musculoskeletal disorders (especially osteoarthritis), and some cancers (endometrial, breast, and colon, as well as other diseases) (WHO, 2011).

However, the health burden of obesity goes beyond its association with specific disease states. Obesity is also associated with impaired ▶ quality of life (Rosemann, Grol, Herman, Wensing, & Szecsenyi, 2008), and this impairment tends to be higher in women than in men (Bentley et al., 2011; Katz, McHorney, & Atkinson, 2000; Søltoft, Hammer, & Kragh, 2009). In addition, research shows that weight loss in women is associated with a meaningful enhancement in quality of life (Auwad et al., 2008).

The Physical Dimension

Women with obesity diagnosis rate their overall health more negatively than non-overweight women (Katz et al., 2000). Women with elevated BMI report significantly lower scores in ▶ physical function, role-physical, bodily ▶ pain, and general ▶ health perception than men with obesity and also report worse perception of their current health (Katz et al., 2000). Higher BMI is also related to poor physical functioning, worst quality of life concerning bodily pain, and role-physical functioning in women (Fine et al., 1999).

Furthermore, Søltoft et al., 2009 also verified that overweight, obese, and clinically severely obese women report more problems in ▶ mobility, self-care, usual activity, and pain/discomfort than normal-weight women.

Weight loss in overweight women is associated with improved physical function, vitality, and decreased bodily pain (Fine et al., 1999).

The Psychological Dimension

Research has relatively limited consensual conclusions in what concerns mental health. If some studies show that women with elevated BMI report significantly lower scores in vitality, social function, and mental health than men with obesity, and that they report increased health distress when compared to non-overweight women (Katz et al., 2000), other studies show the opposite. For example, Søltoft et al., 2009 concluded that overweight women, when compared with those of normal weight, do not reveal an increased proportion of individuals with problems in ▶ anxiety/depression dimension. Bentley et al., 2011 suggest that future studies should evaluate differences in gender-specific associations between BMI and mental health status.

Weight gain in women with a BMI higher than 25.0 kg/m^2 is associated to a reduction of mental health and to increased risk of role limitations due to emotional problems, and associations between weight gain and loss of functioning are just as strong among older women as among younger women (Fine et al., 1999).

In an extensive literature review, Fabricatore and Wadden (2003) concluded that obese individuals in the general population have essentially normal psychological functioning. Nevertheless, women with obesity were at greater risk, than men with this disease, of depression and related complications. Moreover, these authors also concluded that binge eating and extreme obesity increase the likelihood of patients reporting emotional complications.

Weight-based stigmatization is a common experience for adults with obesity (Friedman et al., 2005). According to literature reviews on stigma and obesity, despite the fact that obesity is increasing all over the world, negative attitudes and discrimination toward individuals with obesity continue, begin in early ages and persist through adolescence and adulthood, and the discriminatory treatment that results from them is stronger for women than for men, especially in professional and educational fields (Fabricatore & Wadden, 2003; Puhl & Heurer, 2009).

Research has found that the frequency of stigmatizing experiences was positively associated with depression, general psychiatric symptoms, and ▶ body image disturbance and negatively associated with ▶ self-esteem. Additionally, participants' own negative attitudes about weight problems were associated with their psychological distress and moderated the relation between the experience of stigmatization and body image (Friedman et al., 2005). These discriminatory attitudes can constitute chronic stressors that can have adverse effects on emotional well-being (Fabricatore & Wadden, 2003).

Greater body mass index in women revealed to be weakly associated with elevated reports of depressive symptoms, and this relationship remained significant after controlling for age, years of ▶ education, and smoking status (Istvan, Zavela, & Weidner, 1992). Interestingly, a history of smoking (current and ex-smoking) and body weight in the highest weight quintile ($>$ or $= 28.96$ kg/m^2) were marginally related to increased risk of depression among women (Istvan et al., 1992).

Manucci et al. (2010) showed that differences between men and women were significant in domains such as depression, self-control, well-being, anxiety, and general health. They observed a systematic trend with more severe impairment with increasing BMI.

In their literature review, Fabricatore and Wadden (2003) found that the severity of ▶ body image dissatisfaction is significantly greater among obese individuals that seek for treatment than non-obese individuals, being the majority of those patients moderately to extremely dissatisfy with their bodies.

According to Puhl and Heurer (2009), individuals with obesity face stigma in close interpersonal relationship, and the weight stigma has an especially negative impact on dating prospects for women with obesity. Regan (1996) found that individuals viewed an obese woman as less sexually attractive, skilled, warm, and responsive, and perceived her as less likely to experience desire and various sexual behaviors than a normal-weight woman.

Bajos, Wellings, Laborde and Moreau (2010) found obese women were 30 % less likely than normal-weight women to report a sexual partner or to have an occasional sexual partner, although they are as likely as normal-weight women to be living with a sexual partner. Nevertheless, no differences between men and women were found. Obese women consider that "personal life balance" was less important when compared with normal-weight women. Moreover, there is a significant trend toward lesser importance of sex for personal life balance with increasing BMI.

Conclusion

Obesity is associated with impaired quality of life, and this impairment tends to be higher in women than in men. Weight loss in women is associated with improvement in risk factors as well as significant enhancement in quality of life.

Cross-References

▶ Health
▶ Pain

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Women's Autonomy

▶ Women's Empowerment

Women's Employment

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Definition

Women's employment is any work for pay or profit in which women are engaged.

Description

Global Overview of Women and Work

According to the United Nations Statistics Division (2010), the number of women participating in the paid labor force around the world from 1990 to 2010 has been a steady 52 %. The number of women employed varies by country or region. For example, women make up about 45 % of the paid workforce in countries of the European Union, while women make up less than 30 % of the paid workforce in Northern Africa and Western Asia. The Organisation for Economic Co-Operation and Development (OECD) (2012) reports that in its member countries, employment rates are 13 % lower for women than for men. Occupations available to women are impacted by their race, class background, immigrant status, and marital status. They are further impacted by the types of jobs deemed acceptable for women to have. In more developed economies, women are primarily employed in the service sector, while in places such as Sub-Saharan Africa or Southern Asia, women are employed mainly in agricultural-based jobs. According to an International Labour Office (ILO) (2012) report, many rural women workers work longer hours than

men, are precariously employed, and receive low pay. Globally, the number of occupations available to women has increased; however, women are still underrepresented in male-dominated occupations, such as engineering, that offer more status and power. The ILO, as well as many programs of the United Nations and other international and national nongovernmental organizations, believes that one key to achieving ▶ gender equality is through equality in work.

Occupational Segregation

While women work in a variety of occupations, many women in the labor force are grouped into female-dominated professions. In many advanced industrialized countries, women tend to be concentrated in clerical and service-type occupations and jobs. This is exemplified in the United States, where in 200 the top three occupations for women were secretaries and administrative assistants, registered nurses, and elementary and middle school teachers (U.S. Department of Labor, 2011). In other parts of the world, caregiving and agricultural-based work are prominent areas of employment for women workers. The United Nations Statistics Division (2010) indicates that globally, "Relative to their overall share of total employment, women are significantly underrepresented among legislators, senior officials and managers, craft and related trade workers, and plant and machine operators and assemblers; they are heavily over represented among clerks, professionals, and service and sales workers." The OECD (2012) reports that in its member countries, women compose less than 33 % of managers and less than 10 % of board members.

Social scientists and others define the separation of men and women into sex-dominated professions as ▶ occupational sex segregation. Occupations may also be segregated by women's race. According to the US Department of Labor (2011), in the United States in 2009, "the largest percentage of employed Asian, white, and black women (47 %, 41 %, and 34 %, respectively) worked in management, professional and related occupations. For Hispanic women, it was sales

and office occupations – 32 %." In addition to specific workplace practices related to ▶ employment discrimination more broadly, occupational segregation is one of the key reasons for the wage gap between women and men and the wage gap between different racial groups.

The ▶ Gender Equity Index is an international effort to monitor the gender gap in countries around the globe, particularly as they relate to female education, empowerment, and employment. Among the most persistent and significant gaps in employment is the wage gap, a statistical indicator that compares women's earnings to men's earnings as well as the earnings of minority racial groups to the earnings of white men. Across a variety of occupational categories, women and minorities make less money in paid employment than white men. Generally, male-dominated professions offer better wages and salaries than female-dominated professions. Further, pay and status discrepancies also exist within professions. This constitutes what Charles and Grusky identify *as vertical* segregation, a hierarchical inequality where men dominate the highest status occupations in the economy (as cited in Charles 2003, p. 269). The OECD (2012) reports that in its member countries, women earn 16 % less than men and that female top wage earners are paid on average 21 % less than men. According to the United Nations Statistics Division (2010), horizontal and vertical job segregation contributes to a persistent wage gap that in some countries has remained unchanged for years. Reasons for the wage gap include ▶ gender discrimination, level of educational attainment, and shorter numbers of hours worked by women due to their efforts to balance paid employment and family obligations.

Work and Family

While women make up half of the world's paid workers, they also take on the responsibility for household and family care. Women physically and emotionally care for children, elderly parents, and other dependent family members; they shop for or grow/gather and prepare foods for family members; and they launder clothes and

wash dishes, among other duties necessary for managing the household. This ▶ gendered work was highlighted by Sociologist Arlie Hochschild in her 1989 book, *The Second Shift*, in which she documented the long hours US women spent on household work and childcare. Finding that women worked 15 h longer each week than men, she argued that just as there is a wage gap between men and women in the workplace, there is a *leisure gap* between them at home. Most women work one shift at the office or factory and a *second shift* at home (p. 4). In a more recent study of gendered time-use patterns, Offer and Schneider (2011) underscore the persistence of this trend. They find that "mothers spend more than 10 h a week multitasking compared to fathers and that these additional hours are mainly related to time spent on housework and childcare" (p. 809). Globally, the United Nations Statistics Division (2010) reports that "In all regions, women spend at least twice as much time as men on unpaid domestic work. Women who are employed spend an inordinate amount of time on the double burden of paid work and family responsibilities; when unpaid work is taken into account, women's total work hours are longer than men's in all regions." This in turn may lead to further gender stratification as the pay and working hours of women in the workforce is impacted by women.

The *second shift* or extra hours women spend on housework and childcare is particularly consequential for paid domestic work, as women who can afford to outsource household work come to rely upon other women to do this work. According to a policy brief by the ILO (2012), "Domestic work is performed within an employment relationship and in or for a household (i.e. regardless of the specific tasks that the domestic worker performs)." Women from countries around the world perform paid domestic labor, yet it is often poor or low-income women, racial minorities, or immigrants who perform this work for women who participate in higher-income occupations. Thus, while hiring household help can be an effective individual solution to balancing work-family issues, given the ways in which gender inequality overlaps with class and race, it is a solution to a problem that could be better addressed by broader work, family leave, and childcare policies (ILO, 2012).

Policies That Promote Women's Employment
Government, institutional, and organizational mandates provide important support for gender equality through work. According to an OECD report (2012), "Governments can help drive change, through policies and by setting an example by ensuring equality of opportunity in the public sector." Further, "companies should review their corporate culture and working practices to give everyone the same chance to get ahead and make the best use of their talent." The OECD itself has committed itself to utilize currently available data to monitor and meet benchmarks to develop specific recommendations on women's employment. On a more global level, efforts to support women's employment are exemplified by the ILO's Global Employment Agenda aimed at reducing poverty and social exclusion.

In the United States, there have been a number of important legislative and policy advances that have served to strengthen women's connection to the workforce. In 1965, the United States government established the Equal Employment Opportunity Commission (EEOC) to oversee the enforcement of policies regarding employment discrimination such as the Equal Pay Act and the Lilly Ledbetter Fair Pay Act. Prohibiting wage discrimination based on sex, the Equal Pay Act (EPA) has been significant historically in helping prevent an employer from paying a female worker less than a man for the same work simply because of her sex. More recently, the Lilly Ledbetter Fair Pay Act of 2009 allows more time for a discriminatory pay claim to be filed. More specifically, it restored "the pre-*Ledbetter* position of the EEOC that each paycheck that delivers discriminatory compensation is a wrong, actionable under the federal EEO statutes, regardless of when the discrimination began" (US Equal Employment Opportunity Commission, 2011). Both the EPA and the

Women's Employment, Fig. 1 Labor force participation rate of woman by age of youngest child, March 1975–2007
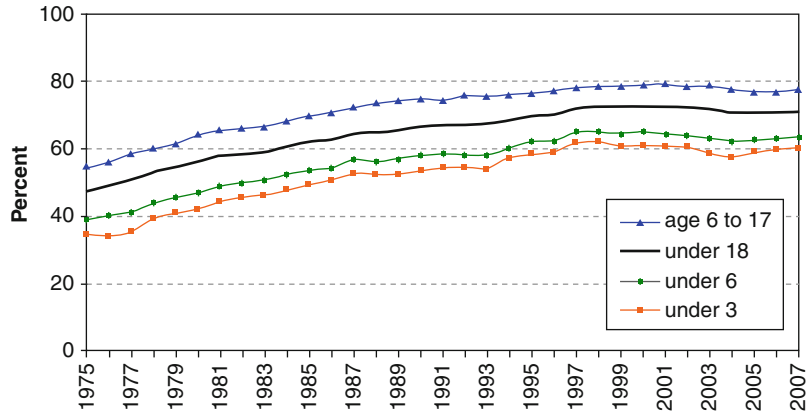
Lilly Ledbetter Fair Pay Act of 2009 are government policies designed to help alleviate discrimination by employers and to prevent them from making decisions that may unfairly impact the pay or promotion potentials for their respective groups.

While policies that promote equal pay are important for women's employment, so too are policies regarding childcare and family leave. On this note, the Family and Medical Leave Act (FMLA) provides a parent with 12 weeks of unpaid leave upon the birth or adoption of a child. However, the United States is the only industrialized country that does not guarantee paid leave from the workforce for either women or men in the aftermath of childbirth. While FMLA was developed to be gender neutral, as Clawson and Gerstel (2002) note, more women than men take this leave which may result in interrupted careers and a subsequent inability to receive increased pay. By contrast, many advanced industrial countries have established family allowance policies as well as more generous parental leave and childcare policies. With regard to childcare in particular, many countries such as France provide day care as a universal right; thus, French children ages three to five are entitled to access to publicly funded childcare. In the United States, by contrast, only the very poor may receive subsidized childcare, thus often delaying reentry into the workforce for many women.

Conclusion

Large numbers of women around the world are paid workers in the economy today. They work in various occupations but continue to be overrepresented in certain occupations while underrepresented in others. Though occupational segregation continues to be an issue that affects women of all races, government policies together with international and nongovernmental organizations have made great strides in helping to alleviate some of the burdens faced by women in the paid workforce as well as raising greater awareness about the importance of promoting greater gender equity (Fig. 1).

Cross-References

▶ Employment Discrimination
▶ Gender Discrimination
▶ Gender Equality
▶ Gender Equity Index
▶ Gendered Work
▶ Occupational Sex Segregation

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Women's Empowerment

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Synonyms

Gender equality; Women's autonomy; Women's power

Definition

Based on the assumptions that women differ from men in their social positions and that those differences consist of asymmetric, unequal power relations between the genders, "women's empowerment" refers to the process of increasing women's access to control over the strategic life choices that affect them and access to the opportunities that allow them fully to realize their capacities. Women's empowerment as an economic, political, and sociocultural process challenges the system of sexual stratification that has resulted in women's subordination and marginalization in order to improve women's quality of life.

Description

The notion of women's ▶ empowerment entails three key elements: power, autonomy, and subjectivity.

First, three alternative sources of power increase women's ability to make strategic choices in their lives: "power with," "power to," and "power within." "Power with" is the group- or collective-based power to change social institutions. "Power to" refers to the unique potential of an individual to shape his or her life. "Power within" (inner power) is more individual-oriented, but it could be developed in a group or organization. These sources of power help create more equitable gender relations (Veneklassen & Miller, 2002: 39–41).

Second, women's empowerment features an emphasis on autonomy. Autonomy operates to protect women from being negatively affected by top-down decision-making and oppressive relationships. Acting from their own agency, women can organize themselves and bring about change collectively or act autonomously in their private lives to improve their circumstances and those of their children. In doing so, women are liberated from oppression – not only sexism but also other forms of oppression based on class, race, ethnicity, nationality, etc. (Moser, 1993).

Third, subjectivity refers to the development of personal consciousness among women to be empowered. This means that women can only improve their own capabilities to challenge the power structure when they are aware of the egregious and malleable qualities of existing ▶ gender inequalities and decide to challenge them (Kesby, 2005).

Women's movements have played an important role in the development of the idea of women's empowerment. In the wealthy countries of the North, the so-called new women's movement that arose in the 1960s emphasized women's autonomy and self-determination. In contrast to the first wave of the women's movement in the nineteenth and early twentieth centuries, which focused on legal rights such as suffrage, contemporary women's movements turned their eyes to the political nature of the private sphere. The last two decades of the twentieth century saw the increased participation of women's movements in political institutions, both at national and international levels. Women's oppression became a policy issue of inequalities on the global scale.

The Development Alternatives with Women for a New Era (DAWN), an international network of feminist activists and experts from the South, used the idea of women's empowerment intensively in advocating that sustainable development cannot be achieved without the empowerment of women (Sen & Grown, 1988). Other movements concern the construction of space for empowering women (Kesby, 2005; Stanley & Wise, 1983) – for example, social space for sharing personal experiences as women and exchanging expertise and information in order to initiate and maintain a collective struggle to destabilize the existing gendered social structure. In general terms, the goal is to improve women's opportunities in various domains: education (e.g., basic skills such as literacy, access to higher education), legal rights (e.g., property rights), and access to credit (e.g., microcredit), as well as political decision-making (e.g., positive action, quota). Such improvements contribute to women's quality of life, as shown in the area of women's poverty reduction (Chant, 2006).

To evaluate the impact of women's empowerment, Kabeer's (1999):439 suggestion of measurement is important: "Three dimensions of choice are indivisible in determining the meaning of an indicator and hence its validity as a measure of empowerment" – agency, resources, and achievements. "Agency" represents the process of decision-making, negotiation, and manipulation. "Resources" are the mechanisms through which agency is exercised, and "achievements" refer to the outcomes of agency.

There are at least two challenges for measuring women's empowerment. These challenges are related to the context specificity and process orientation of women's empowerment.

First, the concept of women's empowerment entails a dual nature of universality and local specificity. On the one hand, this concept refers to a universality of gender subordination. On the other hand, the process of empowerment is embedded in the local gender structure. It continues to be a challenge for researchers to balance the universal element and context-specific indicators. In cross-cultural comparison, the flexibility of indices is a necessity. For instance, different proxies for a common conceptual framework can be used in fields for investigating microcredits for women (Schuler, Hashemi, & Pandit, 1995; Schuler, Jenkins, & Townsend, 1995). Second, women's empowerment as a process is still rarely reflected in analysis. Measurement of a process requires observation at two or more points in time. Direct measures of the process of decision-making, exercising control, and enacting choice have long been called for. Approaches that emphasize narrative interviews with women represent a fruitful technique (Fujikake, 2010). Qualitative data as generated through interviews can be a good complement to quantitative analyses.

Several theoretical issues remain in debate. First, some see that a transformation on the individual level is only a first stage of empowerment and that empowerment requires a collective form of struggle (Kabeer, 1999). Others argue that a change in individual behavior or status can also cause a significant normative transformation in the society (Malhotra, Schuler, & Boender, 2002). Another issue concerns the

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implementation of women's empowerment in development programs. There is a criticism that the current programs are "based largely on a micro-level understanding of gender inequality and thus tend[. . .] to downplay institutional and structural issues" (Oxaal & Baden, 1997:9). Women's empowerment as a concept might be used as an apoliticized term to serve goals other than the original aim; it might be co-opted by mainstream development agencies (Cornwall & Brock, 2005). There exists a danger that women's empowerment programs might be losing their substance and raison d'etre. A close investigation on this matter will be necessary in the future to make women's empowerment programs effective for their original purpose, to truly empower women.

Cross-References

▶ Empowerment
▶ Gender Equality
▶ Human Rights
▶ Measurement Methods

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Women's Health

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Definition

In its *narrowest* sense, the field of women's health is confined to health issues specific to the female anatomy, particularly female reproductive health conditions (e.g., birth control, conception, birth, breastfeeding), or diseases that affect the reproductive system (e.g., breast cancer, ovarian cancer). While these conditions are important, it is increasingly recognized that women's health embraces a broad array of issues including women's experiences with maximizing their biological, social, physical, and emotional health potential. In its *broadest* sense, women's health can be thought of as a social movement that was developed to improve the health of women. This movement, born from the feminist movement of 1970s, has been particularly

concerned with the system's tendency to overlook women's broader health issues such as exposure to violence and its tendency to medicalize natural processes such as menstruation and birth (Warsh, 2010). A woman's right to exercise control over her own body became a key element of the women's health movement, and this control, or lack thereof, continues to be a major influence on women's health-related quality of life (Annandale, 2009).

Over the past decades, women's health has expanded to include consideration of a broad array of issues affecting the lives of women. As headway has been made on a number of women's health issues, there has been a conceptual shift to examine how the determinants of health uniquely shape women's opportunities and health outcomes and how the health system could be more responsive to women including issues of women-centered health care. The women's health field now focuses on health conditions that are unique to women, those that are more common among women, and those that are less understood among women (Greaves, 2009).

Description

Women's health-related quality of life is shaped by multiple contextual factors. In lower-income countries, women often lack access to resources that can assure they can achieve the same health status as men (Sen & Östlin, 2010). In higher-income countries, although women's life expectancy exceeds that of men, they experience a disproportionate burden of chronic disease. In countries such as Canada, particular groups of women such as Aboriginal women, immigrant women, and women living in poverty are particularly disenfranchised and experience a high burden of disease (Hendickson, 2009).

Despite these contextual factors, women have specific needs and health issues that affect their quality of life. As the primary caregivers in society who are responsible for raising children and caring for the elderly, women continue to experience the stress associated with multiple roles (Gregor, 1997). Recognizing that women's health concerns are shaped by caregiving demands, societal expectations, and access to resources, increasing attention has turned to research that focuses specifically on women's health-related quality of life. Numerous research studies have focused on documenting how women's health-related quality of life is shaped by specific disease or health conditions such as breast cancer (Montazeri, 2008), pregnancy (Setse et al., 2008), obesity (Fine et al., 1999), or in specific subpopulations of women such as postmenopausal women (Oleksik et al., 2000). These studies document how specific health conditions shape dimensions of health-related quality of life such as pain, physical function, social function, general health perception, and mental/emotional well-being.

Women continue to point out that professionals are often not sensitive to their needs and tend to overprescribe medications and that the health system is not responsive to their concerns (Hendickson, 2009). Indeed, the medical and pharmaceutical systems that have interfered technologically or chemically in women's lives constitute a major threat to their health-related quality of life. Increased rates of cesarean section, overprescription of antianxiety drugs, and use of hormonal therapy to "treat" menopause are all emblematic of this interference (Batt & Lippman, 2010; Warsh, 2010).

Cross-References

▶ Gender and Health
▶ Gender and Poverty
▶ Gender and Wealth
▶ Gender Equality
▶ Gender Equity Index
▶ Gender Theory
▶ Gendered Work
▶ Masculinity-Femininity
▶ Men's Health
▶ Women's Empowerment
▶ Women's Rights

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Women's Housework over a Decade

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Synonyms

Domestic labor over a decade; Domestic work over a decade; Household labor; Household tasks; Unpaid labor

Definition

▶ Housework is usually defined as the set of unpaid tasks completed to satisfy the needs of family members or to maintain the household. Researchers typically divide them in two categories: (1) the stereotypically female tasks, such as doing laundry, cooking, and cleaning, and (2) the stereotypically male tasks, such as household repairs, maintenance, and yard work.

Description

A great deal of research completed in the 2000–2010 decade focused on the division of household labor between romantic partners. It consistently showed that this type of work remains divided along traditionally gendered lines. Despite women's increased participation in the workforce during the last decades, they continue to perform the vast majority of ▶ housework. One of the most consistent findings in social psychology research is that North American women are contributing nearly twice as much as their husbands to household labor (see Lachance-Grzela and Bouchard (2010) and Coltrane (2000) for exhaustive reviews on the subject). International data revealed that the observation that women's contribution to household labor is disproportionate in comparison to their partners' is not isolated to North America but a universal observation. Knudsen and Wærness (2008) documented that women around the world spend more time on housework than men. Fuwa and Cohen's results (2007) showed that, throughout the 33 countries surveyed, women reported performing an average of 21.4 h of household labor per week, compared to 8.1 h per week for their spouses.

During the 2000s, studies including multiple data collection points documented the trends in division of household labor (see Bianchi, Milkie, Sayer and Robinson (2000) and Cunningham (2007) for examples). Changes toward more ▶ gender equality have been observed across cohorts. The smaller gap in time spent on household labor can be explained by a considerable decline in women's time spent on these activities but also by an increase in men's contribution (Bianchi, Robinson, & Milkie, 2006). A study conducted by Hook (2006), based on a sample from 20 countries and spanning from 1965 to 2003, indicated that employed married men increased their participation in unpaid labor in the home by an average of 6 h per week over the studied period.

The Division of Household Labor and Well-Being

Research on individuals and couples reveals that the division of housework represents one of the most challenging issues they face. Researchers found a link between hours spent on unpaid work and personal as well as relational well-being. Boye (2009) found that women's well-being decreases with increasing housework hours. The results of her study revealed that gender differences in time spent on household labor help explain why, in general, women tend

to report lower levels of well-being than men. In addition, the results suggested that women who spend less time on housework compared to other women in similar contexts tend to have greater well-being. Scholars have also found that when hours spent on household labor are more equally shared between partners, both husband and wife report fewer depressive symptoms (Kalmijn & Monden, 2012).

Studies have also linked the division of housework to marital outcomes (Claffey & Mickelson, 2009). Researchers argue that studying perceptions of fairness is necessary to understand the links between division of housework and outcomes for an individual (e.g., Claffey & Manning, 2010). Perceived unfairness of the division of household labor has been associated with poorer psychological well-being and lower levels of marital satisfaction (Claffey & Mickelson, 2009).

A number of scholars have argued that because women assume the larger portion of housework, they find themselves in a relatively unfavorable position compared to men to pursue demanding careers and take on greater roles in social and political spheres (e.g., Lachance-Grzela & Bouchard, 2010; Poeschl, 2008). Overall, the inequity observed between men and women in the organization of daily lives appears to put women in an unfavorable position in the personal, familial, and public spheres.

Leading Theories

During the last decade, researchers pursued research on the causal factors useful to explain the variations in the division of housework among couples. Two broad categories of theoretical perspectives dominated the 2000–2010 literature on household labor: those focusing on individual characteristics and those focusing on national context.

The three traditionally dominating perspectives focus on individual characteristics. These perspectives postulate that housework allocation is associated with partners' relative resources (i.e., the relative resources perspective), the

time each partner has available to do housework (i.e., the time-availability perspective), and partners' attitudes about appropriate roles for women and men (i.e., the gender ideology perspective).

According to the relative resources perspective, women's capacity to negotiate over the performance of household tasks is greater when their relative earnings and ▶ level of education are greater. Empirical research offers some support for this perspective. A number of studies suggest that women's share of housework decreases when their economic dependence to their spouses decreases (Fuwa, 2004; Knudsen & Wærness, 2008). In addition, results from a 31-year longitudinal study revealed that wives' contribution to family income influenced the change over time in men's contribution to housework (Cunningham, 2007). However, as Evertsson and Nermo (2007) argued, the relative resources perspective has its limits as it cannot explain why women who have resources comparable to their partners' still usually complete most of the household labor.

The time-availability perspective focuses on rational time allocation and is based on the premise that the amount of time spent by partners on domestic labor depends on the time they each have available for housework. According to this perspective, the partner with the greatest amount of time outside the paid labor force will perform more of the domestic labor. Research on this perspective has focused on the influence of different dimensions of employment, such as employment status, employment history, and time spent in the workforce. It generally supports the time-availability perspective. Both full-time and part-time employed men and women spend less time on housework than their unemployed counterparts (Bianchi et al., 2000). Studies revealed that the time a woman spends in paid work decreases the time she spends on housework and increases the time her partner spends on the same type of tasks (Knudsen & Wærness, 2008; Cunningham, 2007). Data also suggested that when both time spent in paid and unpaid labor are taken into account, partners tend to spend housework equally (Bianchi et al., 2006).

The gender ideology perspective proposes that ▶ gender role attitudes are responsible for the division of housework. Empirical findings usually support this perspective. Women who hold more egalitarian gender ideologies tend to spend less time on housework than women who have more traditional gender ideologies, and men tend to spend more time on housework when they hold more egalitarian attitudes (Davis, Greenstein, & Gerteisen Marks, 2007). Gender ideology is known to evolve with time and results suggest that women who develop more egalitarian gender role attitudes over time also tend to decrease their time spent on housework (Artis & Pavalko, 2003).

Throughout the 2000s, scholars have taken advantage of new data to gain a better understanding of the division of household labor among couples. Researchers have moved from a focus on individuals' and couples' characteristics to a broader focus on the social and cultural context in which the allocation of household labor is negotiated (Davis & Greenstein, 2004; Hook, 2006; Knudsen & Wærness, 2008). This macro-level perspective posits that political, economic, and cultural contexts influence the way partners behave in their personal lives and, more precisely, how they share their household tasks. A study based on a sample from 34 countries revealed that couples in more gender-egalitarian countries are more likely to share housework equally than couples in less gender-egalitarian countries (Knudsen & Wærness, 2008). Other data indicated that men, whether married or single, are spending more time on household tasks in societies where women's employment is more common (Hook, 2006).

Scholars have also examined how social policies in areas such as work regulation, ▶ work-family balance, and ▶ gender equality enforcement influence couples' allocation of housework. Hook's results (2006) indicated that parental leaves that are extended to both parents (as opposed to mothers' only) can reduce the need for specialization and decrease the adherence to traditional gender roles. At the end of the decade, the information gathered suggested that political

efforts and social policies could possibly modify the behaviors in the home, but some mixed findings have been found. Research remains to be done in order to obtain a clear picture of when and how the changes operate. Research on state policies needs to take into account the accessibility of the policies, because, as argued by Davis (2010), policies that are not easily accessible due to workplace resistance can appear ineffective in increasing equality at home which could help explain the inconsistent findings that have been published to date.

Finally, scholars also examined how individual characteristics and national contexts interact to influence the allocation of household labor among modern couples. Research generally reveals that women who live in countries where social conditions are more egalitarian have more success in using their individual characteristics to attain an equal sharing of family responsibilities and domestic tasks. For instance, Fuwa's study (2004) revealed that women who work full-time and who endorse less traditional values are more likely to have an equal division of household labor in countries where women hold more power in general than in less-egalitarian countries (Fuwa, 2004). In addition, results suggest that the equalizing effect of women's full-time employment on time spent on housework is greater in societies with action policies favoring women's employment (Fuwa & Cohen, 2007). In sum, the studies presented in the social psychology literature during the 2000–2010 decade point to an interplay of micro-level and macro-level forces on partners' contribution to housework.

Discussion

Despite the fact that changes toward more gender equality have been documented across cohorts, women continue to do the lion's share of housework. For many women, the gendered allocation of household labor is associated with feelings of unfairness and decreased well-being. The literature on household labor reveals that the way couples negotiate the division of household

labor is shaped through complex processes. The work done in the 2000s highlights the importance of focusing on the individuals and the couples within their social context in order to achieve a better understanding of the persistence of the gendered allocation of housework. It has become clear that micro- and macro-level factors are interconnected and need to be studied together. Future research should aim at gaining a better understanding of the mechanisms by which the macro-level factors interact with the micro-level factors to influence the allocation of paid and unpaid labor among couples.

Cross-References

► Family Quality of Life
► Family Stress
► Family-to-Work Conflict
► Women's Well-Being
► Work-Family Enrichment
► Work-Family Facilitation
► Work-Family Fit
► Work-Life Harmony
► Work-to-Family Conflict

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Women's Human Rights

► Feminism, an Overview

Women's Liberation Movement

► Feminism, an Overview

Women's Participation in Voluntary Associations in Italy

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Definition

Voluntary associations could be laboratories for testing different organizational forms, in which women could have (a) a greater chance (than in for-profit organizations) of participating actively in the association and (b) more access to managerial and leadership roles. For this goal, volunteers need organizational rules and ▶ norms oriented toward encouraging them to participate in all organizational roles.

Description

Introduction

Volunteerism is an extremely fascinating context for social science scholars: lacking the economic variable of the relationship within the working group, it is possible to investigate the phenomena of teamwork without the bonds that generally characterize for-profit organizations (Milligan & Fyfe, 2005). Women's participation is among the topics investigated (Einolf, 2011). According to studies conducted in Italy, the number of women engaged in volunteerism has increased year by year, and women currently account for 50.8 % of the entire national volunteer population. A third of these women have leadership roles, and in 70 % of all cases, such roles are performed in associations with a predominantly female membership (i.e., at least 60 %). Of all the voluntary associations in Italy, 30.2 % are made up largely or entirely of women, while 40.5 % have an all-male membership. Of those with male and female members, 37.7 % women account for between 0 % and 33 % of all members, while 32.2 % have a female membership of between 34 % and 66 %. As for the characteristics of women who provide volunteer services in largely female associations, 56.3 % are over 45 years of age (in the predominantly male voluntary associations, the percentage for this age group is less than half), and 63 % are women who turn to voluntary activities at the end of their working life (i.e., after retirement) or do not have a job (students, housewives) (Frisanco, 2001; Istituto Nazionale di Statistica [ISTAT], 2005). As shown in previous research (see Pearce, 1993), voluntary associations also attract volunteers because of their different organizational approach (in terms of rules and patterns) compared to for-profit groups. Men and women who are members of voluntary associations may have an opportunity to acquire new skills (e.g., to study history and art to accompany tourists visiting a museum) or to put some particular competence into practice that they would otherwise have no particular use for (e.g., teaching disadvantaged young people to play the guitar) or that is of no particular relevance in ordinary life (e.g., driving a car to accompany patients) (Acquadro Maran & Soro, 2007). In this particular context, do women have a greater chance (than in for-profit organizations) of participating actively in the association, do they have more access to managerial and leadership roles?

Method

In order to answer these questions, an investigation was conducted involving 91 volunteers. They belong to different types of associations: organizations engaged in social work, support for cooperation and development projects, cultural promotion, emergency services, environmental protection, safeguarding human and civil rights, and health care (13 volunteers from each association). Women accounted for 57.2 % of the participants, whose age ranged from 16 to 73 (median, 45 years). They answered questions such as how are dates and times defined for group activities (e.g., meetings) and individual activities (e.g., shifts in the soup kitchen), when and how are decisions made, and what characteristics are required to become a manager or leader. ▶ Content analysis methodology (Ghiglione, 1980) was used to analyze the text material collected; the statistical program Alceste 4.6

(Analyze de Lexèmes Cooccurrents dans les Enoncés Simples d'un Texte – by Reinert, 1987) was also used to obtain the most frequently used words and the internal organization of the discourse.

Result

The data gathered indicate that volunteers (women and men) need organizational rules and ▸ norms oriented toward encouraging them to participate in all organizational roles, including leadership and management roles. If voluntary associations do not adopt flexible rules and settings, they risk failure: voluntary associations need to create an atmosphere that is more able to accommodate everybody's needs. Participants reported that managerial and leadership roles are assigned both on the basis of men's and women's views about who should assume such roles and on the type of work that the voluntary association does. Many women (generally aged >55 years) actually prefer men to hold certain roles that they associate more with males, such as money management or group leadership. Voluntary associations could have an important function in changing this type of mentality, by giving women (of all ages) a chance to try their hand at these roles. As for the type of work engaged in by the voluntary association, as Eagly's work has shown (Eagly & Carli, 2007), leadership is – at least in Italy – still linked to expectations regarding gender roles. Voluntary associations are not exempt from the social and cultural processes at work elsewhere. The data from this investigation indicate that women are more likely to be chosen as leaders in women's volunteer groups, where their behavior more closely reflects gender stereotypes and the association's values and norms (see Eagly, Makhijani, & Klonsky, 1992). Data gathered during the interviews confirm this rule: an increase in the number of men in an association could disrupt the group's equilibrium. That equilibrium can be restored by redistributing assignments, but new assignments could penalize women's leadership and managerial roles in order to preserve the stereotype that fosters their participation and inclusion (Martin, 2003). From the literature and data gathered, it emerges that an

association's norms and values are the crucial elements that determine which of the volunteer group members are singled out for roles as leaders and managers. The leader in particular is required to guarantee and preside over not only the association's mission but also its vision, so that its specific character can be perpetuated. The vision is perpetuated through recognition for work done. In particular, ceremonies contain rites and rituals that reinforce the type of conduct for which volunteers are symbolically rewarded (e.g., with medals). The goal is to build a sense of belonging to the group, and this is essential for volunteers because it strengthens the processes of inclusion and participation (Farmer & Fedor, 2003), enabling members to express themselves and feel welcome, accepted, to take on responsibilities, to try their hand at new roles.

Discussion

So, how is it possible to support women to enable them to express their potential within voluntary associations? The answer is to be found in the commitment of their members to remove obstacles to women's participation, to establish norms to welcome and integrate diversity, and to help balance the demands that a dual presence in the workplace and the domestic sphere can entail. Women of all ages (but also most of the men in our investigation) wanted voluntary associations to remove all barriers to participation, including problems involved in balancing an individual's many responsibilities (e.g., work or school and family).

Voluntary associations – like all for-profit and not-for-profit organizations – could benefit from greater diversity in gender (but also in age, knowledge, skills, ethnicity, and so on) first in their members and consequently in the people who occupy managerial and leadership roles. This could have a positive impact on life within the association and result, for example, in more time being dedicated to the decision-making process and more new ideas about how to acquire resources (fund-raising and/or recruiting more volunteers) (Hackman, 2002). Greater diversity among members could enable each volunteer to improve the ways in which they participate, not

only in the activities of voluntary associations but also in for-profit organizations: if good relationships are established, this approach could be an example for all organizations to follow. Thus, voluntary associations are being asked to devote more attention to each individual's skills, desires, and ▶ capabilities and to bear in mind that all volunteers have the right to aspire to lead the life they can and want to lead (Singh, 2002). What could voluntary association leaders do? First, they need to reflect on the association's mission and vision, the effect of these on the association's norms and values, the type of decision-making processes adopted by the group, and the resulting efforts to provide support and closure. This reflection is also essential if the association is to survive. Volunteers – both men and women – describe the failure of the process of inclusion and participation as one of the factors that cause voluntary associations to fall apart. In such cases, change must necessarily come from within the organization. Moreover, from the data gathered, it emerged that voluntary associations that do not adopt norms and values oriented toward acceptance and involvement put their own survival at risk: members could move to another association or set up their own association in which the rules and settings are more oriented toward participation, flexibility, and inclusiveness. This process is not possible in for-profit organizations, whereas in voluntary associations, people are not bound by formal contracts but by emotional and affective ties and by their own sense of responsibility, so they can choose to leave the association and voluntary activities, change the association from within (e.g., by becoming a leader), or create one of their own (alone or with other members of the same association). Change could prove particularly constructive for women: after gaining experience with one association, they could create another more suited to their needs and explore new roles (Acquadro Maran & Soro, 2010). Essentially, if a voluntary association is unable to meet the current needs of people (and society), it is destined to fail. This process carries the risk of fragmentation, a phenomenon that is already present in the Italian context: in 2003, for each organization that closed down, more than 10 new ones were registered (ISTAT, 2005). New organizations could adopt a different vision, a strategy that fosters inclusion and participation of women and young people, who are the future of volunteer work. And this could create a virtuous circle: if volunteering is satisfying, the voluntary association is more likely to attract new people who can contribute to fueling its mission and vision (Mattsson & Stenbacka, 2003): the data obtained indicate that one of the major channels through which people access volunteer work is that of friends and acquaintances who promote the voluntary association on the basis of their experience with it. Therefore, a very important aspect that emerged from the interviews is the birth of the association, the moment when the founders declare its mission and vision; the rules, norms, and values shared by all members; and the ability of members to comply with these. Furthermore, when women set up a new association, they must have a role in proposing and stimulating change toward an organizational style and climate that is more in line with their needs and desires. This process could be difficult, as men and women who have experienced failure could repeat the same organizational mistake. In the interviews, some volunteers expressed the need to understand which organizational models are best suited to women and how these can be adapted to voluntary association contexts. Voluntary associations show considerable promise as laboratories for testing different organizational forms, as this investigation indicates that voluntary associations are potentially more easily adaptable to suit their member's needs.

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Women's Power

▶ Women's Empowerment

Women's Rights

▶ Feminism, an Overview

Women's Sexual Satisfaction Predictors

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Synonyms

Pleasure, sexual; Sexual Activity

Definition

Women's sexual satisfaction predictors refers to the intersections between social identities like race, class, ▶ education level, and age, as it relates to women's reported ▶ sexual satisfaction and sexual activity. As sexual satisfaction includes multiple dimensions of experience, including emotional satisfaction, physical satisfaction, and orgasm frequency, women's sexual satisfaction can be difficult to measure and study, particularly as it intersects with behavioral dimensions of sexual activity.

Description

While much research has examined sexual problems and sexual dysfunction, far less research has examined intersections between sexual satisfaction and sexual activity, particularly as it relates to social identities. There are running debates about what predicts women's sexual satisfaction (Henderson, Lehavot, & Simoni, 2009; Schwartz & Young, 2009). While several studies have explored the role of psychological factors that promote sexual satisfaction (Haavio-Mannila & Kontula, 1997; Strelan, Mehaffey, & Tiggemann, 2003), little attention has been paid to how social satisfaction relates to social hierarchies like race, class,

education, and other gendered systems. This is in part due to the difficulty of studying and measuring sexual satisfaction, as researchers have long disagreed about what "counts" as a satisfied woman (Bridges & Horne, 2007; McClelland, 2010; Sanchez, Crocker, & Boike, 2005). Factors like ▶ body image, self-objectification, difficulty with orgasm, religiosity in childhood, sense of sexual assertiveness, intimacy with partners, and disclosure about ▶ pleasure all play major roles in predicting women's sexual satisfaction (Ackard, Keaney-Cooke, & Peterson, 2000; Birnbaum, 2007; Frederickson & Roberts, 1997; MacNeil & Byers, 2005; Sprecher, 2002). Similarly, research has shown mixed results in the ways that race, socioeconomic class, marital status, age, and level of education predict women's sexual satisfaction (Haavio-Mannila & Kontula, 1997; Henderson-King & Veroff, 1994; Janus & Janus, 1993; Waite & Joyner, 2001).

Fahs and Swank (2011) developed a research mode to see if women's positions in social hierarchies could account for discrepancies between sexual satisfaction and sexual activity. Their study utilized secondary analysis of 1,473 women from the National Health and Social Life Survey (Laumann, Gagnon, Michael, & Michaels, 1994) to examine the ways that sexual satisfaction and sexual activity are at times misaligned. Measures of sexual satisfaction included four dimensions: physical pleasure, emotional satisfaction, feelings and emotions about sex, and frequency of orgasm (alpha coefficient = 0.75). Four groups of women defined by being high or low on sexual satisfaction and activity were predicted by nine demographic variables, including socioeconomic status, racial/ethnic identity, age, marital status, education, sexual identity, geographical "coming of age" location, employment status, and number of children. These four groups included women with high sexual satisfaction and high sexual activity (16.1 %), women with low sexual satisfaction and high sexual activity (8.7 %), women with high sexual satisfaction and low sexual activity (59 %), and women

with low sexual satisfaction and low sexual activity (16.2).

Results showed that lower-status women (women of color, working-class women, younger women, less educated women, women who worked full-time) reported low sexual satisfaction and high activity most often, followed by low sexual satisfaction and low activity. Women who reported high satisfaction and low activity represented the largest cluster of women, indicating that more women reported a disjuncture between satisfaction and activity than did those reporting a match between satisfaction and activity.

The most central descriptive finding was that women's sexual satisfaction and sexual activity were more often not aligned (i.e., the amount of sexual satisfaction and sexual activity was disconcordant for most women). The key explanatory findings highlight how women's social location related to sexual satisfaction and sexual activity. The finding that the low-status groups clustered in the low satisfaction/high activity cluster suggests that low social status predicts frequent, less satisfying sex rather than no sex at all. These findings could relate to lack of knowledge or education about sexuality, traditional gender roles, attitudes toward sexuality and gender, social statuses overlapping, and/or sexual histories. Lower-status women also face structural inequalities that could influence their sexual experiences (e.g., feeling like sex is something they should do; strong desire to please partners; do not expect to be satisfied; feel the need to support male partner's sexual needs; sex for pay). Future research that could examine longitudinal research and women's expectations for sex, especially across social identity groups, could prove especially useful.

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Women's Well-Being

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Definition

A good and comfortable condition of existence for women characterized by physical and emotional health, life satisfaction, security, and material prosperity.

Description

Because women and men differ in their access to resources and in their family/reproductive roles, women's well-being and its correlates may differ from men's. Indeed, measures of ▶ subjective well-being (SWB) – surveys of ▶ happiness and life satisfaction – have found gender differences on these variables (Nolen-Hoeksema & Rusting, 1999). These differences tended to favor women in the 1970s but have reversed over the past several decades. During that time, women's reported happiness has declined both absolutely and relative to men's; women's happiness now appears to be equivalent to or lower than men's (Stevenson, Betsy, & Wolfers, 2008). In the United States, happiness has declined for both genders but more steeply among women, and this decline appears across various groupings in terms of ▶ education, age, marital, parental, and employment status. The only grouping variable that reveals a different pattern is race: African American women reported less happiness than their male counterparts in the early 1970s, but, in contrast to the trends for White women, their happiness has risen more than men's in the intervening years. Data from European countries reveal an erosion of the female advantage in happiness that is similar to that for Whites in the United States. However, in Europe, the closing of

the gender gap in happiness has come in a context of a general rise in subjective well-being for both women and men – with men's rising more steeply.

Some evidence suggests that such measures of subjective well-being (SWB) are reliably related to more objective measures, such as ▶ health and environmental quality (Oswald & Wu, 2010). Thus, the decline in women's happiness relative to men's has been termed a paradox, since it has occurred in concert with a number of significant improvements in women's access to tangible resources such as education, employment outcomes, and control over fertility. Potential explanations offered for this paradox have included a rise in women's expectations that has outstripped the pace of social change, a change in women's reference groups to encompass comparable men instead of only other women, and the dissipation of optimism initially driven by the energy of the women's movement in the 1970s.

With respect to life satisfaction, it appears that women and men differ in the correlates of such satisfaction. For example, women and men define success differently: whereas women define success in terms of balance between work and family, men are more likely to define success with regard to material gain (Dyke & Murphy, 2006). Women are more likely than men to indicate that relationships both within and outside of work, being recognized for their accomplishments and contributing to society, are key facets of success (Dyke & Murphy). When asked about "life success," women rank family relationships and personal fulfillment as more important than men do (Chusmir & Parker, 1991) and assign high importance to personal fulfillment throughout their lives (Chusmir & Parker, 1991). It is suggested that this emphasis is due to socialization of girls and women toward family and caretaking roles (Dyke & Murphy, 2006).

Women and men also differ in the way their reported happiness correlates with age. Women appear to be happier than men before middle age, but happiness levels between women and men tend to converge at older ages, perhaps because increases in widowhood and worsening health

decrease happiness among older women, whereas retirement increases it among men (Yang, 2008).

Moving beyond subjective measures, objective conditions such as health, safety and security, material prosperity, and gender equality are important facets of well-being for women. With respect to health, women and men differ in their experience: women try harder than men to look after their health by engaging in preventive behaviors and seeking medical care, and because women live longer than men, they are more likely to encounter health issues associated with both aging and caretaking for the aged (National Center for Health Statistics, 2011). The Well-Being Index constructed by the Gallup organization (Mendes, 2010) indicates slightly higher levels of well-being for US men than women, based on men's lower levels of depression, cancer, and asthma, and slightly higher levels of exercise. Women worldwide are far more likely than men to be diagnosed with clinical depression, and there is no country in which men are more likely than women to be depressed (Hopworth & Bradley, 2007). Some research links women's higher levels of depression to higher levels of intense and persistent anger (Simon & Lively, 2010).

Issues specific to women's health include pregnancy, childbirth, and maternal mortality. In many parts of the world, these issues represent significant threats to women's well-being. The World Health Organization estimates that, worldwide, about 1,000 women per day die from pregnancy-related causes – with women in developing countries experiencing a risk 36 times higher than those in developed countries (World Health Organization, UNICEF, & The World Bank, 2010). Globally, issues involving restrictions on sexuality, such as virginity testing and genital mutilation, also have an adverse impact on women's health (Kristof & WuDunn, 2009).

Safety and security is an important aspect of well-being, and a focus on this variable must acknowledge the impact of ▶ violence against women. It is estimated that 1 in 5 women is sexually or physically abused by a man in her lifetime (Watts & Zimmerman, 2002).

▶ Violence against women includes both physical and mental harm; it encompasses such acts as domestic abuse/intimate ▶ partner violence, sexual abuse, rape, and trafficking and is a worldwide problem (Krahe, Bieneck, & Moller, 2005). Consequences of intimate partner violence include both immediate and long-term physical and psychological damage. Victims of intimate partner violence suffer a wide range of physical injuries and are found to exhibit such sexual health problems as sexually transmitted infections, sexual dysfunction, unplanned pregnancy, and sexual risk taking (Coker, 2007). Psychological consequences experienced by victims of domestic violence include lower self-esteem, higher depression, stress, and anxiety (Krahe et al., 2005).

Rape, though underreported and thus difficult to study, is a crime that affects the well-being of many women (Spitzberg, 1999). By one estimate, there were 248,300 victims of rape, attempted rape, or sexual assault in the United States in 2007 – approximately one every two minutes (Rand, 2007). Perpetrators of rape are often intimate partners, male family members, or acquaintances of the victims (Watts & Zimmerman, 2002); an implication of this pattern is that a victim's trust in interpersonal relationships is likely to be deeply damaged. Rape is also used as a weapon of war to demoralize a community by humiliating its women; hundreds of thousands of women have experienced this war-associated trauma, along with the consequent depression, fear, high suicide rates, and risk of further violence by relatives who view them as dishonored (Parrot & Cummings, 2006). Trafficking is also a global phenomenon; its victims are overwhelmingly women and children (Hodge & Lietz, 2007). Victims are tricked or taken against their will from their own countries, deprived of legal documents, often kept imprisoned, and forced to work at prostitution or sweatshop labor. Trafficking is possibly the fastest growing organized crime (Hodge & Lietz); it affects as many as two million women and girls (Watts & Zimmerman, 2002).

One reason women are more vulnerable than men to violations of their security such as ▶ domestic violence, sexual assault, and trafficking is their lack of material resources to escape dangerous situations. Women account for some 70 % of the world's poor; for many women, ▶ poverty is severe enough to deprive them of such basic resources as food, clean drinking water, and basic medical care (UN Women, 2011). More women than men worldwide face unemployment, insecure employment, and low earnings; women are more likely than men to be not working for pay but looking for work (International Labor Office, 2009). Furthermore, employed women face a pervasive and persistent gender wage gap everywhere in the world. In most countries, women's earnings are between 70 % and 90 % of men's (International Labor Office, 2008). In the United States, across different races and ethnicities, among workers 16 years of age and older, women earnings are 80.2 % of men's (U.S. Bureau of Labor Statistics, 2010). The earnings disparity between women and men is evident within educational levels, occupations, racial and ethnic categories, age, and marital status (Lips, 2003; 2013). Women also do a disproportionate share of unpaid labor. For example, among US married parents with full-time jobs, women spend more time on household and childcare duties than men, and in an average day, 89 % of women and only 64 % of men complete such duties (U.S. Bureau of Labor Statistics, 2008).

▶ Gender equality is considered one reflection of countries' comparative ▶ quality of life (e.g., The Economist Intelligence Unit, 2004), and various methods have been used to compare nations on this dimension. When such comparisons are made, it is evident that women lag behind men on many of the objective aspects of well-being. The World Economic Forum, which makes within-country comparisons of women and men on health, educational, economic, and political outcomes, reported recently that whereas almost 96 % of the gender gap in health outcomes and 93 % of the gap in educational outcomes had been closed across

countries, only 59 % of the economic outcomes gap and 18 % of the political outcomes gap have been closed (Hausmann, Tyson, & Zahidi, 2010). The United Nations' Gender Empowerment Measure (GEM) is used to evaluate gender equality across the globe and includes data from over 150 countries (United Nations Development Programme, 2009). Included in the GEM are measures of women's political involvement, women's representation in the labor force as professional and technical workers, the ratio of female to male income, women's rights with respect to voting/election standings, and women in ministerial positions. Nations vary widely on this measure, with Sweden, Norway, Finland, Denmark, and the Netherlands clustered at the top end and Algeria, Saudi Arabia, Egypt, Bangladesh, and Yemen at the bottom. Even at the top end, however, gender equality has not been achieved. For example, in top-ranked Sweden, the ratio of female to male income is just .67 (United Nations Development Programme).

It seems reasonable to expect that women's subjective well-being would be positively correlated with societal gender equality. Whereas some evidence supports this idea, the pattern is not completely clear. Examining life satisfaction data collected from respondents in 12 European countries between 1975 and 1998 – a period during which countries made strides toward gender equality in terms of education, reproductive choice, and employment – Pezzini (2005) found that extension of abortion and birth control rights and availability was strongly linked to an increase in life satisfaction among women of childbearing age. In fact, the gain in life satisfaction for these women was equivalent in magnitude to that generally associated with achieving a higher rather than middle level of education or with one-third of that typically associated with being married or cohabiting. Other increases in women's rights, such as maternity benefits and mutual consent divorce laws, were not associated with increase in subjective well-being in this study. A study comparing women's life satisfaction in communities that had voted in favor or against the equal rights amendment to the Swiss constitution in 1981 revealed that the gender wage gap was smaller in those communities that had supported the amendment but that women in such communities were less satisfied than their counterparts in more traditional communities that did not support equal rights and where the gender wage gap was larger (Lalive & Stutzer, 2010). The authors suggest that this counterintuitive finding reflects differences in women's expectations related to social norms: women judge their outcomes relative to particular standards of reference, and those standards are lower in communities that do not support equal rights. Women's satisfaction may then be higher because the gap between their expected and actual income is smaller. Further research is needed to explore the links among the objective and subjective aspects of women's well-being.

Cross-References

▶ Domestic Violence
▶ Education
▶ Gender Equality
▶ Happiness
▶ Health
▶ Partner Violence
▶ Poverty
▶ Quality of Life
▶ Subjective Well-being
▶ Violence
▶ Violence Against Women

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Women's Well-Being and the Menstrual Cycle

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Synonyms

Premenstrual dysphoric disorder (PMDD); Premenstrual syndrome/tension (PMS)

Definition

The menstrual cycle is a term that encompasses the hormonal and physiological changes that occur monthly in fertile women to facilitate impregnation. Well-being is a subjective term that implies ▶ satisfaction with life and ▶ happiness and is often measured by positive psychologists with a ▶ Quality of Life Scale or by eliciting information about an individual's eating and sleeping habits, energy levels, and ▶ mood.

Description

The Menstrual Cycle

One of the major differences between women and men is that women are cyclical reproducers while men are acyclic. In other words, after puberty, women produce ova in a cyclic manner via the menstrual cycle while men produce sperm at fairly steady rates. The menstrual cycle is hormonally controlled by actions of the hypothalamus, an area in the brain associated with feeding, fleeing, attachment, and mating behavior. If implantation of an embryo does not occur during a menstrual cycle, the hypothalamus senses a drop in two hormones, progesterone and estrogen, and begins producing gonadatropin-releasing hormone (GnRH). GnRH reaches the pituitary gland through a blood portal system. The pituitary gland reacts to the release of GnRH by releasing its two gonadatropic hormones, follicle-stimulating hormone (FSH) and luteinizing hormone (LH). Both FSH and LH travel through the bloodstream to the ovary, the woman's gonad. At puberty, the ovary contains about 400,000 follicles, the precursors of the ova or woman's eggs. In response to FSH stimulation, several follicles begin developing but only one, the Graafian follicle, will usually survive to become the ovum. The tissue surrounding the developing follicles begins producing and secreting estrogen into the bloodstream. Among its ubiquitous effects, estrogen promotes the proliferation and differentiation of the uterine lining (endometrium) so that the uterus is prepared to receive a fertilized egg. Estrogen reaches its peak levels about 4 days prior to ovulation. Ovulation, the expulsion of the ovum from the ovary, occurs in response to a surge of LH. Subsequent to ovulation, the cells that surrounded the Graafian follicle transform into the corpus luteum, the yellow body, and begin secreting both estrogen and progesterone. Estrogen continues to promote the growth, proliferation, and differentiation of the endometrium. Progesterone stimulates the endometrium to secrete sugars and amino acids which will be used to nourish the developing embryo if implantation occurs. It also causes the endometrium to be retained rather than sloughed off. If the ovum is not fertilized, the corpus luteum will not be maintained resulting in decreased levels of estrogen and progesterone. The hypothalamus senses this decrease and begins secreting GnRH. Additionally, because of the decrease in progesterone, the endometrium is sloughed off resulting in menstruation (for a good description of the menstrual cycle, see Ferin, Jewelewicz, & Warren, 1993). The cycle begins anew (see Table 1 for an outline of these processes).

Well-Being and the Menstrual Cycle

Having well-being and the menstrual cycle in one sentence might seem to be an oxymoron to some people. In the past, the views of menstruation have been overwhelmingly negative or derogatory towards a woman's role in

Women's Well-Being and the Menstrual Cycle, Table 1 Well-being and the menstrual cycle

Time of cycle	Hormone levels	Physiological changes	Woman's reported well-being
Menstruation	FSH and LH increasing	Follicles in ovary begin developing	↓Libido
	Progesterone and estrogen low	Active menstrual bleeding	↑Absentmindedness
			↑Irritability
			↑Lethargy
			↑Mood swings
			↑Withdrawal
			↑Overwhelmed
			↑Difficulty concentrating
			↓Bursts of energy
			↓Overall energy
			↓Happiness
			↑Food cravings
			↑Spatial ability
Proliferative phase (from end of menstruation to the LH surge)	FSH and LH levels steady	Graafian follicle develops	↑Libido
	Estrogen increasing	Proliferation and differentiation of the endometrium	↓Overwhelmed
	Progesterone low		↓Difficulty concentrating
			↓Happiness
			↓Food cravings
			↓Food intake
Ovulation (from LH surge through ovulation)	LH surges with a smaller rise in FSH	Ovulation occurs	↑Libido
	Estrogen decreases		↓Absentmindedness
	Progesterone low		↓Irritability
			↓Lethargy
			↓Mood swings
			↓Withdrawal
			↓Overwhelmed
			↓Difficulty concentrating
			↑Bursts of energy
			↑Overall energy
			↑Happiness
			↓Food cravings
			↑Manual and articulatory speed and accuracy
			↓Visuospatial ability

(continued)

Women's Well-Being and the Menstrual Cycle, Table 1 (continued)

Time of cycle	Hormone levels	Physiological changes	Woman's reported well-being
Luteal phase (after ovulation to corpus luteum disintegration)	LH and FSH low	Proliferation, differentiation and maintenance of the endometrium	↓Libido
	Estrogen and progesterone high		↑Bursts of energy
			↑Happiness
			↑Food intake
			↑Food cravings
			↑Manual dexterity
			↑Verbal fluency
			↑Speeded articulation
			↓Perceptual-spatial task
Premenstrual phase (from corpus luteal disintegration to first day of menstruation)	FSH and LH begin to rise	Follicles begin to develop	↑Libido
	Estrogen and progesterone decrease	Endometrium begins to disintegrate	↑Allosex
			↑Absentmindedness
			↑Irritability
			↑Lethargy
			↑Mood swings
			↑Withdrawal
			↑Overwhelmed
			↑Difficulty concentrating
			↓Happiness
			↑Food intake
			↑Food cravings
			↓Quality of sleep

reproduction. In addition, historical views concentrated on menses, itself, rather than on other parts of the cycle because menstruation was an observable event. For example, Aristotle is credited with the notion that menstrual blood provided the nutritive substrate for planting and growing male seed and felt that a woman was simply a castrated and therefore impotent and deformed man. Most histories of the menstrual cycle include Pliny's quote: "contact with it turns new wine sour, crops touched by it become barren, grafts die, seeds in gardens are dried up, the fruit of trees falls off, the bright surface of mirrors in which it is merely reflected is dimmed, the edge of steel and gleam of ivory are dulled, hives of bees die, even bronze and iron are at once seized by rust, and a horrible smell fills the air; to taste it drives dogs mad and infects their bites with incurable poison." The above quotation reflects the ambivalent view people have of menstruation, that it is both dirty and unclean but also mysterious and powerful. The Hippocratic school felt that menstrual flow was a fundamental indicator of a woman's health, and in medieval China plentiful and timely flows were viewed as signs of health and balance (see Shail & Howie, 2005, for a good historic and cross-cultural overview of menstruation). It is true that for a few women and syndromes, menstruation can exacerbate

health problems (Case & Reid, 1998). For example, 8–14 % of women who experience migraines report them only during menstruation, 12 % of epileptics seizures only occur or worsen during menstruation, ▶ irritable bowel syndrome sometimes worsens during the luteal and premenstrual phases, and ▶ asthma symptoms worsen premenstrually for some women; however, symptoms of rheumatoid arthritis lessen during the luteal and premenstrual phases so the opposite can also occur.

In some respects, the negative view of the menstrual cycle has persisted into modern times despite the fact that we now know much more about its workings. Modern attitudes have concentrated on the premenstrual phase of the cycle rather than on menstruation itself. Katherine Dalton made premenstrual syndrome/tension (PMS) famous through her book, *The Menstrual Cycle*, and her testimony at the murder trials of Christine English and Sandie Smith (Walker, 1997), both of whom used the PMS defense. The controversy continues with the DSM-IV classification of premenstrual dysphoric disorder (PMDD) and Joan Chrisler's and others' argument that creating a woman's only psychiatric disorder provides a tool for the devaluation of women (Chrisler & Johnston-Robledo, 2002).

Although some women may have a legitimate diagnosis of PMDD, it seems unlikely that women, as a whole, would be subject to mood changes severe enough to debilitate them each month during their childbearing years. Recent work has shown that although the overall well-being of women as defined by mood, energy, and cognitive abilities varies across the menstrual cycle, each phase has its own worth. Additionally, it must be emphasized that for most women fluctuations in overall well-being across their cycles are slight and similar to the same fluctuations reported by men (Walker, 1997). For most cognitive tasks such as vocabulary tests and verbal/nonverbal reasoning tasks, there are no fluctuations across the menstrual cycle (Kimura & Hampson, 1994).

In Table 1, I have summarized the hormone levels, physiological changes, and well-being changes occurring during each of five menstrual cycle phases. When women are actually menstruating, their levels of FSH and LH are rising while their estrogen and progesterone levels are low. Many women report feeling mood and behavioral changes associated with classical "premenstrual" symptoms at this time. Women's libido (Brown, Calibuso, & Roedl, 2011) and energy levels are decreased, as well as their overall happiness, while they report increases in feelings like being overwhelmed, irritability, and moodiness (Brown, Morrison, Larkspur, Marsh, & Nicolaisen, 2008a). However, women also experience increases in the spatial abilities during this phase of the cycle (Kimura & Hampson, 1994).

As women move from the menstrual phase to the proliferative phase, their LH and FSH hormone levels stabilize while their estrogen levels begin increasing as a result of their developing follicles. Women experience rises in libido (Brown et al., 2011) accompanied by decreases in feeling overwhelmed (Brown et al., 2008a). They report fewer difficulties in concentrating and experience a decrease in food cravings and overall food intake (Brown, Morrison, Calibuso, & Christensen, 2008b). These differences in well-being are associated with increases in ▶ sexual activity. Additionally, fertilization can occur at the end of this phase (Wilcox et al., 2004). Relative to the menstrual phase, women have increased overall well-being during the proliferative phase.

Ovulation occurs about 24–48 h after the LH surge, a time when estrogen levels are decreasing and progesterone levels are low. Women report the best well-being during this phase of the cycle. Their libido is high (Brown et al., 2011), while reports of premenstrual symptoms like absent-mindedness, irritability, mood swings, feeling overwhelmed, and difficulty concentrating are low (Brown et al., 2008a). Women report feeling more energetic and increased happiness at this time of their cycles and perform better at tasks involving manual dexterity and word use (Kimura & Hampson, 1994). Although fertilization can occur before the LH surge, the 48 h subsequent to the LH surge is when fertilization is most likely to occur (Wilcox et al., 2004).

The luteal phase, as its name suggests, is the time in the cycle when the corpus luteum is secreting both estrogen and progesterone. At this time, progesterone levels are higher than estrogen levels. Women report lower levels of libido (Brown et al., 2011) but maintain their high energy levels (Brown et al., 2008a) and report being happy. Their sexual behavior decreases during this phase but food intake and reported food cravings increase (Brown et al., 2008b). Women also experience increased manual dexterity, verbal fluency, and articulation speeds at this phase of the cycle (Kimura & Hampson, 1994). Fleishmen and Fessler (2011) found that high levels of progesterone were positively correlated with obsessive-compulsive symptoms, behaviors associated with disease avoidance in public bathrooms, disgust sensitivity, and grooming behavior. Reproductively, this is the time of the cycle when implantation occurs if fertilization occurred earlier. Therefore, the increases in disease avoidance behaviors come at a time when the woman's active immune system should be damped so that it does not attack the embryo as it moves down the fallopian tubes and into the uterus for possible implantation. Increased food intake is correlated with a time when the woman's body is preparing for a possible pregnancy.

If the woman does not become pregnant, the corpus luteum breaks down and estrogen and progesterone levels rapidly decrease so that during the premenstrual phase their levels are very low. Women report decreased happiness and quality of sleep during this phase of the cycle in addition to increased absentmindedness, irritability, lethargy, mood swings, feeling overwhelmed, and difficulty concentrating. Food intake remains higher than during the proliferative phase and at ovulation, and food cravings increase. Additionally, at least some women experience an increase in libido and allosexual behavior premenstrually (Brown et al., 2011).

Although the above sounds like a women is on an emotional roller-coaster ride during her menstrual cycle, menstrually related changes are not large for most women, and many women only experience a few of the ▶ negative emotions.

That women's overall well-being should peak prior to and around ovulation should come as no surprise. The increased energy levels and overall ▶ emotional well-being at this time are most likely related to pair-bonding and mating behavior in general (Diamond, 2003). However, because well-being changes across the menstrual cycle are correlated with changing levels of reproductive hormones should not be taken as an indication that there is a cause and effect relationship. Hormonal birth control methods which stabilize women's hormone profiles are not correlated with women's well-being at a particular phase. Many oral birth control pills are currently combinations of estrogen and progesterone with higher levels of progesterone. These preparations are most similar to the luteal phase of the menstrual cycle, a time when most women report good well-being in terms of happiness and energy levels (Table 1). However, Brown et al. (2008a) found that women who used estrogen/progesterone- or progesterone-only-based birth control reported more negative well-being across their menstrual cycles than women with natural hormone fluctuations. In conclusion, women report better overall well-being in the middle of their menstrual cycles and, perhaps, experiencing an "up" at mid-cycle serves to emphasize the "down" later in the cycle, but it must be emphasized that men also report similar mood and well-being fluctuations across the course of a month.

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Woodlands

▶ Forests and Quality of Life

Woods

▶ Forests and Quality of Life

Work Addiction

▶ Workaholism

Work and Employment, Quality of

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Synonyms

Job quality; Employment, quality of; QWE; QWL

Definition

The notion of quality of work and employment (QWE) varies across academic disciplines. There exists no single agreed upon definition. Economists mainly regard wages and fringe benefits as paramount to QWE, while psychology and sociology tend to emphasize nonmonetary aspects of work as sources of satisfaction with the job, with a particular focus on skill utilization, ▶ job autonomy, and participation in decision-making at the workplace. This manifold usage has produced a variety of labels for QWE. For example, the concepts of "quality of working life" (QWL), "job quality," "quality of work," or "quality of employment" are often used interchangeably to denote QWE. Unfortunately, this inconsistency in terminology somewhat compromises a shared academic understanding of QWE. To do justice to this wealth of approaches, any tentative definition should include references to a wider set of features of QWE, including extrinsic rewards of work (pay, benefits), skill utilization and learning, working conditions, ▶ job security, autonomy, and participation, in equal measure to intrinsic rewards (pleasure and challenge from work), work intensity, social relationships at work, and job satisfaction.

Description

For various reasons, QWE has attracted persistent attention from academics and policy-makers

alike. In the nineteenth century, Marx argued that the exclusive ownership of the means of production by employers inevitably leads to a deterioration of working conditions of the employed. Mass production following Fordist and Taylorist models contributed to the understanding that changes in technology and work organization widely affect the experience of workers and, thus, QWE. From the 1970s onwards, neo- and post-Marxism, Fordism, and Taylorism as well as emerging theoretical positions in economics, psychology, human resource management, and sociology have added numerous perspectives on how QWE impinges on production, individual well-being, and ► social cohesion, on the one hand, and how QWE is influenced by technological change, work organization, cultural value systems, and social and economic institutions, on the other hand (Kalleberg, 1977; Gallie, 2007b; Burgess & Cornell, 2008). In the contemporary context of globalization, international competition, and the knowledge society, QWE is deemed important because of its positive relationships with economic growth, productivity, skill development (upskilling), social inclusion, and human needs satisfaction. Yet recent accounts highlight that the new global economy also has adverse effects on QWE because it may lead to rising job insecurity of some groups of workers, polarization and rising inequality of wages between occupations, and unequal ► work-life balance (e.g., Kalleberg, Reskin, & Hudson, 2000; Green, 2006; Olsen, Kalleberg, & Nesheim, 2010).

Research on QWE complements other academic and policy endeavors that focus on the creation of new jobs and thereby contrasts the quantity of jobs with their quality (Guillén & Dahl, 2009). QWE then is concerned with both a subjective and objective assessment of the broader work experience at national, firm, and individual levels. Its multidimensional nature stimulates ongoing debates inside and outside of academia and takes into account the perspectives of workers, employers, policy-makers, and practitioners. However, QWE's subjective and objective angles also highlight the complexities and difficulties in finding a broad consensus about how to define and subsequently measure QWE (Martel & Dupuis, 2006; Guillén & Dahl, 2009). Attempts at defining QWE have been frequent over the last decades, although no common ground has been reached yet.

In psychology, QWE is largely based on need satisfaction and spillover theories. The latter address how QWE affects other life domains such as family, community life or leisure (horizontal spillover) and overall quality of life, ► life satisfaction, and happiness, which are found at the top of the hierarchy of life domains (hierarchical spillover). QWE is thus broadly associated with the extent to which employees derive satisfaction from their work, with the various features of their jobs they derive this satisfaction from, and with how work life interacts with other life domains, general well-being, organizational performance, and the functioning of society (e.g., Loscosso & Roschelle, 1991; Warr, 1999; Martel & Dupuis, 2006). The relationship between QWE and ► job satisfaction is controversial. While there is a general understanding that the two are empirically linked, there is some disagreement as to whether job satisfaction is a subjective measure of work quality or whether it is rather an outcome of QWE (e.g., Sirgy, Efraty, Siegel, & Lee, 2001; Martel & Dupuis, 2006).

There is also a long sociological tradition of investigating the sources of job satisfaction with a view to QWE (Kalleberg, 1977; Rose, 2003; Handel, 2005). These theories postulate a causal relationship between work values, multiple job rewards, and ► job satisfaction. Work values largely refer to how much importance employees attach to various characteristics of jobs. In combination with job rewards, which cover the available opportunities to meet the needs and aspirations of employees in a given job, work values largely determine the extent to which job rewards impact on ► job satisfaction (e.g., Kalleberg, 1977). Sociologists, however, increasingly examine job quality along a series of dimensions, including intrinsic and extrinsic rewards, skill utilization, autonomy, participation in decision-making, and work

pressures, which shape QWE of workers (e.g., Gallie, 2003; Kalleberg & Vaisey, 2005;). Moreover, sociologists argue that culture and the institutional structures of different forms of capitalism and employment regimes correlate with QWE (e.g., Gallie, 2007a, b; Gallie et al. 2012; Olsen et al., 2010). Challenging conventional assessments of labor market outcomes such as the structure of wages and occupational attainment, Jencks, Perman, and Rainwater (1988) even propose to use job quality, or the desirability of a job, as a better indicator of labor market success.

Economists and human resource management appear to be somewhat less concerned with subjective-objective conceptual debates, either by (a) proposing more straightforward definitions of QWE based on, for instance, wages, insurance coverage, or job security to distinguish between primary or core labor markets where jobs are "good" and secondary or periphery labor markets where jobs are "bad" or (b) focusing more on work organization and optimization of work processes relevant to business performance. However, recent wage increases in affluent economies have not necessarily produced higher QWE according to alternative indicators. This casts some doubt on a stable and superior relationship between job quality (or desirability) and monetary compensation as well as the ability of higher wages to compensate for undesirable work characteristics (e.g., Clark, 2005; Green, 2006). Finally, most policy efforts to come to grips with QWE are characterized by a mix of job characteristics, including both subjective and objective assessments of the various dimensions, but also view QWE in a wider labor market context (e.g., European Commission, 2010). The Laeken indicators of "job quality" or the ILO's comprehensive concept of "decent work" gives evidence of a profound interest of policy-makers in the various dimensions of QWE (Muñoz de Bustillo, R, Fernández-Macías, Antón, & Esteve, 2009; International Labour Organization [ILO], 2011). However, policy approaches are sometimes criticized for relying too much on

normative ideas as well as drawing on already-available data rather than paying more attention to the theoretical underpinnings of QWE (Guillén & Dahl, 2009).

The above-mentioned problems of definition and application may also be a major reason why levels of academic interest in QWE have not risen further despite its paramount importance to workers, their employers and families, and society as a whole (Martel & Dupuis, 2006). Yet available studies on QWE across the aforementioned disciplines highlight an undeniable convergence of the various approaches across and within disciplines over time. Notwithstanding the lack of an agreed upon definition, the following key aspects of working life have taken a central position in scholarship:

- *Extrinsic rewards* mainly cover pay and fringe benefits. Some scholars also consider career opportunities as an extrinsic reward. Low wages and lack of fringe benefits such as few holidays or poor health or pension insurance exacerbate full participation in society and disadvantage workers on various dimensions beyond their working life (e.g., Kalleberg et al., 2000). A strong dispersion of extrinsic rewards is associated with inequality on the labor market leading to a decline in QWE (Green, 2006).

- *Intrinsic rewards* are derived from the work tasks as ends in themselves. They cover, among others, interesting, challenging, and pleasurable experiences from work but also social recognition of what one's job is doing for the community. A large number of studies postulate that intrinsic rewards, which do not just vary across jobs but also depend in their salience on workers' preferences or values, contribute equally or even more to QWE than extrinsic rewards once the latter are satisfied at a minimum level (e.g., Rose, 2003; Handel, 2005; Kalleberg & Vaisey, 2005; Green, 2006).

- ► *Job security* has been increasingly associated with QWE especially since new nonstandard forms of work contracts,

flexibilization, and international competition lead to less stable employment in advanced economies. Job insecurity relates, however, not only to risks of job loss; the employability of a worker in alternative jobs is also crucial to this concept. Objective measures of job security may include (involuntary) separation rates and tenure. Workers' perceived job security pertains to their fears of job loss which have been shown to involve negative consequences for (mental) health (e.g., Clark, 2005; Guillén & Dahl, 2009).

- *Autonomy and control over work tasks* allude to the opportunities to exert discretion and influence at work. Both autonomy and control suggest greater opportunities for self-development. It is widely assumed that autonomy and control over work tasks are central to QWE and job satisfaction. Job autonomy does not only depend on the skill requirements of jobs (some cognitively demanding or creative work tasks may not be controllable by employers) but also derives from specific rules of work organization and teamwork, which, in turn, are affected by technology and managerial control mechanisms (Gallie, 2007b; Burgess & Cornell, 2008; Gallie, Zhou, Felstead, & Green, 2012).

- *Skill utilization and development* (*learning*) mainly refers to the specific competence of individuals to perform certain tasks, the degree of complexity of work, and to what extent the job offers opportunities for on-the-job learning and skill advancement (e.g., Green, 2006; Gallie et al. 2012). Using one's skills is seen as an end in itself (i.e., an intrinsic reward) in QWE research. Yet economic studies also show that a mismatch between the skills of a worker and the requirements of the job (i.e., overeducation and/or undereducation) has negative consequences for individuals (wage penalty) and whole economies (productivity loss). This may result in a significant loss of social welfare in cases when workers cannot make adequate use of their skills (e.g., Martel & Dupuis, 2006).

- *Working conditions* have been relevant to research on QWE from the very beginning (cf. Marx's arguments). Concerns over health and safety in more or less dangerous work environments feature prominently in research as well as in workplace regulations in advanced economies, which have widely established minimum standards applicable to all jobs. On a more general note, working conditions broadly refer to the physical environment of the workplace and could also include inconveniences such as loud noise and low light, but also physically and psychologically straining jobs.

- *Work intensity* (or high required work effort) is another dimension of QWE, which is increasingly treated as a separate domain despite some resemblance with more general working conditions. Work intensity concerns the rate of physical and mental input to work and refers to pressures at work arising from high pace, tight deadlines, demanding job tasks, heavy workload, or long and unsocial hours (Green, 2006). High work intensity is commonly assumed to result in stress, which potentially spills over onto health and other life domains such as family. Low levels of intensity and effort bear the danger of getting bored at work and thus may also deprive employees from experiencing a good work life.

- The ways in which workers are able to entertain social relationships at work as well as interact with management concerning the *decision-making* at the level of the company are widely believed to motivate workers and make them more committed to their jobs, which, in turn, improves their work experience and, thus, QWE (e.g., Handel, 2005; Olsen et al., 2010). In particular, research has shown that *employee representation* at the firm level – via either trade unions or work councils – or workers' subjective perceptions of their ability to influence decisions concerning their jobs and working conditions are related to the quality of work, highlighting the role of industrial relations in QWE research (Gallie, 2003, 2007b).

Discussion

Despite the fact that research on the concept of QWE has produced an incredibly rich body of theoretical definitions and empirical findings over the last 50 years, the concept is far from clear. The tensions between different disciplinary approaches are manifold. Economics, human resource management, psychology, sociology, and policy-makers all contribute fair shares to the continuous debates about how to theoretically underpin and empirically examine QWE along its interrelated dimensions. One major argument revolves around the need for more clarity concerning the concept of QWE, its sources, and its consequences. Here, psychology appears to press hardest for more accurate definitions drawing on inputs from other disciplines and thereby underscoring the growing convergence of meanings of QWE. Another controversy concerns the use of objective or subjective indicators, emphasizing the need to balance the workers' views (subjective) with more objective economic and policy-relevant assessments of QWE (e.g., Burgess & Cornell, 2008). Since most dimensions of QWE comprise both subjective and objective elements, there is a wider debate about the appropriateness of different measurement approaches. Economists, for instance, widely prefer the use of structural indicators because of some well-known problems associated with survey data. Psychologists and sociologists, however, tend to rely more heavily on survey data, which permit wide-ranging comparisons of workers' assessments of QWE at individual, company, and national levels of analysis. Still other scholars suggest that single indicators of QWE, e.g., overall satisfaction with one's job, could replace more detailed and multifaceted instruments since numerous studies indicate high correlations between global and combined measurements of QWE. These lively scientific controversies around QWE promise to stimulate further research on both theoretical and empirical grounds and enrich future policy-making in dynamic working environments typical of contemporary advanced economies.

Cross-References

▶ Job Satisfaction
▶ Job Security
▶ Life Satisfaction
▶ Social Cohesion
▶ Training
▶ Work-Life Balance

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Work Attitudes

▶ Occupational Attitudes

Work Autonomy

▶ Work, Alternative/Flexible Arrangements

Work Demands and Resources

▶ Paid Work and Parent–Child Relationship Quality

Work Disability Reporting Among Older Europeans

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Synonyms

Self-reports of health-related work limitations among older Europeans; Self-reports of work disability among older Europeans

Definition

The way older Europeans answer to a subjective question on the presence of impairments or health problems that limit the kind or amount of work that they can do.

Description

In many countries, population ageing is one of the great social and economic challenges of the twenty-first century. In Europe, the ratio of persons aged over 65 as a percentage of the working age population (the old age dependency ratio) is expected to increase from its current levels of 23.6 to 52.4 % in 2060 (Eurostat, 2010). The demographic transition has lead and will lead European countries to reform their pension systems. With the statutory retirement age gradually increasing throughout Europe, disability schemes may constitute an alternative path for early exits from the labor force as health is one of the main reasons for not participating in the labor market. The presence of work-limiting health conditions is therefore an important determinant of employment at older ages.

Angelini, Cavapozzi, and Paccagnella (2012) analyze the determinants of work disability reporting among individuals aged 50–64 in

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Work Disability Reporting Among Older Europeans, Table 1 Self-reported work disability in Europe

	None (%)	Mild (%)	Moderate (%)	Severe (%)	Extreme (%)
Germany	51.12	23.13	17.91	6.72	1.12
Sweden	59.48	12.07	11.64	12.50	4.31
Netherlands	61.44	26.14	7.52	2.94	1.96
Spain	50.63	22.36	16.46	8.86	1.69
Italy	56.57	25.90	11.16	3.98	2.39
France	62.13	17.87	13.40	4.26	2.34
Greece	84.13	9.62	2.88	3.13	0.24
Belgium	44.98	36.25	13.27	4.85	0.65

eight European countries using data from the first wave of the Survey of Health, Ageing, and Retirement in Europe (SHARE – see www.share-project.org and Börsch-Supan and Jürges, 2005). SHARE is an interdisciplinary survey that contains a large amount of information on both the economic and noneconomic conditions of the population aged 50 and over. As part of the COMPARE project, the survey has collected information also on self-reported work disability for a subset of respondents. Individuals are presented with the question "Do you have any impairment or health problem that limits the kind or amount of work you can do?," which they have to answer on a scale that goes from 1 (None) to 5 (Extreme). A similar question has been used in other surveys and has the advantage of being a summary measure of the variety of factors that determine the health-related work limitations of an individual. Indeed, measuring work disability is complicated by the fact that it does not only depend on the presence of physical or mental health problems but also on their interaction with the labor market possibilities available to the individual and her overall socioeconomic status. As Burkhauser and Daly (2002) point out, the onset of a disability does not automatically imply the inability to carry out a job.

Table 1 compares the answer to the self-reported work disability question in eight European countries: Sweden, the Netherlands, Belgium, Germany, France, Spain, Italy, and Greece. The incidence and the severity of health-related work limitations appear to be very heterogeneous across countries: the percentage of respondents who report no limitations vary from 44.98 % in Belgium to 84.13 % in Greece, and striking differences are observed also for the other answer categories.

A natural issue that arises when comparing these rates is whether different individuals use the same response scale when answering the question about work disability. If response scales vary systematically with the socioeconomic condition and the country of residence of the respondent, then observed differences in self-reported rates might not reflect true differences in the incidence of work disability. This heterogeneity in response styles is called *differential item functioning* (DIF) and is defined as the interpersonal and intercultural variation in interpreting and using the response categories for the same question (Holland & Wainer, 1993). For example, respondents who do not work might rate a given health problem as more limiting to justify the fact that they are not working (Kapteyn, Smith & van Soest, 2009). Kapteyn, Smith and van Soest (2007) find that self-reported work disability rates are much higher in the Netherlands than in the United States for all age groups, although other indicators suggest that the Dutch population is healthier than the US population. However, when they take into account the heterogeneity in reporting styles, the difference in work disability rates between the two countries is reduced by one half. Angelini et al. (2012) use the same vignettes methodology as Kapteyn et al. (2007) to measure and correct the DIF bias in self-reported work disability. The idea behind the vignette methodology is that, after evaluating themselves, respondents are asked to evaluate the severity of health-related work limitations of hypothetical

persons who are described in particular conditions and circumstances. The description of these hypothetical persons is the same for every individual in every country. In this way, it is possible to find a standard, i.e., an anchor to which the response categories of the self-reported work disability question will be attached.

For each domain of work disability (pain, affect, and heart disease), three anchoring vignettes are presented to the respondents of the SHARE survey. Examples are:

- Pain: "[Kevin] suffers from back pain that causes stiffness in his back especially at work but is relieved with low doses of medication. He does not have any pains other than this generalized discomfort."
- Affect: "[Anthony] generally enjoys his work. He gets depressed every 3 weeks for a day or two and loses interest in what he usually enjoys but is able to carry on with his day-to-day activities on the job."
- Heart disease: "[Eve] has had heart problems in the past, and she has been told to watch her cholesterol level. Sometimes if she feels stressed at work, she feels pain in her chest and occasionally in her arms."

Angelini et al. (2012) show that the way respondents evaluate the same vignettes is very different across countries, which provides tentative evidence for the presence of the DIF bias. For example, the percentage of respondents who consider Anthony as at least moderately limited in the type or amount of work that he can do in Sweden is three times as high as in the Netherlands. The idea is that by collecting individuals' evaluations of the anchoring vignettes, it is possible to correct the level of self-reported work disability for the DIF bias and enhance its intercultural and interpersonal comparability. The econometric model that is used in the vignette literature is the so-called Hierarchical Ordered Probit model, developed by King, Murray, Salomon, and Tandon (2004). The identification of the model relies on two main assumptions. First, there are no systematic differences in the way different respondents perceive the same vignette (*vignette equivalence*). Thus, any differences in the evaluations of the

vignettes can be attributed only to differences in the response scales adopted by the respondents. Second, the respondent uses the same response scale when evaluating herself and when evaluating the hypothetical persons described in the vignettes (*response consistency*). Obviously, these are strong assumptions, and there is a growing literature that tries to test their validity.

Overall, the results of Angelini et al. (2012) show that also in relatively similar countries of continental Europe, there is high heterogeneity in the way individuals interpret the same question. As a result, observed differences in self-reported work disability rates might reflect differences in response scales rather than true differences in the incidence of work-limiting health conditions. In addition, institutions affect work disability rates not only directly but also by modifying individual response scales. In particular, more generous disability insurance schemes can induce individuals to rate the same health problems as more severe, *ceteris paribus*. Interestingly, response scales may vary not only across individuals and cultures but also within individuals over time. Angelini, Cavapozzi, and Paccagnella (2011) analyze the dynamics of work disability reporting and show that a substantial fraction of individuals change their self-reported disability status within only 2 years (from the 2004 to the 2006 wave of SHARE). They find that the within-person variation in work disability reporting can be largely explained by the fact that respondents change the way they evaluate the severity of health-related work limitations over the years. It is crucially important to take these aspects into account in interpersonal and cross-cultural comparisons.

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Work Displacement

▶ Unemployment

Work Engagement

▶ Psychological Stress and Employee Engagement

Work in Europe, Quality of

▶ Working Conditions in Europe

Work Index in Span, Quality of

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Synonyms

Composite index of quality in work in Spain

Definition

Composite index of quality of work developed using an institutional definition of quality in work. It is applied to the Spanish case through the development of specific indicators. Currently the index is developed for ten dimensions, ten sectors, 17 Spanish regions, three sizes of firm, and three professional categories.

Description

Quality in Work Index in Spain

The European Union launched the Lisbon Strategy in 2000 with the aim of establishing itself as the world's most powerful economy. The importance of job quality returned to the top of the European employment and social policy agenda. These goals included some very interesting specific objectives: *more and better jobs for Europe* (*developing an active employment policy*), *education and training for living and working in the knowledge society*, and *promoting social inclusion*. Besides, among the 14 structural indicators of the development of the Lisbon Strategy, two of them were strictly related to employment: *employment rate* and *employment rate of older workers*. Additionally, a new list of indicators was considered in the 2003 Communication (COM-2003 585 final). One concept arises in the employment dimension of this list: *quality of work*. This appears along with vacancies, poverty trap (marginal effective tax rate), and childcare facilities.

Several questions arise in relation to this concept: what does the EU understand by QWL? The communication from the Commission to the Council, the European Parliament, the Economic and Social Committee, and the Committee of the Regions titled "*Employment and social policies*: *a framework for investing in quality*" (COM-2001 313 final) included the following paragraph: "*Quality is at the heart of the European social model. It is a key element in promoting employment in a competitive and inclusive knowledge economy. Quality reflects the desire*, *not just to defend minimum standards*,

but to promote rising standards and ensure a more equitable sharing of progress. It delivers results - embracing the economy, the workplace, the home, society at large. It links the dual goals of competitiveness and cohesion in a sustainable way, with clear economic benefits flowing from investing in people and strong, supportive, social systems."

In Dupuis et al. (2000), a general definition of quality of life (QOL) was given: "QOL, at a given time, is a state that corresponds to the level attained by a person in the pursuit of her hierarchically organised goals" (p. 107). Later on, Marcel and Dupuis (2006) took this systemic definition and applied it to QWL. They proposed a questionnaire of 33 domains to give an overall definition of quality of work life, which was linked to other definitions (Kohl & Schooler, 1982; Turcotte, 1988).

The academic and the institutional definitions of QiW were compared in Royuela, López Tamayo, and Suriñach (2008). They analyzed the possibility of applying the institutional definition of quality in work to the Spanish case through the development of specific indicators. The comparison between both approaches showed that almost all the indicators defined in the EC alternative are *objective* measurements, while the main focus of the academic definitions of QWL is individuals' perceptions of their feelings and environment. They used the quality of work life survey, carried out by the Spanish Ministry of Labour and Social Affairs, to define a framework that can combine the EC institutional definition of QWL, which is useful for policy makers, with the academic definition, which accounts for the subjective perceptions of employees. The final outcome of that work was an index structure with ten dimensions and 30 concepts of the EC included in 75 measurements, which were based on objective measurements and the quality of work life survey.

The final database was used in Royuela, López Tamayo, and Suriñach (2009). The data was to territorial units, sectors, professional categories, and firm size. Concretely they used and gave results to the 17 *Comunidades Autónomas*
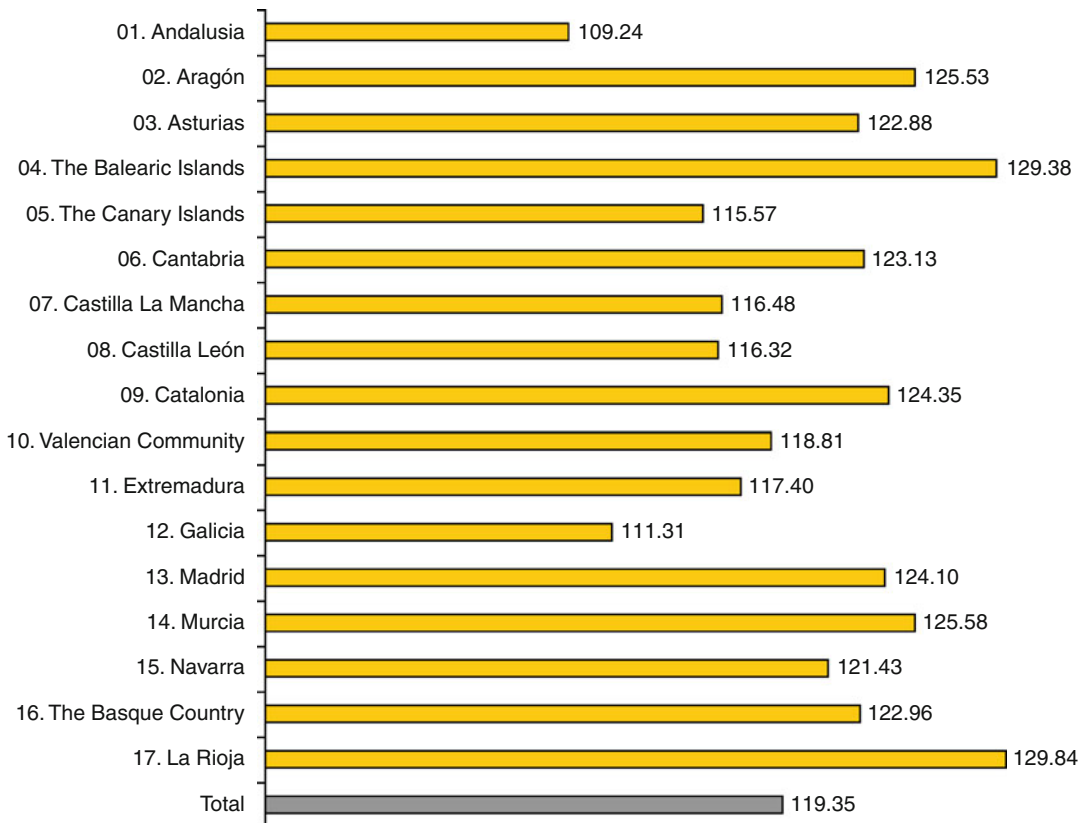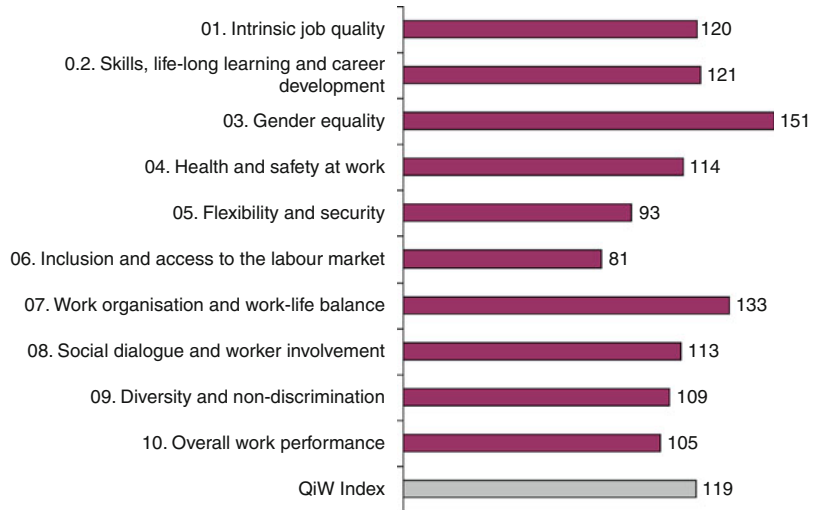
(R1 to R17), for ten sectors (S1, primary sector, to S10, third sector), three professional categories (PC1, with more responsibilities, to PC3, with less responsibilities), and three different sizes of firms (FS1, smaller, to FS3, bigger). They collected *objective* measurements from survey data and also from several labor registers for the period 2001–2004. The availability of the information was much higher at the territorial scope than at any other variable (97 % of variable), while the sectoral information was available only for 56 % of indicators, 41 % for firm size, and only 39 % for professional categories.

The subjective information came from the survey on quality of life in work, developed by the Spanish Ministry of Labour and Social Affairs. This survey, representative for all the considered variables, allowed the authors to dispose of data related to the subjective perception of workers of their own satisfaction, both and in several of the key dimensions and in global terms ("*and now, concerning the overall satisfaction in work, could you please set in a 1 to 10 scale (1 very unsatisfied and 10 very satisfied) how do you feel in your work?*"). After collecting the basic information, they computed a composite measure of quality in work, based in Royuela, Suriñach, and Reyes (2003).

The basic results of the final index were presented in Royuela et al. (2009). In 2004, the composite index of QiW best positioned Navarra, Madrid, La Rioja, Baleares, and Aragón. And concerning job satisfaction, first in the ranks were Asturias, Extremadura, La Rioja, Baleares, and Madrid. In industrial sectors the subjective perception was worse than the EC composite index. The higher values were found in services sectors, particularly financial services and public administration. Bigger firms had a higher index and perception than small firms. And finally, highly positioned workers experience and perceive the better QWL.
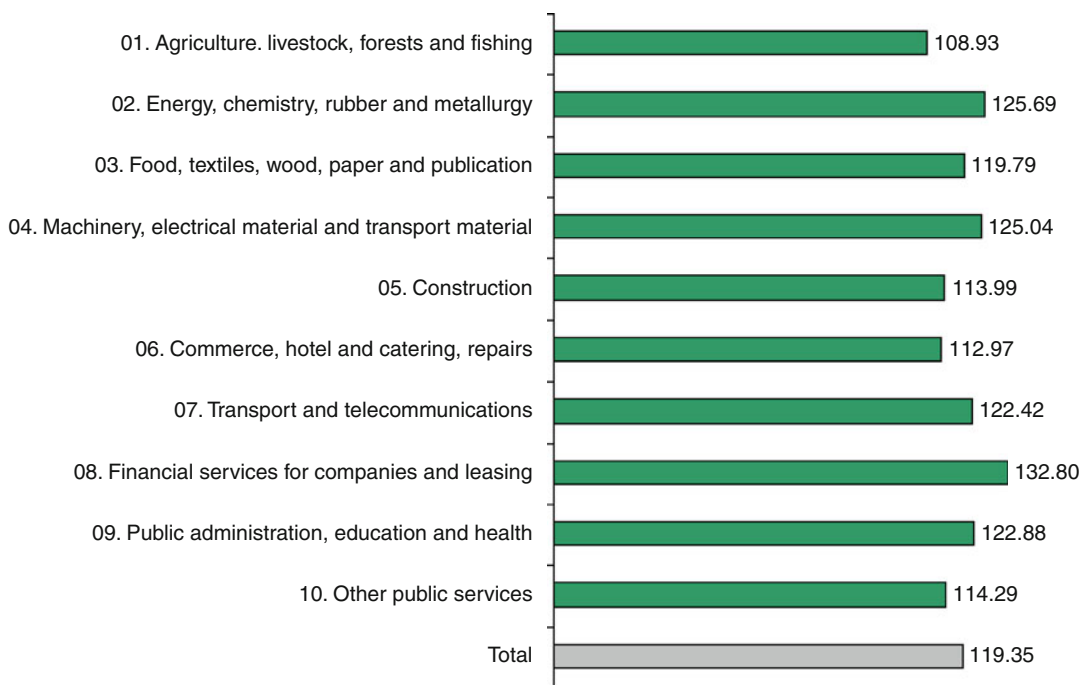
The comparison between the composite index and the subjective perception was tested through the analysis of the correlation coefficient and two additional tests: the chi-square association

Work Index in Span, Quality of, Fig. 1 Quality in work index – dimensions

Dimension	Value
01. Intrinsic job quality	120
0.2. Skills, life-long learning and career development	121
03. Gender equality	151
04. Health and safety at work	114
05. Flexibility and security	93
06. Inclusion and access to the labour market	81
07. Work organisation and work-life balance	133
08. Social dialogue and worker involvement	113
09. Diversity and non-discrimination	109
10. Overall work performance	105
QiW Index	119

Region	Value
01. Andalusia	109.24
02. Aragón	125.53
03. Asturias	122.88
04. The Balearic Islands	129.38
05. The Canary Islands	115.57
06. Cantabria	123.13
07. Castilla La Mancha	116.48
08. Castilla León	116.32
09. Catalonia	124.35
10. Valencian Community	118.81
11. Extremadura	117.40
12. Galicia	111.31
13. Madrid	124.10
14. Murcia	125.58
15. Navarra	121.43
16. The Basque Country	122.96
17. La Rioja	129.84
Total	119.35

Work Index in Span, Quality of, Fig. 2 Quality in work index – regions

Work Index in Span, Quality of, Fig. 3 Quality in work index – professional categories
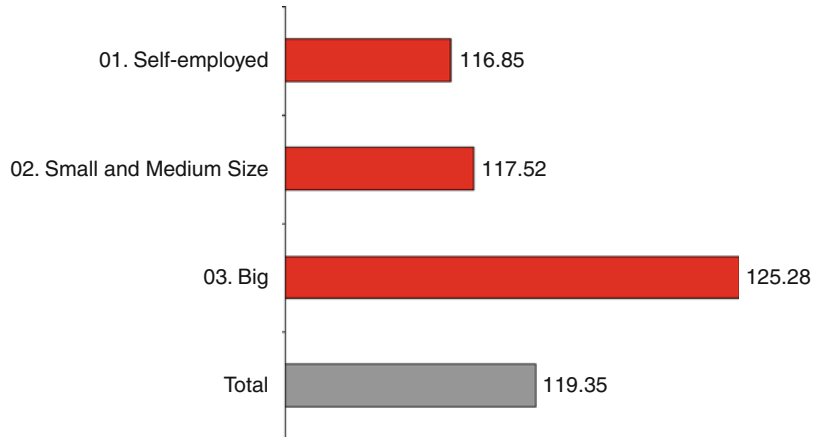
01. Managers and professionals	132.33
02. Technicians and skilled workers	116.52
03. Operators and non-skilled workers	114.48
Total	119.35

01. Agriculture. livestock, forests and fishing	108.93
02. Energy, chemistry, rubber and metallurgy	125.69
03. Food, textiles, wood, paper and publication	119.79
04. Machinery, electrical material and transport material	125.04
05. Construction	113.99
06. Commerce, hotel and catering, repairs	112.97
07. Transport and telecommunications	122.42
08. Financial services for companies and leasing	132.80
09. Public administration, education and health	122.88
10. Other public services	114.29
Total	119.35

Work Index in Span, Quality of, Fig. 4 Quality in work index – firm size

Work Index in Span, Quality of, Fig. 5 Quality in work index – sectors

Category	Value
01. Self-employed	116.85
02. Small and Medium Size	117.52
03. Big	125.28
Total	119.35

test and the Kolmogorov-Smirnov (KS) test. The results confirmed a positive and significant relationship between both quality in work measurements, and consequently one could not reject the fact that both measurements came from the same statistical distribution.

More recently two additional works have assumed that framework. Royuela and Suriñach (2009) explore the relationship between quality in work and aggregate productivity in regions and sectors using data for the 2001–2006 period. Through the estimation of a simultaneous equation model for the panel of data, they find important differences between high-tech and low-tech sectors: a positive relationship between quality in work and productivity in the former case and a negative relationship in the latter.

Finally, López-Tamayo, Royuela, Suriñach et al. (2013) develop the follow-up of the index for the 2001–2009 case. The basic results for 2009, displayed in the following pictures (Figs. 1, 2, 3, 4, and 5), display the same basic lines presented in Royuela & Suriñach (2013) and underline a persistent duality in Spanish labor market in all considered dimensions.

Cross-References

▶ Job Satisfaction
▶ Work and Employment, Quality of

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Work Injuries

► Workers' Compensation

Work Interference with Family (WIF)

► Work-to-Family Conflict

Work Life and Retirement Planning, Quality of

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Synonyms

Retirement planning and QWL

Description

Population ageing in most western countries
involves an increase in public expenditures and
the risk of labor shortage. One way to meet these
challenges is to retain older workers in the labor
market by improving their work life. This entry
based on Larsen (2008) deals with whether qual-
ity of work life measures differ in importance for
male and female workers in their retirement
planning.

The quality of an individual's work life affects
his or her retirement behavior (e.g., Filer & Petri,
1988; Hurd & McGarry, 1993; Friedberg, 2003;
Blekesaune & Solem, 2005). Consequently, even
though older workers are generally more satisfied
with their job than younger workers (Clark,
Oswald, & Warr, 1996), a complementary strat-
egy for reversing the tendency towards earlier
withdrawal from the labor market could actually
be that of improving older workers' quality of
work life and thus making employment more

attractive to them. For instance, better working
conditions may reduce health impairment,
thereby providing an incentive for older workers
to remain in the labor market. The focus in this
entry is on how important a number of job mea-
sures are through their effect on planned retire-
ment age for retaining older male and female
workers in the labor market. The results in Larsen
(2008), which are based on Danish data, are crit-
ical for guiding employers in directing efforts
towards retaining these workers.

For the following reasons, Larsen (2008)
expects the impact of various job factors on retire-
ment planning to differ for men and women: First,
men and women are unevenly distributed over
occupations and sectors, even in countries with
high female employment rates. For example, in
the Scandinavian countries, the public sector
greatly expanded in the 1960s and 1970s recruiting
women into mainly caregiving work such as
teaching or nursing. Thus, women were essentially
carrying out the same services they had earlier
performed within the household – but now in the
labor market and for a wage. Second, even when
controlling for various job characteristics, men and
women appear to value various aspects of the
quality of work life differently. For instance,
although women earn less than men on average,
Gazioglu and Tansel (2006) show from British
data that women are more satisfied with the
amount they earn than men are.

Using standard job quality categories in
Management and Work Psychology (e.g., Warr,
1999), as well as Clark's reformulation of these
categories (Clark, 2005a), the focus in Larsen
(2008) is on the following measures of the quality
of work life (for the actual phrasing of the
questions and creation of these variables, see
Larsen, 2008):
• Earnings
• Wage satisfaction
• Work hours
• Working-hour satisfaction
• Job security
• Job demands
• Job control
• Use of skills
• Relationship with colleagues

A number of studies have examined the effect of job measures on retirement behavior. A priori, the effect of earnings on retirement age is ambiguous: as a higher wage makes a worker richer and enables him or her to buy more of all normal goods, including leisure, higher earnings could lead to a lower retirement age (income effects). At the same time, however, an increase in the price of ▶ leisure leads to substitution from leisure to goods, so that the worker would gravitate to a higher retirement age (substitution effects). Nevertheless, previous studies find that the latter plays the most dominant role in the early retirement decision.

Using US data, Hurd and McGarry (1993) show that the ability to change hours of work with the same employer increases the prospective retirement age suggesting that working-hour satisfaction increases planned retirement age. Yet ample evidence supports the contention that heavy physical demands are significant predictors of early retirement (e.g., Quinn, 1978; Hayward & Grady, 1986; Filer & Petri, 1988; Hayward, Grady, Hardy, & Sommers, 1989). The effect of ▶ stress, however, is less clear. For instance, Filer and Petri (1988) show that stress hastens retirement, while Solem and Mykletun (1997) find less early retirement among workers with high levels of stress. One possible explanation of the latter is that a stressful job may entail more challenges, thus leading to greater influence over decision-making and a greater sense of ▶ job satisfaction (see also Blekesaune & Solem, 2005). In Larsen (2008), stress is positioned as a "bad" job demand as the question applied about stress concerns working conditions that lower job satisfaction. Therefore, Larsen (2008) expects stress to lower planned retirement age. Workers finding it hard to satisfy specific job demands also retire earlier. Friedberg (2003), for example, looks at the spread of use of computers among older workers and shows that a change in technology requiring new skills may lead some workers lacking these skills to retire early. Finally, low autonomy jobs are also associated with early retirement (Quinn, 1978).

Men are in general marginally more satisfied with their jobs than women, with the UK and the USA as outliers (Clark, 1997; Sousa-Poza & Sousa-Poza, 2000). Still, not much is known about gender differences in the impact of various aspects of quality of work life on retirement planning. However, Dahl, Nilsen, and Vaage (2003) find that earnings have a stronger (negative) impact on the probability of exit to early retirement for women than for men. Further, Friedberg (2003) concludes that the effect of computer use on retirement behavior is stronger for women than for men. Blekesaune and Solem (2005) show that hard physical work leads to early retirement among women, but not among men, while the reverse is true for jobs with low individual autonomy.

Larsen (2008) shows that a number of the quality of work life measures significantly affect planned retirement age for both men and women and the measures for which significant impacts are found affect retirement planning in expected directions. Further, the impact on retirement planning of three of these measures differs significantly for men and women, namely, for earnings, job security, and job control.

Even though the wage range in Denmark is very compressed compared to other OECD countries, the estimate for earnings in Larsen (2008) is highly (positive) significant, confirming that the substitution effect plays the most dominating role in retirement planning. Contrary to the findings by Dahl et al. (2003), earnings are found to be more important for men's than for women's retirement planning. Thus, a 10 % increase in income increases planned retirement age by 4 months for men but only by half a month for women. One possible explanation of the difference between these results and those of Dahl et al. is that in Larsen (2008), the focus is on the determinants of planned retirement age measured by a continuous variable, while Dahl et al. examine the probability of exit to early retirement defined as permanent transition to disability, unemployment, or out of work.

Wage satisfaction does not seem to be an important consideration when workers plan when to retire. One reason could be that wage

satisfaction is based on a relative wage. That is, if workers consider their pay to be fair compared to what their colleagues in similar positions receive, they are satisfied. If so, the insignificant result for wage satisfaction suggests an insignificant relationship between planned retirement age and relative wages and does not necessarily have any relevance to absolute wages, which are captured by earnings.

The influence of hours of work on retirement planning is not a priori obvious because a certain number of working hours may be too high for some and too low for others (see also Clark, 2005a). In Larsen (2008), the number of working hours increases the planned retirement age for men, but the impact does not differ significantly between men and women. Further, Larsen (2008) shows that working-hour satisfaction increases planned retirement age for both groups as expected; again, however, no significant gender difference is found in the size of the impact. Indeed, a one-point increase in working-hour satisfaction (e.g., from satisfied to very satisfied) increases planned retirement age by 2–3 months for both men and women.

According to Larsen (2008), job security affects retirement planning only for men. Men who suffer from lack of job security plan to retire almost half a year earlier than men who do not. While Clark (2005b) shows that employees in seven OECD countries rank job security as the most important job factor for both men and women, particular features of the Danish system might explain the limited importance of job security for older Danish women such as a low level of employment protection and a generous system of economic support for the unemployed. Another is that the majority of older workers in Denmark have access to an early retirement scheme from the age of 60, even if they become unemployed. Therefore, in most cases older workers remain financially solvent even if they lose their jobs. These features of the Danish system suggest that the significant impact of job security on men's retirement planning might be a question of men's feeling appreciated in the workplace rather than financial circumstances.

In contrast to Blekesaune and Solem (2005); Larsen (2008) finds that job demands lower planned retirement age for both men and women, and the size of the impact does not differ significantly by gender. Thus, older male and female workers who consider their job demanding plan to retire 7–9 months earlier than others.

As Blekesaune and Solem (2005); Larsen (2008) shows that job control only increases men's planned retirement age. Thus, men with job control plan to retire more than half a year later than other men. Further, Larsen (2008) finds that both having influence and being able to organize their own work (both being aspects of job control) affect men's retirement planning in expected directions, while no impact is found for women. However, as only the results for having influence differ significantly for men and women, the gender difference with respect to the importance of job control in their retirement planning seems to be related to differences in the extent to which men and women attach importance to lack of influence. Being able to organize their own work seems to be of minor importance for retirement behavior for women, in particular compared to "I can work independently" being ranked as the third most important job aspect by employees in seven OECD countries (Clark, 2005b).

Karasek's demand-control model (Karasek, 1979; Karasek & Theorell 1990) suggests that the combination of high job demands and low job control leads to earlier retirement. Previous studies support this suggestion for women (Elovainio et al., 2005) but not for men (Blekesaune & Solem, 2005). However, when Larsen (2008) includes both job demands and job control as main effects and an interaction term of these measures in the same model, no support for this suggestion for either women or men is found. Some other studies likewise suggest that the relation between job demands and job control is one of mere additivity (see, e.g., Warr 1999). The latter corresponds to what Larsen (2008) finds for men when both job demands and job control are included as main effects in the same model.

According to Larsen (2008), both men and women who have the opportunity to use their skills on the job plan to retire 3–7 months later than others. Thus, older workers in general appear to attach importance to being able to use what they have learned during their work life in terms of their retirement planning. Finally, Larsen (2008) shows that the relationship with colleagues does not affect either men's or women's retirement planning significantly.

Discussion

One way to reverse the tendency towards early retirement in many countries is to improve older workers' quality of work life. This entry focuses on gender differences in the importance of various aspects of quality of work life on retirement planning. Larsen (2008) shows that the role of these factors differs for men and women. Although job demands lower planned retirement age overall, and the opportunity to use skills, increases in earnings, and working-hour satisfaction increases planned retirement age irrespective of gender, the impact of earnings remains largest for men. Furthermore, only male workers attach importance to job control and job security. These gender differences suggest, first, that the impact of quality of work life measures on retirement planning is larger for men than for women and, second, that initiatives that are effective in retaining older male employees on the workplace are not necessarily as effective for retaining female employees. Finally, the results generally show that improving the quality of older workers' work life is not necessarily tantamount to less work or less influence as a way of retiring gradually but could also imply more work and more responsibility.

For some of the quality of work life measures, an appropriate employer policy may be difficult to design. For instance, does higher working-hour satisfaction require more or fewer working hours? Another problem is job demands: if they are lowered for one worker, his or her colleagues will most likely have to do that person's work. Therefore, moving the worker, if possible, to another position with a lower workload (i.e., internal rotation) might be a preferable solution. A third problem is job security. If, for instance, a firm has to lay off a number of employees, and older workers are among them, not much can be done to retain the older worker. If, however, older workers worry about losing their job for no reason, employers must signal these employees that they intend to keep them in the workplace. Finally, suggesting efforts directed towards gradual retirement through a lessened workload is an easier task than coming up with new ideas for giving older workers more work challenges.

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▶ Work and Employment, Quality of

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Work Life, Quality of

▶ Systemic Quality of Life Model (SQOL)

Work Limitations

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Synonyms

Activity limitations at work; Contexual factors limiting work; Disability and work; Functional limitations; Health condition; Impairment at work; Participation at work; Societal limitations

Definition

Work limitations can be defined as any condition that prevents one from performing work duties.

Prior to 1997, the following terms were commonly used:
- Functional limitations – an inability of an organ or organ system to perform an action in the manner required
- Impairment – a loss or abnormality that affects one's cognitive, physiological, emotional, or anatomical structure or function
- Disability – an inability or limitation affecting one's ability to perform tasks, roles, and activities to the expected physical or social levels
- Societal limitations – barriers that limit one's ability to fulfill roles and/or duties associated with full participation in society

In 1997, a decision was made to change the terminology:
- Health condition – a change in health status that may lead to distress, interference with daily activities, or contact with health providers
- Impairment – a loss or abnormality of physiological or psychological function
- Activity – a person's level of functioning and can be limited in nature, duration, and quality.
- Participation – the extent of a person's involvement in life (situations, relationships, etc.) and can be restricted in duration, nature, and quality
- Contextual factors – the level in which a person's disability affects his or her ability to participate in their environment. These factors can be personal or environmental (Rondinelli & Duncan, 2000)

Description

According to (Rondinelli & Duncan, 2000), prior to 1997, there were multiple models of disability, which were largely criticized for:
1. Impairing our ability to define disability and develop rehabilitation programs.
2. Overemphasizing the medical model.
3. Assuming a causal relationship.

4. Unidirectional in nature, which implies that disability is not reversible.
5. The models were expressed in negative terms such as "handicap" rather than enabling, positive terms such as "residual abilities."

As a result, in 1997, the WHO changed the accepted terminology from *impairments, handicap, and disabilities* to *impairments, activities, and participation*. The purpose of this change was to provide a unified and standardized language to characterize health condition consequences.

When an employee is unable to meet or exceed the essential job tasks and/or demands due to a limitation, be it physical or mental, the need for accommodation is required.

Dyck (2004) suggests that determining work limitations requires the knowledge of:
1. The physical and psychological job demands of the position.
2. The capabilities and liabilities of the employee

The gap between this information and the required level of functioning for the employee to be able to do her or his job safely, such as physical activities and psychological (including cognitive and emotional) job restrictions, presents work limitations.

Cross-References

▶ Disability
▶ Functional Limitations
▶ Health Condition
▶ Impairment
▶ Societal Limitations

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Work of Art

▶ Arts and Quality of Life

Work Stress

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Synonyms

Psychosocial workload

Definition

Work stress constitutes the emotional, cognitive, behavioral, and physiological responses to stressors in the psychosocial work environment. It is characterized by feelings of strain, overload and not coping (Pearlin & Schooler, 1978; Perry-Jenkinst et al., 2000).

Description

The sources, mediators, moderators, and manifestations of ▶ stress have gained considerable attention in both the psychological and sociological literature (Thoits, 2010), and research on work stress forms a particular niche in this field. Work stress is a typical situational trait that is specific for an individual's work situation, but whereas the sources of work stress are located in the work domain, its consequences manifest themselves in the personal domain as well (Bianchi & Milkie, 2010).

Overall, the literature suggests that work-related stressors elicit stress reactions ("work stress"). These stress reactions result in negative mental and physical health outcomes and indirectly impact work and family outcomes. Nonetheless, stress is seldom measured directly,

and often, work demands and health outcomes (such as depression, absenteeism, and ▶ burnout) are considered as *indicators* of stress and not as it's determinants or consequences (e.g., Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

The two dominant theoretical models in the literature on work stress are the job demands-control and the jon demands-resources model. The *job demands-control (JD-C) model* was developed by Karasek (1979) and posits that work demands deplete employees' mental and physical resources which results in negative health outcomes, *but only* when the employee has little autonomy over his or her work. The essence of his argument is that work stress is the result of a work situation in which employees face high demands, but are unable to achieve their goals because their decision latitude is limited. In contrast, a work situation is healthy when employees have sufficient control over their work to meet large demands. Later, the model has been extended to the *job demands-control-support model* that includes ▶ social support at work as an additional moderator (Karasek & Theorell, 1990).

Because empirical tests of the JD-C model yielded limited evidence for the predicted moderating effects of control (De Jonge & Kompier, 1997), Demerouti et al. (2001) developed the *job demands-resources (JD-R) model* that focuses on the unique (instead of on the interacting) effects of demands and resources. The JD-R model proposes that employee health benefits from a wide range of job resources, such as job security and supervisor support, as resources facilitate the achievement of work goals, reduce job demands, and enhance personal growth and development.

The empirical literature largely confirmed the JD-R model. Work demands, or stressors that appeared to be relevant for work and health outcomes, include (among other factors) emotional and physical work load, ▶ time pressure, overwork, reorganizations, and effort-reward imbalance (De Jonge & Kompier, 1997; Demerouti et al., 2001; Maslach, Schaufeli, & Leiter, 2001). The effects apply to a wide range of outcomes, varying from disengagement and ▶ burnout

(e.g., Demerouti et al., 2001) to the risk of cardiovascular mortality (Maslach et al., 2001). With regard to the work resources that reduce stress, research found that employees who have more work control and job security and receive more rewards, feedback, and supervisor support report higher levels of work engagement and well-being and lower levels of stress (e.g., Demerouti et al., 2001).

In addition to the effects of work stress on personal health, work stress has a profound impact on family life. For example, parents who experience high work stress withdraw from interactions with their children (Repetti, 1994), report more negative marital interactions (Van Steenbergen, Kluwer & Karney, 2011), are less knowledgeable about their children (Bumpus, Crouter, & McHale, 1999), and spend less and lower quality time with their children (Roeters, Van der Lippe, & Kluwer, 2010), which consequently reduces parent–child and marital relationship quality (Roeters et al., 2010; Van Steenbergen et al., 2011; see Perry-Jenkins et al., 2000 Bianchi & Milkie, 2010 for reviews).

It should be noted that, as is the case for other sources of stress, the actual impact of work stress on health outcomes depends on an individuals' personality traits, coping strategies, and ▶ social support networks (e.g., De Jonge & Kompier, 1997; Maslach et al., 2001; Pearlin & Schooler, 1978; Perry-Jenkins et al., 2000; Viswesvaran, Sanchez, & Fischer, 1999). Moreover, research found that as the exposure to stressors varies for individuals in different contexts and with different backgrounds, the incidence of work stress differs across countries and occupational and socioeconomic groups (e.g., Siegrist & Marmot, 2004).

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Work Time

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Synonyms

Hours of work

Definition

Working time refers to the time people spend in paid employment. This includes work undertaken not only in the workplace but also in other locations (e.g., from home). It can be measured over quite short periods, such as a day or a week, or over much longer periods, like a year or even a lifetime.

A key determinant of variations across individuals in working time when measured over years and lifetimes is ▶ unemployment and other episodes of joblessness. While it is well established that unemployment has harmful consequences for a host of different quality of life measures, this is not the focus of this contribution. Instead, the focus here is on within-job variations in working time, as typically measured by variations in the number of hours worked per week.

There is also considerable variation across individuals in the times during the day and week when those hours are worked. This reflects the incidence of both shift work and so-called non-standard work schedules, such as weekend work and night work. Again, these forms of work are outside the scope of this review.

Description

It is widely recognized that paid work is a critical influence on individual well-being. This reflects both the importance of work as a source of income, and the importance of work in providing a sense of meaning to, and accomplishment in, life. Jobs, however, differ on many dimensions, with working time being one of the most obvious.

A feature of many economies is how much hours per week can vary across employees. While a 35–40 h week is still the norm in most Western nations, the dispersion in the distribution of weekly hours is large. This is evident in the sizeable fractions of the employee workforce working either part-time hours or relatively long hours (e.g., 50 or more) each week (Lee, McCann & Messenger, 2007; Messenger, 2011).

These marked variations from the industrial or social norm are often thought to be associated with substandard employment conditions, which in turn are associated with both higher levels of job dissatisfaction and worse outcomes on a host of measures of quality life. The research evidence, however, suggests that such conclusions are mostly not justified.

Part-Time Work and Underemployment

▶ Part-time work (i.e., jobs that provide fewer hours than the norm) is often associated with low-quality employment, as reflected in low wages, poor levels of ▶ job security, and the lack of opportunities for career development (Bardasi & Gornick, 2008; Blank, 1990; Kalleberg, Reskin, & Hudson, 2000; McGovern, Smeaton, & Hill, 2005; OECD, 2010; Tilly, 1996). Despite this, studies of ▶ job satisfaction have mostly been unable to detect sizeable negative associations with part-time work (e.g., Bardasi & Francesconi, 2004; Booth & van Ours, 2008, 2009; Clark, 1996; D'Addio, Eriksson & Frijters, 2007; Wooden & Warren, 2004).

Such findings should not be surprising given the widespread survey evidence that most part-time employees, and especially women, appear to prefer part-time hours (OECD, 2010). Thus, if part-time jobs do have undesirable characteristics, these must be offset by other more desirable characteristics, such as the greater ability to combine paid work with child care and other family responsibilities.

Understanding the relationship between part-time work and measures of quality of life thus requires consideration of the role that working time preferences might play, which leads to the issue of ▶ underemployment. In very broad terms, underemployment refers to a lower quality of employment relative to some standard of comparison (Feldman, 1996). Here, however, we are only concerned with time-related underemployment, which describes situations where the working hours on offer are insufficient to meet worker preferences. In this sense, ▶ unemployment can also be thought of as a form of underemployment. In practice, however, underemployed workers are usually restricted to those persons in part-time employment who prefer to work more hours (though in many official statistics collections, the group is further restricted to those part-time workers that could also not find a full-time job).

For many researchers, however, it is this close link between unemployment and underemployment that leads them to expect similar consequences for health and psychological ▶ well-being. Thus, like unemployment, underemployment is "a potential social stressor that places demands on individuals that may compromise their health and well-being" (Friedland & Price, 2003: 35). On the other hand, underemployed workers are very different from the unemployed in that they do have jobs that place them at a distinct advantage in terms of being able to satisfy their preferences for additional hours in the future.

It is thus an empirical question whether underemployment is harmful for the health and well-being of workers. Most cross-sectional studies suggest a somewhat mixed picture, with some finding evidence that underemployment is associated with lower levels of health and well-being across a variety of indicators (e.g., depression symptoms, ▶ self-esteem, ▶ life satisfaction, and physical health), while others do not (Friedland & Price, 2003: 34).

Cross-sectional studies, however, are unable to disentangle causation, and hence, it may be that the causation runs not from underemployment to low quality of life, but in the other direction. Such concerns have led to the emergence of a number of studies employing simple two-wave longitudinal designs that attempt to deal with causation by examining the association between underemployment and outcomes at one point in time, while including a control for the outcome variable measured at an earlier time. Again, the evidence is mixed. Studies employing samples of young people (using the US National Longitudinal Study of Youth), for example, have found that, compared to their fully employed counterparts, underemployed workers report more adverse outcomes, in the form of elevated levels of depression (Dooley, Prause, & Ham-Rowbottom, 2000) and relatively low self-esteem

(Prause & Dooley, 1997). Friedland and Price (2003), on the other hand, in an analysis of data for an older adult population (Americans aged 25 years or older at time of first interview) found relatively little evidence of any statistically significant negative associations between underemployment and subjective measures of well-being.

Finally, and very differently, is the study by Wooden, Warren and Drago (2009). They too employ longitudinal survey data, this time from a panel study following a nationally representative population sample in Australia, but using data from five annual survey waves. This enables them to employ fixed effects estimation and thus control for unobserved individual heterogeneity. Further, they measure underemployment not only in terms of heads but also in terms of hours (i.e., the size of the gap between desired and actual hours worked). They find that underemployed workers consistently report lower levels of both ▶ job satisfaction and ▶ life satisfaction. The size of the effect is much larger for job satisfaction than life satisfaction, and in the presence of a control for observed outcomes at the previous survey wave, the association with life satisfaction declines to insignificance. Statistical significance, however, returns once underemployment is measured in terms of hours, though the size of the effect is arguably quite small.

Long Hours Working and 'Overemployment'
At the other end of the hours spectrum, long hours working (i.e., regularly working hours each week that are well in excess of the norm) is also widely seen as a negative influence on measures of well-being. In particular, it is frequently hypothesized that by increasing ▶ fatigue levels, reducing the time available for recovery, and inducing unhealthy behavior (e.g., smoking, excessive alcohol consumption, poor diet, and lack of ▶ exercise), extended work schedules will be harmful for worker health and increase the risk of work-related injury. While typically highlighting the evidence demonstrating the link between long work hours and adverse health outcomes, the reviews of this literature, which are numerous (e.g., Caruso, 2006; Harrington, 2001; Sparks, Cooper, Fried, & Shirom, 1997; Spurgeon,

Harrington, & Cooper, 1997; van der Hulst, 2003), are all forced to admit that the body of evidence is inconclusive. In particular, it is widely acknowledged that the magnitude of estimated associations is likely to depend critically both on sample selection and the extent to which confounding influences are controlled for.

Most studies also employ quite small samples, typically covering workers at a single firm or employed in a specific occupation. Van der Hulst (2003), for example, reviewed 27 empirical studies, only four of which involved samples drawn from a range of employers or occupations, and, of these, only two explicitly identified persons working long hours per week. It is thus difficult to know to what extent the results obtained from such studies can be generalized to the wider population, especially if the samples were selected because of the high incidence of long work hours. The evidence from the few existing studies employing nationally representative samples suggests that extended work schedules are associated with an elevated risk of workplace accidents or work-related injury and, moreover, that increased risk is not just the result of more time exposed to risk (Dembe, Erickson, Delbos, & Banks, 2005; Hänecke, Tiedemann, Nachreiner, & Grzech-Šukalo, 1998). Associations with other health outcomes are less consistent. Grosch, Caruso, Rosa, and Sauter (2006), for example, used data from the 2002 General Social Survey in the USA and found that the relative risk of adverse health outcomes was only noticeably higher among workers reporting extremely long hours – 70 or more per week – who account for a relatively small fraction of the population (just 5 % in their sample). For persons working 49–69 h a week, the relative risk was no higher than for those working standard hours (35–40 h).

In a related but separate literature, it is argued that long hours of work both damage relationships within the home, especially marital relationships, and inhibit ▶ child development (e.g., Cooper, 1999; Hochschild, 1997). Such arguments flow from the assumptions that increased working time must come at the expense of time spent with family, and that time spent interacting with spouses and children is critically important

to the quality of marital relationships and child behavior and development. However, the empirical research on the relationship between long working hours and family-related outcomes has failed to produce a consensus. On the one hand, studies consistently report significant positive associations between working time and subjective measures of time-based conflict in the home (e.g., Grzywacz & Marks, 2000; Major, Klein, & Ehrhart, 2002; Voydanoff, 2004, 2005). On the other hand, research has been unable to find convincing evidence that such time pressures have impacted negatively on the quality or stability of relationships (e.g., Crouter, Bumpas, Head, & McHale, 2001; Johnson, 2004; Poortman, 2005).

As with part-time work, perhaps preferences play an important mediating role. That is, perhaps the adverse effects from extended work schedules are only substantive when the hours being worked are inconsistent with worker preferences. Surprisingly, this hypothesis has received little attention from researchers, with notable exceptions being van der Hulst and Guerts (2001) and Beckers, van der Linden, Smulders, Kompier, Taris, and Guerts (2008). The latter, for example, reported evidence, from a sample of Dutch full-time employees, of higher levels of fatigue and lower levels of work satisfaction among employees working overtime hours, but only where those overtime hours were involuntary.

More compelling, however, is again the longitudinal analysis provided in Wooden, Warren, and Drago (2009). They find, after controlling for time-invariant individual-specific effects, that neither self-reported job satisfaction nor self-reported life satisfaction scores vary much with the number of usual hours worked when preferences are controlled for. Both relatively short hours and long hours of employment, however, are often associated with underemployment and overemployment (defined by a preference to work fewer hours after taking into account any consequences for earnings), respectively, and workers in these situations are typically less satisfied than other workers. Further, the effect on life satisfaction is much larger for overemployment than for underemployment. The magnitude of the effect, however, is not large. Their estimation suggests that, on a 0–10 scale, a person who would to prefer to work 20 h less per week suffers just a 0.2 penalty to life satisfaction.

Discussion

While it is widely believed that the "best" jobs are those where the weekly hours most closely conform to industrial norms, there is relatively little clear evidence that it is hour per se that matters. Perhaps all we can say with any confidence is (i) the relative risk of work-related injury begins to rise once weekly hours move too far above the norm and start to impact noticeably on worker fatigue levels and (ii) health symptoms also deteriorate with excessive working hours, though these effects may only become noticeable for workers reporting extremely long hours (e.g., 70 or more each week).

What seems to be far more important than the number of hours worked is whether, and the extent to which, those hours are aligned with worker preferences. Workers reporting large differences between their actual and desired hours of work are much more likely to report lower levels of life satisfaction. Whether such differences are sustained for other measures of well-being is less clear but seems likely.

However, in these situations, the magnitude of the effects may be judged small. More research though is required before definitive assessments about the magnitude of these effects can be made.

Cross-References

► Job Satisfaction
► Part-Time Work
► Satisfaction with Life as a Whole
► Subjective Well-Being
► Underemployment
► Unemployment
► Work-Family Conflict

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Work, Alternative/Flexible Arrangements

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Synonyms

Employee-oriented flexibility; Financial flexibility; Flexi-work; Internal numerical flexibility; Locational flexibility; Tele-working; Work autonomy; Worker-centered flexibility; Working-time flexibility

Description

Growing Need for Flexibility

The need for flexibility, especially employee-oriented flexibility, has been gaining support within businesses and countries as a way to meet the needs of employers for increased productivity and to address the work-life balance requirements of workers. Several (Gallo, 2010; Schmitt, 2009) management journals hail the use of flexible working arrangements as new business strategies to address the pressing needs of employees to meet work and family needs, while gaining productivity increases. *Het Nieuwe Werken* (http://www.hetnieuwewerkendoejezelf.nl/) campaign in the Netherlands is an example of a nationwide campaign to increase awareness of the positive effects of employee-oriented flexibility arrangements. Flexible working initiatives in the UK (http://www.nidirect.gov.uk/index/information-and-services/employment/employment-terms-and-conditions/flexible-working.htm) and the right to reduce working hours in the Netherlands (http://www.rijksoverheid.nl/onderwerpen/werktijden/meer-of-minder-werken/wet-aanpassing-arbeidsduur-waa) are examples of national level policy initiatives that were made to increase flexible arrangements for a better work-life balance. In addition, the EU since the late 1990s notes specifically in their Employment Report that flexibility has to address the needs of employees and employers (CEC, 1998).

Categories of Flexibility

Atkinson (1984) distinguishes flexibility depending on where the flexibility exists, internal or external to the firm, and how it is developed, functionally, numerically, or financially. Such a division allows for four distinct types of flexibility (Atkinson; Atkinson & Meager, 1986): external numerical, internal numerical, functional, and financial.

External numerical flexibility refers to the adjustment speed of labor intake or the number of workers hired from the external market. This can be achieved by employing workers on temporary or fixed-term contracts or through relaxed hiring and firing regulations, where employers can hire and fire permanent workers according to the firms' needs.

Internal numerical flexibility is also known as working-time flexibility or temporal flexibility. This flexibility is achieved by adjusting working hours or schedules of employees either for the needs of the employer or the employee. This includes part-time, flexible working hours and shifts, unusual hours, including night shifts and

weekend shifts, annualization of hours, working-time accounts, various types of leaves, and overtime.

Functional or organizational flexibility is the extent to which employees can be transferred to different activities and tasks within the firm. It has to do with the organization of operations or management and training of workers and can include task rotation, teamwork, and multitasking. This type of flexibility can also be achieved externally by outsourcing activities to other companies.

Financial or wage flexibility is the extent to which wage levels are not decided collectively through a uniform manner, and there are more differences in wages between workers and time points. This is done so that pay and other employment costs reflect the supply and demand of labor and their performance. It is achieved by rate-for-the-job systems, assessment-based pay system, or individual performance wages.

There are other types of flexibility that can be used to enhance adaptability, such as locational flexibility or flexibility of place (Bailey & Kurland, 2002; Reilly, 1998). This implies employees working outside of the normal work place such as home-based work, outworkers, or tele-workers. This can also cover workers who are relocated to other offices within the establishment.

Employer Versus Employee Flexibility

There have been several studies that theoretically or empirically distinguish between different dimensions of typologies of flexibility arrangements. Surveying the literature (e.g., Gareis, 2002; Reilly, 1998, 2001; Rubery & Grimshaw, 2003; Visser, 2003), one can see that despite the differences in their wording, most studies distinguish between working-time arrangements that serve employees' needs and those which serve employers' needs (Chung & Tijdens, 2013). Worker-centered flexibility versus company-centered flexibility (Gareis, 2002), active versus passive flexibility (Visser, 2003; Wilthagen, 1998), employer-oriented versus employee-oriented arrangements (Reilly, 2001; Rubery & Grimshaw, 2003), and unstructured, structured,

and autonomous flexibility (Fagan & Ward, 2004) are just some of the categories developed over the years. Employee-oriented arrangements are those that provide workers with freedom to adapt their work to meet their own personal and family needs. Employer-oriented arrangements are those used by employers mostly to meet business needs, either to meet demands and machine running time or to provide optimal utilization of capital and workforce, such as the just-in-time approach (Gareis, 2002, p. 1104). Fagan (2004) expands this distinction further by including the predictability dimension, focusing on working-time arrangements. Unstructured flexibility is when employees have little control over the schedule and the volume of hours that they work, similar to employer-oriented flexibility. Autonomous flexibility is geared towards employees' needs rather than organizational requirements and gives employees some ability to vary or alter their working time in order to accommodate other activities, similar to employee-oriented flexibility. The third category is structured flexibility. Here, the working-time arrangements are nonstandard, but predictable, offering employees more control over their working hours than unstructured flexibility and potentially providing an alternative for people who cannot work standard hours (Fagan & Ward, 2004, p. 111). This distinction could be considered a type of flexibility that facilitates the needs of both employers and employees.

Types of Arrangements

Of all types of flexibility arrangements, numerical flexibility and locational flexibility can be actively taken up by workers, whereas the other types are arrangements companies use to enhance the firms flexibility. Using the framework of Chung (2007), numerical and locational flexibility arrangements can be categorized as in Table 1, based on their ability to facilitate the needs of employers and employees. It must be noted that this division is not strict and can be shifted into other categories depending on the context it is being used in.

Part-time work is when a worker works shorter than the collectively agreed full-time working

Work, Alternative/Flexible Arrangements, Table 1 Classification of flexibility arrangements

| | | Flexibility options for employees | |
		Yes	No
Flexibility options for employers	Yes	Part-time work	Unusual working hours
		Reduction of working hours	Shift work
		Flexible working time/ schedule	Overtime
		Phased retirement	Temporary contracts
		Early retirement	
		Tele-work(home working)	
	No	Parental leave	
		Long-term leave for care, education, training, and other reasons	

hours, which can range from 35 to 40 h depending on the country (Eironline & Carley, 2010).

Reduction of working hours or the right to reduce working hours is when employees ask for a reduction of hours to adapt their life/family needs to work.

Flexible working hours (flexi-work arrangements) include various arrangements that enable workers to change either the schedule of their working hours – starting time, finishing time – and/or the amount of hours worked per day/week to adapt to their life needs. Several arrangements can be considered flexi-work arrangements such as annualized hours, compressed hours, staggered hours, and phased retirement.

Annualized hours is an arrangement when working hours are calculated over a longer term than a day – weekly or monthly or yearly. This enables worker to accumulate hours over a longer period to take days/weeks off to compensate for over time. This is also referred to as working-time accounts (overview of annualized hours in Europe).

Compressed hours is an arrangement where workers are allowed to work the agreed hours in shorter days, such as working 36 h in 4 days, 9 h a day.

Staggered hours is an arrangement where workers are allowed to choose in a flexible manner their own starting and finishing time, and this could be different for each employee in the company depending on the need of the employees.

Phased retirement is a scheme which allows workers to retire gradually by gradually reducing their working hours to work part-time till the point of retirement.

Early retirement is a scheme which allows workers to retire earlier than the collectively agreed or legally set retirement/pension age. Early retirement schemes are usually set at the national or sectoral levels.

► Tele-working is a practice where workers work in a physical location that is other than that within the company. Home working is when work is carried out from home (overview of tele-work in Europe).

Leave arrangements provide number of days/ weeks to workers on top of one's regular holidays to address a specific need that arises for employees. These needs can include parental care needs, other care needs for family and relatives, education/training needs, and others. Regulations on leave arrangements can be set at the national/sectoral or company levels. For most countries, regulations on maternity leave (pregnancy leave) and parental leaves are set at the national level, whereas leaves concerning other types of care and training/education are set at the sectoral or company levels.

Unusual working hours consist of work that is carried out outside of the normal hours, 9 to 5, during the weekdays. Thus, this includes evening shifts, night shifts, weekend shifts (working on Saturday and/or Sunday).

Shift work is an employment practice designed to make use of the 24 h of the clock, which is done to either make more efficient use of machines/equipment or to address customer needs. Shift work can be within the normal working hours but usually are done outside daily working hours, such as night shift (f). The amount of hours that is included in one shift can vary from short shifts of less than 8 h to longer hours such as 12 h shifts.

Overtime is a practice where workers work longer than their contracted hour. Both part-time and full-time workers can work overtime. Overtime can occur on a daily basis or can be calculated on a weekly basis. Workers sometimes can be compensated for their overtime via extra pay or extra hours/days off; however, not all overtime is compensated for. Overtime that is compensated with extra hours/days off calculated over a longer span of time is usually referred to as annualized hours or working-time accounts.

▶ Temporary contracts are "forms of depen-dant employment which do not offer workers the prospect of a long-lasting employment relation-ship" (OECD, 2002, p. 132). The key aspect to this definition, compared to the open-ended per-manent contracts, is the limited time length of the contract which may derive from employers' need to adjust to the economic cycles or from the characteristics of the job. Although fixed-term contracts, contracts that have a clearly defined end date, are the biggest share of this type of employment, it also includes temporary agency workers, contracts for a specific task, replace-ment contracts, seasonal work, on-call work, daily workers, trainees, persons in government job creation schemes, and so on (OECD).

Policy Initiative Examples

There have been several policy initiatives across Europe to increase the use of flexible arrange-ments to address the needs of workers. The right to reduce working hours (Wet Aanpassing Arbeidsduur) has been introduced in the Nether-lands since 2000 as a right for workers to use to adapt their work to their life needs. In the United Kingdom from 2003, the right to flexible work-ing opportunities has been provided to those with care responsibilities, not only for children but also for sick disabled relatives. The arrange-ments include flexi-time, annualized hours, compressed hours, staggered hours, job sharing, home working (tele-working), and part-time work.

Outcomes of Flexible Arrangements

Over the years, there have been several studies that mention the business case for the use of employee-friendly flexible arrangements (Bevan, Dench, Tamkin, & Cummings, 1999; Dex & Scheibl, 1999, 2001; Eaton, 2003; Evans, 2001; Hill, Hawkins, Ferris, & Weitzman, 2001; Konrad & Mangel, 2000; Whitehouse & Zetlin, 1999; Yasbek, 2004). Summarizing the studies, we can see that providing workers with more family-friendly arrangements increase loy-alty, motivation of workers. In addition, it is helpful in not only recruiting new workers but also retaining the existing workforce. This is because when companies fail to address the pressing ▶ work-life balance needs of workers, it will result in work-family conflict. This thus result in withdrawal behavior such as reduced work efforts, lateness, and workers leaving the company altogether. In addition, the tension between work and family life can also lead to mental and physical stress, increasing workers' sickness and absenteeism (Batt & Valcour, 2003; Greenhaus, Collins, Singh, & Parasuraman, 1997; Hammer, Bauer, & Grandey, 2003; Klerman & Leibowitz, 1999; Konrad & Mangel, 2000). In addition, by providing good flexibility arrangements, companies can attract more pro-ductive and skilled workers. Using employee-oriented benefit packages may also improve cor-porate image perceived by potential customers and the general public, which can lead to greater sales and improved stock prices of the company (Dex & Scheibl, 1999; Evans, 2001).

On the other hand, the main purpose of introducing employer-oriented working-time flexibility arrangements is to increase cost effi-ciency and to meet demands in an efficient man-ner. However, they have also been seen to cause problems to the company by impacting workers' health and safety (Caruso, 2004; Costa, Sartori, & Akerstedt, 2006; Dembe, Erickson, Delbos, & Banks, 2005). In addition, working unusual hours and shift may increase dissatisfaction of workers concerning work-life balance (Williams, 2008) and have negative impact on the family's well-being as well (Strazdins, Clements, Korda, Broom, & D'Souza, 2006). The use of employee-oriented flexibility has been shown to provide positive results for workers' health (Costa et al., 2006).

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Workaholism

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Synonyms

Work addiction

Definition

▶ Workaholism is defined as a "*negative psychological state characterized by working excessively due essentially to an internal drive that cannot be resisted*" (Del Líbano, Llorens, Salanova, & Schaufeli, 2010, p. 144). Workaholism is composed of two main dimensions: working excessively and working compulsively (Schaufeli, Taris, & Bakker, 2006).

Description

Workaholism is a common topic in the popular press, and it is also especially relevant in ▶ occupational health psychology research and practice. Oates (1968), an American minister and psychologist, used the term for the very first time to refer to the relationship he had with his own job, which he compared with another addiction, i.e., alcoholism. Subsequently, this author (Oates, 1971) defined the concept in the first book to be published on workaholism as "*an excessive and uncontrollable need to work incessantly that disturbs* ▶ health, ▶ happiness, *and* relationships" (p. 11). Since then, many definitions of workaholism have been proposed. After a critical review of the literature, Scott, Moore, and Miceli (1997) summarized three features of workaholics: (1) spend a great deal of time in work activities when given the discretion to do so (they are excessively hard workers); (2) are reluctant to disengage from work and they persistently and frequently think about work when they are not at work (they are obsessed and compulsive with their work); and (3) work beyond what is reasonably expected from them to meet organizational or economic requirements (they work harder than is required out of an inner compulsion, need, or drive and not because of external factors such as financial rewards, career perspectives, a poor marriage, or organizational culture). In accordance with previous research, workaholism was measured following the Dutch Work Addiction Scale (DUWAS; Del Líbano et al., 2010; Schaufeli et al., 2006), which is a brief workaholism scale comprised of a 10-item frequency scale made up of two dimensions: (1) working excessively (composed of 5 items; "*I seem to be in a hurry and racing against the clock*") and (2) working compulsively (composed of 5 items; "*It's important for me to work hard

even when I don't enjoy what I'm doing"). The items are scored on a 4-point Likert scale and range from "1" (never) to "4" (always).

As most research has focused on describing rather than explaining workaholism, its antecedents are currently the least understood aspect of workaholism. Two kinds of antecedents can be described: individual and organizational (Burke, 2001a, 2001b). In the first case, five different individual antecedents can be distinguished: (1) the dysfunctional patterns of interaction, which are learned by vicarious ▶ learning in the family (families in which work is the main priority in life) (Weinberg & Mauksch 1991); (2) intrinsic work values, which reinforce the centrality of work in people's lives (Snir & Harpaz, 2004); (3) low self-esteem or the degree to which a person believes in his/her own values (Burke, 2004); (4) professional self-efficacy (especially in the working excessively dimension; Del Líbano, Llorens, Salanova, & Schaufeli, 2012); and (5) a specific pattern of personality according to the five-factor model of personality (Goldberg, 1990), which is characterized by low levels of emotional stability and agreeableness and high levels of conscientiousness (Andreassen, Hetlan, & Pallesen, 2010). Regarding the organizational antecedents, organizations which (1) reinforce addictive behavior in workers by valuing not only the results but also the time spent working (Porter, 2004), (2) put work ahead of family commitments and stress peer competition and vicarious learning at the workplace (Liang & Chu, 2009), as well as (3) jobs characterized by challenge demands (quantitative overload, ▶ time pressure, deadlines) and specific job resources (Autonomy) can be considered potential organizational antecedents of workaholism (Lepine, Podsakoff, & Lepine, 2005; Snir & Harpaz, 2004).

Regarding the study of the consequences of workaholism, there is considerable amount of agreement on the negative relationship between workaholism and psychological and physical well-being and hence job performance: The higher levels of workaholism are, the poorer psychological and physical well-being and job performance will be. Specifically, workaholism has been associated with ▶ work stress and ▶ anxiety (Andreasen, Ursin, & Eriksen, 2007), psychosomatic symptoms and cardiovascular diseases (Burke, Oberklaid, & Burgess, 2004), physical exhaustion (Sonnentag, 2003), depression (Shields, 1999), ▶ burnout (Schaufeli, Bakker, Van der Heijden, & Prins, 2009), poor social relationships, family problems (Robinson & Post, 1997), poor leisure satisfaction (Bonebright, Clay, & Ankenmann, 2000), as well as poor performance (Shimazu, Schaufeli, & Taris, 2010).

Finally, there are several challenges for future research on workaholism. One of these challenges is to have a better understanding of the antecedents of workaholism by collecting data from different sources of information (triangulation), i.e., employees, supervisors, coworkers, and family. In addition, more research is necessary in order to understand the psychosocial mechanisms (i.e., motivational and affective systems) underlying the development of workaholism over time (Schaufeli, Taris, & Van Rhenen, 2008) by using longitudinal data, multilevel analyses, and aggregated data at the organizational level (Wilson, DeJoy, Vanderberg, Richardson, & McGrath, 2004). Moreover, for future research, it would also be highly advisable to explore the motivational systems based on the regulatory focus theory (Higgins, 2005) of workaholism more meticulously (avoidance motivation, i.e., avoiding feeling bad or guilty of being worthless when they are not working). Workaholism research might also pay attention to the role (antecedent or consequence) played by ▶ flow experiences in the development of workaholism over time. Flow could act as "the fuse that lights the fire" in the first stages of workaholism, but it could also occur as a result of working and might be more common among workaholics than among other types of employees (Chou & Ting, 2003). And last but not least, since Ng, Sorensen, and Feldman (2007) proposed that individuals who have stronger self-efficacy in work activities than in nonwork activities are more likely to become workaholics, future research should be oriented toward testing the role played by ▶ self-efficacy

as an antecedent of workaholism. Longitudinal designs, multilevel techniques, and data aggregated at the organizational levels could be used for this purpose.

Cross-References

▶ Addiction, An Overview

▶ Anxiety

▶ Burnout

▶ Five Factor Model of Personality

▶ Flow

▶ Happiness

▶ Health

▶ Learning

▶ Multilevel Analysis

▶ Occupational Health

▶ Time Pressure

▶ Work Stress

▶ Workaholism

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Work-at-Home

▶ Telecommuting

Worker-Centered Flexibility

▶ Work, Alternative/Flexible Arrangements

Workers' Compensation

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Synonyms

Disability; Injury assistance; Occupational illness; Social programs; Work injuries

Definition

Workers' compensation is an insurance scheme that is designed to compensate workers for injuries sustained while working and rehabilitate these workers once they have recovered so they can return to work. The origins of workers' compensation date back to German Chancellor Otto van Bismarck in 1884. Today, there are many and varying workers' compensation schemes around the world.

Description

The Workers' Compensation System: Post Injury Quality of Life.

Workers' compensation came into existence in order to protect the quality of life of injured or ill workers and their families. Before worker's compensation, injured workers were often discarded by employers and were forced to sue in order to receive any compensation. The idea of a workers' compensation scheme is generally credited to have begun in Germany under Chancellor Otto von Bismarck. In 1884, he introduced the Workers' Accident Insurance Act, creating the first workers' compensation system. This was a state run system, jointly funded by workers and employers that focused on job-related injuries. It provided medical care and rehabilitation, and this Act made itself the only remedy available as it precluded the workers' right to sue the employer (Gerdes, 1990; Haller, 1988).

In Great Britain, the Workmen's Compensation Act was passed in 1897. Earlier legislation, the Employers' Liability (1906/1908), had still required the injured worker to prove liability on the part of the employer. The new act simply made the employer's responsible for the injury to the worker (Guyton, 1999).

Change came about a bit slower in the United States. Congress passed the Employers' Liability Act in 1906 and revised it in 1908. Unlike European countries, labor regulation in the United States is a state responsibility. Consequently, the implementation of workers' compensation in the USA varied considerably between states. Washington State (1911) introduced the first comprehensive system in 1911. This variation of workers' compensation systems between states remains to this day.

In Canada, workers' compensation began in 1910 in the province of Ontario. At that time, the government appointed Mr. Justice William Meredith to head a Royal Commission that was to examine the liability employers' bore towards injured workers. The Meredith Report (Royal Commission, 1913) became the foundation of workers' compensation across Canada and some American states. His report contained five key essential components: (1) It needed to be a no-fault system so that workplace injuries were compensated regardless of the cause, (2) there needed to be collective liability in that the cost of the system was born by all employers who were required to contribute to a central fund, (3) there had to be security of payment which required that a fund be established that guaranteed that compensation money remained available into the future, (4) that the workers' compensation system had to have exclusive jurisdiction and that it was the decision maker and final authority for all compensation claims, and (5) that the system had to be both autonomous and nonpolitical. To ensure this, it had to be financially independent of government and not linked to any special interest groups. Its focus had to be on the needs of injured workers and their employers.

Throughout its history, the workers' compensation system has had many critics. However, for the most part, it has survived and even flourished. In many jurisdictions, it now also provides vocational as well as medical rehabilitation, and in some jurisdictions, it is even involved in preventing workplace injuries and illnesses through the regulation of safety and injury prevention.

Over the years, the provision of workers' compensation has often been burdened with excessive bureaucracy, financial crises, and economic challenges. However, to this day, in most if not all of the developed world, employers have protection from being sued for workplace injuries, workers receive relatively timely no-fault compensation for their injuries, and the consequences of those injuries and the system have remained financially viable. As a result, workers who have sustained workplace injuries or illness have been able to maintain an enhanced quality of life thanks to the workers' compensation system.

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Work-Family Balance

▶ Work-Family Fit

Work-Family Conflict

▶ Balanced Life

Work-Family Culture, Supportive

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Synonyms

Family-friendly workplace; Family-supportive work environments (Allen, 2001)

Definition

> The shared assumptions, beliefs, and values regarding the extent to which an organization supports and values the integration of workers' work and family lives. (Thompson, Beauvais, & Lyness, 1999, p. 394)

Description

Nowadays, organizations have new challenges to meet concerning the workforce. Just in the last two decades, the workforce has been faced with new challenges as a result of the introduction of new technologies and the advance of globalization. This in turn has impacted the productivity and the work tasks and has opened the door to new opportunities in the labor universe (Poelmans, Odle-Dusseau, & Beham, 2009). In a similar fashion, the family structure has changed dramatically. There are significantly more single-parent households and an increased number of women in the workforce than ever before (Allen, 2001; Grzywacz & Marks, 2006; Parasuraman & Greenhaus, 2002). Additionally, the increased life expectancy has led to families having to provide care for their elderly parents in addition to child-rearing (Poelmans et al., 2009).

In an effort to achieve a healthy balance between work and familial responsibilities, some organizations have created a supportive work-family culture. This set of practices enables the workers to balance work and family. These practices are described in the literature as "family-friendly workplace supports/practices" (Sahibzada, Hammer, Neal, & Kuang, 2005; Wood & Menezes, 2010).

These supportive practices are categorized as flexibility policies, leave arrangements, care provisions, supportive arrangements, conventional provisions, and compensation/ benefits (Poelmans et al., 2009). Flexibility policies are related to working hours and work location. Temporal-related policies may include flexible working hours, part-time work or reduced work schedules, job sharing, and compressed workweeks. Location-related flexibility in the workplace led, for example, to telecommuting. Leave of absence arrangements allow workers to be away from work for a longer period of time and may be related to either family (paternal leave) or medical leave. Leave arrangements can also vary as to length, monetary compensation, and job security. Care provisions are those practices and policies that provide essential services for their employees during work hours, such as on-site childcare centers, assistance in locating quality childcare, eldercare support, and other services designed to help workers with domestic tasks like ironing, shopping, and banking. Another category of worker support is the supportive arrangements that are related to the management of personal skills at work and at home, such as workshops/seminars, worker counseling/assistance programs, and wellness/ health or stress management programs. The last category of support described by the authors is the conventional provisions and compensation/ benefits for their employees. This includes those provisions regarding health and life insurance, both, career development, retirement plans, and relocation services (third-party meal and/or transportation services).

A large number of empirical studies have confirmed the significance of these support practices to contribute to worker and organizational positive outcomes, namely, their relationship with workers' attitudes and behaviors. For example, recently, Wood and Menezes (2010) concluded that workforce commitment, productivity, and quality were stronger within organizations where friendly management implemented family-friendly practices, such as maternity leave, emergency care leave, work from home, term-time-only contracts, job sharing, workplace nursery, childcare subsidies, financial help to care for elderly, and leave to care for adults. Lambert (2000) showed that work-life benefits, including benefits like fitness centers, psychological counseling, and tuition reimbursement, increased the workers' organizational citizenship behaviors. Muse, Harris, Giles, and Feild (2008) analyzed the correlation between work-life benefits and the workers' positive attitudes and concluded that when the organizations had work-life

benefits packages that included childcare, time/schedule, physical health, psychological well-being, professional development, and eldercare benefits, the workers had more affective commitment toward the organization, and Scandura and Lankau (1997) showed that having flexible working hours was also positively related to workers' attitude. McNall, Masuda, and Nicklin (2010) considered the availability of flexible work arrangements, such as flextime and compressed workweek, and observed that these kinds of benefits helped workers to experience greater enrichment from working at home, which, in turn, was associated with higher levels of job satisfaction and lower turnover intentions.

Despite the evidence of these positive outcomes, several authors have reported that applying family-friendly practices is not enough. They advocate that a supportive work-family culture is also needed. This supportive work-family culture includes not only the practices/benefits provided by the organization but also all the conditions to use these practices/benefits (Swody & Powell, 2007; Thompson et al., 1999), namely, managerial, supervisory, and co-worker support for work-life balance; absence of negative career consequences for participating in work-life programs; and absence of heavy time work demands and values that show the priority of the work over the family (Allen, 2001; Bond et al., 2003; Thompson, 2008; Thompson, Galinsky, & Prottas, 2003).

In fact, it is possible distinguish between formal and informal norms and values under the organizational culture. Formal refers to norms and values that are embodied by the organization, including the practices/benefits that are visible within the organizations (Allen, 2001; Behson, 2005; Clark, 2001), and informal refers to the unspoken organizational norms and values, including the mechanisms that render the formal practices/benefits useful (Clark, 2001; Zahavy & Sometch, 2008). The development of this culture of support needs time to transform policies into practices and the usefulness of practices into habits, so that, ultimately, the habits change into norms (Poelmans, Patel, & Beham, 2008).

Some studies have confirmed that a culture of support is the most important component because without it the worker is less likely to utilize the benefits available. It was shown that workers' attitudes and behaviors are more related with the presence of a supportive culture than the availability of work-life benefits. For example, Swody and Powell (2007) confirmed, using a multilevel approach, that the workers' participation in organizational family-friendly programs depended on a supportive culture, that is, the organizations attended the family needs, encouraged managers to be supportive, and made the workers feel free to use those programs. Behson (2005) demonstrated that informal aspects of the work environment explained a greater share of variance associated with worker outcomes, such as work-family conflict, job satisfaction, stress, and turnover intentions, than did the formal benefits and policies. Similarly, Thompson et al. (1999) verified that above and beyond work-family benefits, the perceptions of supportive work-family culture were crucial for determining attitudes toward organization, namely, the affective commitment and intentions to leave.

A supportive work-family culture in organizations is more than policies and practices like flexible schedules, arrangements, advantages, and leaves. To create a more effective support, organizations need to attend to their values, norms, and rules and ensure that they promote the workers' use of such policies and practices.

In the future, it is necessary that this issue will remain a political and research relevant topic. Firstly, previous studies have shown its link to a better workers' quality of life, and it is relevant to develop the knowledge of how organizations can improve these positive outcomes. Secondly, it is important that this topic is applied on a legitimacy dimension, to improve the formalization of future laws and the equity between organizations, for example, over the countries and over the public and private sectors. Only then can the organizations have a true culture of support between the work and the family lives.

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Work-Family Enhancement

Work-Family Enrichment

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Synonyms

Conservation of resources theory; FWE; WFE

Definition

Work-family enrichment is defined as "the extent to which experiences in one role improve the ▶ quality of life in another role" (Greenhaus & Powell, 2006, p. 73). Work-family enrichment is recognized as bidirectional in nature such that benefits can be derived from work and applied to family (i.e., work-to-family enrichment, WFE) or derived from family and applied to work (i.e., family-to-work enrichment, FWE).

Description

The changing nature of the workforce, including a rise in eldercare responsibilities, dual-earners couples, and single-parent households, draws attention to the balance between work and family roles. Researchers interested in the intersection between work and family domains have historically examined the conflict that arises from the competing demands of work and family roles, suggesting that strain can be derived from work and applied at home (i.e., ▶ work-to-family conflict) or from the family and applied at work (i.e., ▶ family-to-work conflict) (e.g., Greenhaus & Parasuraman, 1999). However, the ▶ positive psychology movement has recently shifted attention to the benefits of multiple role memberships. Participation in multiple roles can have positive effects for individuals via three mechanisms: (1) additive effects (Voydanoff, 2001), (2) buffering effects (Barnett & Hyde, 2001), and (3) transfer (Marks, 1977). A variety of terms have been used to label the positive synergies between work and family roles (e.g., ▶ work-family facilitation, enhancement, positive spillover, enrichment). However, work-family enrichment is unique from the other terms in that individuals must successfully transfer gains from one domain (e.g., work) to another domain (e.g., home), resulting in improved performance for enrichment to occur (Wayne, 2009).

Based on theory by Marks (1977) and Sieber (1974), Greenhaus and Powell (2006) introduced a comprehensive theoretical framework of work-family enrichment, which focused on how one role improves the quality of life in another role. Their model describes five key resources that are generated in one role but can lead to benefits in a second role. These key resources include (1) skills and perspectives, (2) psychological and physical resources, (3) social-capital resources, (4) flexibility, and (5) material resources. For example, the multitasking skills a person gains at work may be transferred and applied to the home domain, and this results in an improved home life (i.e., work-to-family enrichment). This example illustrates what Greenhaus and Powell referred to as the instrumental path. That is, the resource can have a direct instrumental effect on performance in another domain. At the same time, Greenhaus and Powell also recognized that resources may at times operate more indirectly, producing enrichment via ▶ positive affect. That is, experiences gained at home may produce ▶ positive affect towards one's family role in the form of enthusiasm, alertness, and higher energy. In turn, this ▶ positive affect from the family role may produce more positive affect in the work role.

Furthermore, Carlson, Kacmar, Wayne, and Grzywacz (2006) proposed six dimensions of work-family enrichment, three in each direction. Work-to-family development and family-to-work development occur due to an increase in intellectual and personal development in one role that enhances involvement in another role. Work-to-family affect and family-to-work affect refer to moods that impact one role but are generated through involvement in another role. Work-to-family capital refers to involvement at work that leads to an improvement in psychological capital resources (e.g., ▶ self-esteem) that improves performance as a family member. Family-to-work efficiency refers to work efficiency gained because involvement in the family role requires greater focus and time management at work, helping the individual perform better as an employee.

Researchers have proposed a number of different consequences of work-family enrichment. McNall, Nicklin, and Masuda (2010)

conducted a ▶ meta-analysis that examined the relationship between work-family enrichment and three categories of outcomes: (1) work related, (2) nonwork related, and (3) health related. Work-related variables considered the effect of enrichment on job and workplace factors (i.e., ▶ job satisfaction, ▶ organizational commitment, turnover intentions). Nonwork-related variables included family satisfaction and ▶ satisfaction with life as a whole. Health-related outcomes included both physical and mental health.

The results of the ▶ meta-analysis indicated that both WFE and FWE are positively related to work-related outcomes, including ▶ job satisfaction and affective commitment. McNall et al. did not find a significant relationship between enrichment and intentions to remain in the organization, but this may be a function of the small number of available studies exploring the enrichment-turnover relationship. Enrichment was also positively related to nonwork-related variables, including family and life satisfaction. It should be noted that while both WFE and FWE were positively related to work and nonwork outcomes, WFE was more strongly related to work outcomes and FWE was more strongly related to family outcomes. Taken together, these results can be explained from the perspective of social exchange theory (Blau, 1964), which states that when one party perceives favorable treatment, the other party feels obliged to reciprocate, leading to favorable outcomes for both (Rhoades & Eisenberger, 2002). That is, when employees perceive that their work (home) life enriches their home (work) life, they reciprocate with more positive organizational (family) attitudes. Furthermore, enrichment was also positively related to higher physical and mental health. These results fit with conservation of resources (COR) theory (Hobfoll, 2002), which suggests that individuals with greater resources are more capable of solving problems and less likely to be affected by the drain of resources that occurs during stressful situations.

Given the positive implications enrichment has for work, home, and health, researchers have begun to examine factors that enhance enrichment. Perceptions of support from family and supervisors (Nicklin & McNall, 2013), (Odle-Dusseau, Britt & Greene-Shortridge, 2012) characteristics of the job such as flexibility and resource availability (e.g., Carlson et al., 2011), and variables such as core self-evaluations (McNall, Masuda, Shanock, & Nicklin, 2011) and regulatory focus (Chen & Powell, 2012) have all been linked to an increase in work-family enrichment. Thus, researchers should continue to consider both the positive and negative sides of multiple role memberships.

Cross-References

▶ Work-Life Harmony

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Work-Family Facilitation

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Definition

Work-family facilitation (WFF) is defined as the extent to which an individual's engagement in one social system (e.g., work or family) contributes to growth in another social system (e.g., family or work) (Grzywacz, Carlson, Kacmar, & Wayne, 2007).

Description

WFF focuses on the beneficial relationship between the paid work and family systems. Historically, work-family research focused on negative individual experiences resulting from combining work and family, such as being hostile or withdrawn after work or missing work because of an ill family member. Although worthy of attention, situations like these should not eclipse the real benefits to employers and families that arise from workers' involvement in both domains. WFF is becoming an integral component of the work-family literature, as researchers attempt to create a more even-handed understanding of the everyday experiences of work and family life.

Frone (2003) first coined the term "work-family facilitation" and used it to represent individuals' positive experiences resulting from combining work and family. Concurrently, Wayne, Musisca and Fleeson (2004) conceptualized WFF as the extent to which one's involvement in one domain (i.e., work, family) positively influences another domain (i.e., family, work). Both research argued that WFF is bidirectional: an individual's employment experiences can produce family benefits (work-to-family facilitation) and an individual's family experience can produce benefits for their employer or family-to-work facilitation.

Unfortunately, there is much conceptual confusion in terms used to describe positive experiences at the interface of paid work and family. Work-family facilitation, enrichment, enhancement, and positive spillover have been used interchangeably. Adding further confusion is the reality that researchers have used the same measures and the same data to operationalize concepts with different labels (see Grzywacz & Marks, 2000; Wayne et al., 2004).

Progress has been made in addressing the conceptual and operational ambiguities of WFF. Wayne, Grzywacz, Carlson and Kacmar (2007) differentiated work-family enrichment from WFF, arguing that WFF is a process that occurs at the system level, whereas work-family enrichment occurs at the individual level. A conceptual foundation for WFF was further

elaborated by Grzywacz et al. (2007) who suggested that work-family enrichment is one mechanism by which facilitation emerges.

WFF has several areas in need of further research and theorizing. There are no tools that measure WFF as it has been conceptualized. Previous research used self-report instruments that are better equipped to measure individual-level (i.e., work-family enrichment), rather than system-level, experiences. The development of methods for observing and measuring how an individual's involvement in one domain produces enhanced functioning of another domain is an essential step for advancing WFF research.

Future research should focus on specific systems: for example, researchers could explore variation in the strength of marriages as a function of each partner's work experiences. The fundamental question would be "what aspects of paid work contribute to strong marriages?" Researchers could accrue a sample of newlywed couples, administer a conceptually informed (Wayne et al., 2007) battery of assessments over time, and use values to predict measures of marital vitality. Another area of research is to study the processes by which work-family facilitation is said to emerge. If work-family enrichment is a mechanism for WFF to occur (Grzywacz et al., 2007), researchers could measure work-family enrichment among members of work teams and use them to predict team-level attributes (e.g., cohesion, productivity) and explore moderators that may enhance or dilute this association.

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Work-Family Fit

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Synonyms

Work-family balance; Work-life balance; Work-life fit

Definition

Work-family fit can be defined as workers' cognitive perception of their ability to successfully integrate work and family domains, roles, and demands. It is often achieved through the use of available work and family resources and rewards.

Description

Work-family fit was mostly adapted from the person-environment (P-E) fit theory (e.g., French, Rodgers, & Cobb, 1974). One of its earliest uses was by Pittman, who stated that work-family fit "implies the perception of a suitable correspondence between work and family that goes beyond the absence of role conflict" (1994, p. 186). Pittman went on to say that we can view work and family as distinct spheres, and when those two spheres "fit," we should see that the role demands from each sphere are consistent so that role strain is minimized and the worker feels satisfaction in the role demands from both domains (1994). Pittman and others have continued to promote the concept of work-family fit (e.g., Barnett, 1998; Edwards & Rothbard, 1999; Grzywacz & Bass, 2003; Teng & Pittman, 1996) and its potential applications as an insightful mechanism linking work and family, measured by the cognitive appraisal "of the effects of work and family domains on each other" (Voydanoff, 2005, p. 822). Barnett defined work-family fit as "the extent to which the worker realizes the various components of her or his work/family adaptive strategy" (1998, p. 161). Voydanoff stated that "individuals derive an overall level of fit by weighting and integrating different components of their [work-family] strategy" (2002, p. 155) and suggested that "fit occurs when work [or family] resources meet, offset, or satisfy family [or work] demands" (2005, p. 828).

As of yet, no standard work-family fit scale has been established. Teng and Pittman developed a work-family fit battery (Teng and Pittman 1996). However, researchers have continued to create work-family fit scales. Just a couple of examples include a 30-item scale used by Brennan, Rosenzweig, Ogilvie and Ward (1999), as well as more concise scales such as used in Jones et al. (2008). There continues to be a need for development and testing of a scale that can be adopted by the work-family research field, particularly one that is more objective and focused.

It is important to note that work-family fit is not merely the opposite of work-family conflict (Grzywacz & Bass, 2003) and is actually independent of both work-to-family conflict and family-to-work conflict (Clarke, Koch, & Hill, 2004). In fact, work-family fit is a better predictor of job satisfaction, family satisfaction, and several other work and family variables than work-family conflict (Murray, 1998).

There are several important elements that relate to work-family fit, such as values and culture, demands and rewards (resources), relationships with others, and family capital (Rothausen, 2009; Voydanoff, 2002). One specific example of a resource is workplace, or schedule, flexibility. Flexibility and control in one's schedule has been linked to increased work-family fit. This is even true for perceived workplace flexibility (Jones et al., 2008). Hill et al. suggested that job flexibility is related to work-family fit because it allows workers to "fit their work responsibilities around family needs to meet obligations of both work and family roles" (Hill et al. 2006, p. 1196).

Work-family fit changes across time for most working parents, with a slight dip as workers transition into parenthood and have young children, then increasing when the youngest child is a teenager and into the empty nest home (Erickson, Martinengo, & Hill, 2010).

So far, "work-family fit" has been related to many outcomes, including decreased job workload, greater job flexibility, and job satisfaction (Hill, Yang, Hawkins, & Ferris, 2004); fewer job turnover intentions and more organizational commitment (Murray, 1998); greater job engagement, marital satisfaction, family satisfaction, physical health, and mental health (Jones et al., 2008); and greater marital success, parenting success, work success, and life success (Erickson et al., 2010).

Cross-References

▶ Family-to-Work Conflict
▶ Work-Family Facilitation
▶ Work-Life Balance

▶ Work-Life Harmony

▶ Workplace Flexibility

▶ Work-to-Family Conflict

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Work-Family Tensions

▶ Work-Life Conflict in Europe

Working Conditions in Europe

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Synonyms

Work in Europe, quality of

Definition

Working conditions refer to an individual's working environment as well as terms and conditions of employment. This covers various aspects, such as working time, task autonomy, pay, career prospects, ▶ work-life balance, type of contract, safety and ▶ well-being.

Description

One of the key objectives of the European Union (EU) is to achieve "improved living and working conditions" in its member states according to the Treaty on the Functioning of the European Union (TFEU, formerly known as the Treaty of Rome). Thus, working conditions in ▶ Europe are a focal area of societal ▶ monitoring and social science research.

Monitoring Working Conditions in Europe

Until the 1980s and 1990s, the focus of the European Union policy objectives was on creating jobs and reducing ▶ unemployment. Increasing the employment rate per se was seen as the key to ▶ economic development, ▶ social inclusion, and ▶ quality of life. However, with the 2001 European Employment Strategy, the issue of job quality and quality of working life has become an explicit goal, said to be at the heart of the European Social Model. *Not just "more" jobs but also "better" jobs* has become the slogan embodying this shift in the first decade of the twenty-first century (European Commission, 2001). The policy objectives were formulated in terms of common indicators and measurable targets for employment and other social domains.

Within the framework of the European Employment Strategy, ten groups of indicators have been defined to monitor employment quality:

- Intrinsic job quality
- Skills, ▶ lifelong learning, and career development
- ▶ Gender equality
- Health and safety at work
- Flexibility and security
- Inclusion and access to the labor market
- Work organization and work-life balance
- Social dialogue and worker involvement
- Diversity and nondiscrimination
- Overall economic performance and ▶ productivity

These ten dimensions are included in the so-called Laeken indicators which constitute the most comprehensive attempt by the European institutions so far to construct a system of job quality indicators at the aggregate level (Davoine, Erhel, & Guergoat-Lariviere, 2008; Muñoz de Bustillo, Fernández-Macías, Antón, & Esteve, 2009; Royuela, López-Tamayo & Suriñach, 2008). The EU definition of job quality thus relies on a multidimensional approach, including objective characteristics of the job, subjective evaluations by workers, workers' characteristics, and the match between the worker and the job.

Surveys on Working Conditions in Europe

Working conditions in Europe are continuously monitored via large-scale surveys organized by the European Foundation for the Improvement of Living and Working Conditions in Dublin (www. eurofound.europa.eu). The European Working Conditions Survey (EWCS) is a repeated cross-sectional survey that has been assessing working conditions of employees every 5 years since 1990 (http://www.eurofound.europa.eu/surveys/ewcs/index.htm). The ▶ European Quality of Life Surveys (EQLS), another repeated cross-sectional survey first conducted in 2003, provides a broad range of self-reported indicators of quality of life of European citizens. The most recent survey initiative of the European Foundation for the Improvement of Living and Working Conditions, the European Company Survey (ECS) which was launched in 2004, provides an overview of workplace policies and practices in European companies (http://www.eurofound.europa.eu/surveys/ecs/index.htm). All data sets cover a wide range of European countries. Data sets from all surveys are available to the public and facilitate comprehensive comparative research on the quality of work and life of European citizens.

Cross-Country Differences in Working Conditions

In a study which explicitly addressed the relationship between working conditions and overall ▶ life satisfaction of employed individuals, Drobnič, Beham, and Präg (2010) analyzed nine European countries (Finland, Sweden, the UK, the Netherlands, Germany, Portugal, Spain, Hungary, and Bulgaria), using data from the European Quality of Life Survey (EQLS, 2003).

Working Conditions in Europe, Table 1 Selected indicators of working conditions (variable means) by country

	Working hours	Stressful job	Unhealthy/ dangerous job	Job insecurity	Job autonomy	Job satisfaction	Life satisfaction
Sweden	39.46	3.01	2.09	1.53	3.94	7.59	7.90
Finland	38.36	2.45	2.11	1.60	3.92	7.95	8.23
The Netherlands	33.36	2.49	1.88	1.48	3.81	7.44	7.64
Germany	38.11	3.27	1.81	1.72	3.66	7.92	7.47
The UK	35.98	2.94	1.92	1.60	3.45	7.31	7.50
Portugal	41.59	3.44	2.13	1.88	3.27	6.82	6.30
Spain	39.91	2.97	1.97	1.85	3.63	7.14	7.57
Hungary	43.14	3.14	2.35	1.93	3.02	7.11	6.10
Bulgaria	42.93	3.75	2.47	3.21	3.27	6.42	4.69
Range	2–110	1–5	1–5	1–5	1–5	1–10	1–10

Source: EQLS 2003, own calculations. For details of measurement, see Drobnič, Beham, and Präg (2010)

The EQLS data on a subsample of working respondents show substantial differences in terms of working conditions as well as work and life satisfaction among European countries (Table 1).

Hungary and Bulgaria report the longest working hours among the nine European countries, whereas the Dutch report the lowest number of working hours in the study. Both Eastern European countries also report the most dangerous and unhealthy working conditions. Further, Bulgarians report the most stressful jobs (followed by the Portuguese and the Germans) and the highest level of ▸ job insecurity among all respondents. Participants from the Nordic countries and the Netherlands experience the highest degrees of autonomy, and together with the Germans also the highest levels of ▸ job satisfaction. Differences in life satisfaction vary greatly across countries, with respondents in Finland and Sweden being the most satisfied, followed by the Netherlands, Spain, the UK, and Germany. The Portuguese and Hungarians are less satisfied with their lives but still report significantly higher levels of life satisfaction than the Bulgarian respondents.

Working Conditions and Quality of Life: Theoretical Links

How important is having a good job for the quality of life and overall life satisfaction of employees? In the literature, the link between working conditions and quality of life has been addressed using the concepts of domain hierarchy and domain salience (Sirgy, 2002). Domain hierarchy refers to the idea that life domains are cognitively structured in a hierarchical pyramid: overall feelings about life are located at the top of this pyramid, the level below is reserved for satisfaction with the different life domains, and the bottom level pertains to ▸ life events within different life domains. Domain salience refers to the importance of different life domains for individuals. Life domains such as work, family, ▸ health, or leisure may be differentially salient to individuals (Sirgy, 2002).

Theory distinguishes three different types of mechanisms linking various life domains: spillover, segmentation, and compensation (Wilensky, 1960; Staines, 1980). Spillover refers to both the process and the outcome by which affective experiences in one life domain (e.g., work) influence experiences in another domain (e.g., family) and overall life. Compensation describes a mechanism by which individuals try to balance their affect across domains. For example, an individual may seek to compensate for a lack of satisfaction in one domain by trying to find more satisfaction in another one. Segmentation refers to a mechanism by which individuals strictly separate life domains in order to prevent experiences being transferred between life domains and overall life attitudes (e.g., trying to leave work-related troubles in the office and not bring them home) (Lambert, 1990; Staines, 1980).

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Working Conditions and Quality of Life: Evidence from Europe

In the study of working conditions in nine European countries (Drobnič, Beham, & Präg, 2010), employees' subjective evaluation of their overall life satisfaction was used as an indicator of their quality of life. Overall life satisfaction was regressed on a number of self-reported working conditions and country characteristics.

Life satisfaction is significantly influenced by economic development as measured by GDP per capita. More affluent societies exhibit higher average life satisfaction. Nevertheless, individuals' job characteristics and working conditions – or more precisely, individuals' perceptions of working conditions – also exhibit important effects on life satisfaction outcomes. The major positive contributions to high quality of life seem to come from having a well-paid job and autonomy at work. The major negative factors are job insecurity and having a dull, boring job. Job autonomy and a dull/boring job are work characteristics that most conspicuously translate into job (dis)satisfaction and through job (dis) satisfaction indirectly affect overall quality of life. Security of employment and pay, however, exhibit the most distinct direct effects on life satisfaction across the nine European countries. Since the perception of being reasonably well paid is an indicator of economic security, this study suggests that the issue of ▶ security is the key element in employment that in a most straightforward manner affects people's quality of life. If a certain basic security level is a precondition for well-being, the large cross-country differences in average life satisfaction may to a large extent reflect differences in (perceived) security and the effectiveness of the welfare safety net.

Along more general lines, this analysis suggests that the effects of working conditions on overall life satisfaction are not symmetric. There is a tendency that "bad jobs" are more effective in lowering life satisfaction than "good jobs" in augmenting it. Having a particularly good job does not increase individuals' quality of life much above the baseline level that is determined by factors not related to work, as illustrated by a simulation example in Drobnič, Beham, and Präg (2010). Perhaps having a good job is highly associated with other favorable life circumstances which as a whole make individuals satisfied with their lives. However, a bad job – and especially experiencing cumulative disadvantages at work – has a considerably stronger negative effect on overall quality of life.

The second general observation is that the effect of working conditions on overall life satisfaction is stronger in poorer countries in Eastern and Southern Europe than in Nordic and Western European societies. Thus, in more affluent societies, job characteristics and working conditions matter less for individual well-being. Among the countries for which detailed analyses have been performed, Bulgaria, Hungary, and Portugal show evidence of cumulative adverse working conditions and the impact of these on overall life satisfaction is more pronounced than in other countries.

With economic prosperity and increasing welfare state provision, work dimensions that most powerfully impact on people's quality of life seem to change and new determinants of life satisfaction become salient. Negative aspects of work, such as having a dangerous and unhealthy job that does not pay satisfactory wages, are supplemented or replaced by other work characteristics that lead to low job satisfaction and low quality of life, such as a boring job or lack of autonomy at work.

Another emerging issue is intensification of work. Employees in all countries studied experience demanding and stressful work but more affluent societies are confronted with an additional issue: increasing ▶ time pressure and intensification of work (see also Green, 2006). It is in these societies that people increasingly report that they constantly work to tight deadlines and this has a detrimental effect on their life quality. Tight deadlines may be more present in affluent societies with an extensive service sector and less present in manufacturing. Likewise, the meaning and importance of the work-home interface is stronger in Nordic and Western European countries than in Southern and Eastern European countries. Although the reported conflict between

work and home is in effect weaker in Nordic/ Western societies, its negative effect on quality of life is stronger. This "affluence work-home paradox" indicates that although the tension between work and home is lesser in richer countries, it has a stronger negative impact on life satisfaction, perhaps due to increasing awareness and sensitivity towards the issues of work-life balance or less access to extended family support networks.

The study suggests that interference between work and home mediates between life satisfaction and the following job characteristics and working conditions in particular: time pressure, career prospects, and commuting time. In other words, work intensification and long commuting is a problem for quality of life particularly if it leads to an unsatisfactory management of the interface between work and private life. Likewise, the positive effect of career prospects becomes insignificant when work-home interference is controlled. In broader terms this indicates that, in their subjective evaluation, a career for which people have to sacrifice their personal life does not contribute significantly to quality of life.

To conclude, working conditions do have a significant effect on quality of life, mainly in a sense that bad working conditions lower life satisfaction. There is large regional variation in working conditions in Europe and also the indicators of high-quality jobs that enhance workers' well-being differ to some extent between the countries. Policy-makers have to respond to differing needs when striving to fulfill the Lisbon goal of "more and better jobs" as well as achieving high quality of life for European citizens. For poorer countries in Eastern and Southern Europe, security of employment, dangerous and unhealthy working conditions, and decent pay are the most crucial issues at present. In several Northern and Western European countries, respondents often report that a dull and boring job, intensification of work with tight deadlines, and balancing work and private life decisively contribute to their well-being. Together with employment security and pay (economic security), these are the areas where further research and policy interventions are most needed.

Cross-References

- ▶ Affluence
- ▶ Commuting
- ▶ Economic Development
- ▶ Europe, Quality of Life
- ▶ European Quality of Life Survey (EQLS)
- ▶ Flexicurity
- ▶ Gender Equality
- ▶ Job Satisfaction
- ▶ Job Security
- ▶ Life Satisfaction, Concept of
- ▶ Lifelong Learning
- ▶ Monitoring
- ▶ Occupational Health
- ▶ Precarious Work
- ▶ Social Inclusion
- ▶ Task Discretion
- ▶ Well-Being at Work
- ▶ Work and Employment, Quality of
- ▶ Work Time
- ▶ Work-Life Conflict in Europe

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Working in the Yard

▶ Gardening

Working Poor

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Definition

At first glance, the definition of this phenomenon appears to be simple: the working poor are persons who hold a job and are affected by poverty. However, both dimensions raise controversial issues. The first issue concerns the well-known problem in defining who is poor, especially in rich countries, which has kept social scientists busy for several decades, without reaching a definitive conclusion.

Poverty can be defined in terms of household income, of other monetary aspects such as consumption, debts, and lack of wealth, of objective living conditions (▶ deprivation), or even in subjective terms. Moreover, ▶ poverty lines can be defined in absolute terms, that is, fixed in real value or in relative terms.

Even more problematic is the definition of "working": most of the existing definitions used in official statistics and academic publications use a threshold in terms of hours per week, or weeks per annum, spent in the labor market, to define those who are working and those who are not. Usually, however, no justification of these thresholds is provided, as further discussed below.

Description

During the economic boom that followed World War II, it was widely believed that the problem of working poverty was solved in advanced economies, or at least about to be, thanks to very significant increases in real wages and to the development of the welfare state (Crettaz, 2011).

This optimism progressively faded away when the "Golden Age" of welfare capitalism came to an end after the oil shocks of the 1970s and the ensuing recessions. Many countries reached double-digit ▶ unemployment rates in the 1980s. In the USA, the existence of official poverty statistics since the mid-1960s contributed to researchers realizing that the problem of working poverty was reemerging. For instance, Levitan and Shapiro (Levitan & Shapiro, 1988) noted that working poverty had markedly increased during the 1980s. In the 1990s, many continental European countries still experienced high unemployment rates, and unemployment was perceived as the main source of poverty and ▶ social exclusion. However, some European scholars also worried about the potential reemergence of working poverty in Europe, especially if Continental countries were to fight unemployment through deregulating the labor market and rolling back the welfare state (Atkinson, 1998); nonetheless, most of the attention was still devoted to the impact of high unemployment levels and social exclusion. Eventually, in the early 2000s, the first publications that focused exclusively on the working poor population were released (Lagarenne & Legendre, 2000; Peña-Casas & Latta, 2004; Strengmann-Kuhn, 2003).

The need to analyze working poverty in postindustrial economies has led to the use of a broad array of definitions in official statistics and scholarly publications. As of today, there is no such thing as a consensus among researchers.

Eurostat, the statistical office of the European Union, defines "in-work poverty" as follows: the in-work poor are defined as those individuals who have spent at least 7 months in employment and whose household equivalized disposable income is below 60% of national median equivalized

income; both variables refer to the same recording period, namely, the year preceding the survey (Eurostat, 2005).

In the USA, the Bureau of Labor Statistics defines the working poor as individuals who spent at least 27 weeks in the labor force (working or looking for work), but whose incomes are below the official poverty line (Bureau of Labor Statistics, 2011), which is much lower than Eurostat's poverty line: in 2002 it amounted to around 42% of median income (Smeeding, 2005). It is noteworthy that the definition of "working" is more encompassing than Eurostat's: people who are looking for a job are also included. In Canadian official publications, poverty measures are based on Statistics Canada's ▶ low income cut-offs (LICOs); however, the definition of being in work varies (Fleury & Fortin, 2006).

The issue of ▶ poverty measurement, as already indicated, has been widely debated in the literature for several decades, but no consensus could be reached. This probably explains why official poverty lines play a pervasive role in the working poor literature. The overwhelming majority of European researchers use Eurostat's poverty line (Andress & Lohmann, 2008; Crettaz, 2011; Fraser, Gutiérrez, & Peña-Casas, 2011). In the case of the USA, however, the official poverty line is set at such a low level that many researchers multiply it by 1.25 (De Jong & Madamba, 2001; Jensen & Slack, 2003; Kim, 1998), by 1.5 (Gleicher & Stevans, 2005), or even by two (Acs, Ross Phillips, & McKenzie, 2001; Blank, Danziger, & Schoeni, 2006).

Regarding the definition of being in work, official definitions have been far less influential. In academic publications, definitions range from an hour of work performed in a reference week (Andress & Lohmann, 2008; Crettaz, 2011; Gleicher & Stevans, 2005) to full-time year-round work (Schwarz & Volgy, 1992). A major problem is perceivable in most definitions: there are poor persons who hold a job at the time of the interview and live in a poor household but are not included in the category of the "working poor."

Regarding the situation in developing countries, the International Labour Organization publishes a list of "Key Indicators of the Labour Market" that contains the number of working poor, that is, the number of persons who work yet still live in a household whose members are estimated to be below the US $1.25 or US $2 a day poverty line (International Labour Organization, 2009). The ILO does not set a limit in terms of hours or weeks of work.

What are the determinants of working poverty? The main factors that have been identified are the educational level, the wage rate, the degree of labor force attachment, the number of working household members, the employment status (wage-earner or self-employed), the economic sector, and sociodemographic characteristics such as the age, the household size, the number of children, being divorced or separated, being an immigrant and/or belonging to an ethnic minority (Acs et al., 2001; Andress & Lohmann, 2008; Bureau of Labor Statistics, 2011; Crettaz, 2011; Eurostat, 2005; Levitan & Shapiro, 1988). In terms of gender, differences between men and women are slight, which is counterintuitive, as women are more exposed to poverty and to low-wage employment. The reason is mainly due to the definition of the phenomenon: a working woman is more likely to have a working partner than a male worker. In many poor families, especially in countries with low female employment levels, the husband works but his partner does not (Crettaz, 2011).

Most of these factors have an impact on earnings and on the volume of work, while the household context determines the resources that are necessary to make ends meet. These three elements – low wage, below-average work volume, and high needs – are the three mechanisms through which all poverty factors have a direct impact on working households, as further discussed below.

Indeed, the notion of the working poor refers to a great variety of different profiles. For instance, the situation of a single mother with an average level of education who works part-time is very different from that of a couple of low-skilled, low-wage working parents who both work full-time. Some authors have helped to clarify our understanding of this notion by looking at the composition of the working poor population

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(Andress & Lohmann, 2008; Fraser et al., 2011). A different approach is possible, with a focus on mechanisms leading to working poverty. Based on the existing literature, three such mechanisms can be identified: low earnings, low labor force attachment, and having a large number of dependent children (Crettaz & Bonoli, 2011).

The most intuitive mechanism likely to lead to working poverty is being badly paid. Low wages can be measured in many ways, and conclusions depend on the level at which the low-wage threshold is set. Several researchers have pointed out that low wages alone are seldom the cause of working poverty (Andress & Lohmann, 2008; Fraser et al., 2011; Marx & Verbist, 1998; Nolan & Marx, 2000; Peña-Casas & Latta, 2004). However, few will object that getting a low-wage rate strongly increases the risk of working poverty. Indeed, in most welfare regimes, a majority of the working poor get a low wage (Crettaz & Bonoli, 2011), welfare regimes being defined as "the ways in which welfare production is allocated between state, market, and households" (Esping-Andersen, 1999). In some countries, this is due to the high incidence of low-wage employment, as is the case in the USA, while in others, this is due to the fact that working poverty mainly affects workers under 30 (in Germany and Sweden for instance), an age group in which wages are relatively low on average (Crettaz & Bonoli, 2011).

The second mechanism is a below-average labor force attachment. It may affect different categories of workers: intermittent workers who alternate between low pay and no pay, persons with a work-limiting health condition, as well as persons – usually women – who cannot or are not willing to work more due the presence of children in the household. Indeed, in most countries, the working poor tend to have a lower degree of labor force participation on average, with the notable exception of countries in which the employment rates are highest, including among low-skilled mothers, mainly in Scandinavia (Crettaz & Bonoli, 2011).

Regarding the third mechanism, several studies have shown that having many children is a poverty factor. In many cases the household's income cannot be described as "low," but does not suffice to meet the needs of a family of, say, five persons. The same number of children may be more problematic for ▶ single-parent families than for two-parent families, because after a breakup or a divorce, the needs of the two resulting households (the ex-husband who lives alone and the mother with the children, most of the time) increase significantly: for instance, two houses or two apartments are necessary. What matters, as a result, is not the absolute number of children in a household but rather the ratio of children to adults. The working poor have a higher child-to-adult ratio on average, except for countries in which family policy is well developed and mothers have a high degree of labor force participation (Crettaz & Bonoli, 2011).

Discussion

Setting a threshold in terms of hours per week, or months per year, as is done in most studies, implies that there may be a group of persons who hold a job at the time of the interview but are not considered to be "working," which is, obviously, not very satisfying, conceptually speaking (Crettaz & Bonoli, 2011). It can be hypothesized that these thresholds reflect implicit assumptions as to those who "really work." It is also possible that unstated assumptions regarding social policy implications play a role; indeed, the situation of disadvantaged persons with a weak labor force attachment requires a different type of policy intervention than that of full-time year-round workers. On the other hand, not including these groups in the analysis is not satisfactory and reduces the scope of the analysis of public policies aimed at disadvantaged workers. Hence, it might be advisable to include all persons who are in the workforce at a point in time and to draw a typology of the working poor in a second step.

A drawback of including all persons who hold a job at the time of the interview must be mentioned: in the vast majority of studies, income poverty is measured on the basis of the household's yearly disposable income. Hence, if the definition of being in work includes all persons

who have a job during a reference week – usually the week preceding the interview – the recording period differs for each variable.

A researcher is always dependent, one way or another, on the work of other researchers, especially in the field of comparative analysis. Hence, the use of official definitions can be interesting in this regard, because it increases the comparability of studies. This is certainly the reason why official definitions (both the poverty line and the minimum number of hours of work required to categorize someone as "working") are common in the working poverty literature.

It is probably advisable to use both definitions: one that makes a comparison with the existing literature easier and another one based on an encompassing definition of "working." The second approach is probably more useful to draw a typology of disadvantaged workers for social policy purposes.

As indicated above, all poverty factors have a direct bearing on working households through three channels, namely, being badly paid, having a below-average work volume, and high needs (due to the presence of children in the household). It appears necessary, hence, to distinguish different categories of working poor depending on the origins of their status. I argue, indeed, that "the working poor" is too broad a category to be used in meaningful academic and policy debates. Moreover, it has been shown that the relative weight of these mechanisms differs markedly from one welfare regime to another, which opens up very interesting avenues for social policy analysis.

Being a working poor mainly affects two dimensions of ▶ quality of life, namely, working conditions/job satisfaction, on one hand, and material living standards (often assessed indirectly though household income) on the other hand. A literature review carried out by Hagerty and his colleagues (Hagerty et al., 2001) identified seven dimensions of quality of life, one of which being material well-being; for this dimension, income is an important input. Other researchers acknowledge the importance of material well-being/income for quality of life research (Noll, 2002; Veenhoven, 2007). Another dimension brought to the forefront is work and

productive activity (Hagerty et al., 2001). Indeed, job (dis)satisfaction is an important dimension of ▶ life satisfaction, and factors such as wages and the security of employment have a strong impact (Drobnic, Beham, & Prag, 2010). It is also noteworthy that household income is a source for the defense of subjective well-being; it is an external buffer to life's challenges (Cummins, Lau, Mellor, & Stokes, 2009). Moreover, increases in income have a stronger impact on the ▶ subjective well-being of economically vulnerable groups than on that of the rest of the population (Cummins, 2011).

Cross-References

- ▶ Deprivation
- ▶ Educational Attainment
- ▶ Ethnic Minorities
- ▶ Eurostat Social Indicators for the European Community
- ▶ Household Disposable Personal Income
- ▶ Immigrants, an Overview
- ▶ Job Satisfaction
- ▶ Poverty
- ▶ Poverty Lines
- ▶ Poverty Measurement
- ▶ Quality of Life
- ▶ Relative Poverty Rate
- ▶ Single-Parent Families
- ▶ Social Exclusion
- ▶ Subjective Poverty
- ▶ Subjective Well-Being
- ▶ Unemployment
- ▶ Welfare State(s)
- ▶ Work Limitations

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Working Remotely

▶ Telecommuting
▶ Telework

Working Self

▶ Independent/Interdependent Self

Working-Time Flexibility

▶ Work, Alternative/Flexible Arrangements

Work-Life Balance

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Definition

There is not yet one agreed upon definition of work-life balance. Some definitions suggest that work-life balance is the ability to accomplish the goals set in both work and personal life and achieve satisfaction in all life domains. Other definitions suggest that the term *balance* implies equal engagement in and satisfaction with work and personal life roles. Still other definitions include the idea that balance is (1) indicative of the absence of conflict between work and personal life, (2) an idiosyncratic construct, or (3) a social construct built between an individual and others in his or her work and personal life domains. Some researchers focus exclusively on balance between work and family roles, but more recent research and practice strongly suggests that other nonwork roles outside of family should be included in the research on balance.

Description

There is significant interest in work-life balance in terms of quality of life research and practice because there has been a significant research interest in ▶ work-to-family conflict (and ▶ family-to-work conflict) and work-to-family facilitation (and family-to-work facilitation) and because of a shift in work-related values toward a stronger desire to lead a balanced life. This value shift has influenced employers to offer benefits designed to enhance work-life balance. Despite this interest in work-life balance, the lack of a consistent definition of the construct makes interpreting the research findings difficult (Bulger & Fisher, 2012). If work-life balance is defined as goal accomplishment and achievement of satisfaction in work and life roles, then it is important to know the goals set in each domain. Goal setting could then be used as a quality of life intervention. Research should investigate this as a potential means of enhancing work-life balance.

Others define work-life balance as equal engagement in and satisfaction with work and personal life roles (Greenhaus, Collins, & Shaw, 2003). This study showed that work-life balance was related to quality of life when individuals were involved in and satisfied with work and family roles. But many researchers (Grzywacz & Carlson, 2007) have suggested that the notion of equal involvement is problematic in that it ignores the likelihood that some individuals desire higher involvement in one role over others. Indeed, some researchers have suggested that we should abandon the term *balance* and instead define the construct as work-life *integration* (Lewis, Rapoport, & Gambles, 2003) or *interaction* (Halpern & Murphy, 2005) arguing that these terms carry no assumption of equivalence between work and nonwork domains.

The absence of conflict between roles (e.g., work-to-family conflict) may be an important component of an individual's perception of balance, as suggested by some researchers (Clark, 2000). That is, when individuals, as well as others in their lives, perceive little or no conflict between work and personal life, then it seems likely that this will contribute to a sense that things are working well and that quality of life is positive. Research has shown that work-life conflict is related to many negative job and work outcomes, such as lower ▶ job satisfaction and ▶ organizational commitment, higher job withdrawal including absenteeism and turnover, lower performance, and higher ▶ stress (see Bulger & Fisher, 2012 for a brief review). In addition, conflict is related to negative outcomes outside of work, such as lower marital

satisfaction, increased negative health symptoms, and problems with concentration and alertness. Conflict has also been linked with feelings of guilt and even negative effects on family members.

One problem with a focus on absence of conflict as a component of, or the definition of, work-life balance is that it ignores the relatively recent research showing that juggling multiple roles can also have positive outcomes for individuals. Work-to-family and family-to-work facilitation occur when involvement in one domain has a positive impact on another domain. Some researchers have referred to this as work-family enrichment or enhancement. Research on these various positive constructs in the work-life domain has shown that positive outcomes include higher job, life, and family satisfaction; higher job and family performance; and lower turnover intention (Carlson, Kacmar, Wayne, & Grzywacz, 2006). Future research should investigate the extent to which both conflict and facilitation are related to work-life balance and to quality of life.

While much of the previous literature on balance, conflict, and facilitation focused on work and family, it has become increasingly apparent that both research and practice should include roles outside the family in considering balance (Fisher, Bulger, & Smith, 2009). Increasing demographic diversity in the workplace includes people who are young and single, older and child-free, partnered with pets, as well as many people who have diverse personal life obligations within and outside of family. Some researchers have pointed to a *family-friendly backlash* on the part of employees who have personal life obligations and a desire to maintain work-life balance, but cannot benefit from organizational practices that focus on work-*family* balance (Casper, Weltman, & Kwesiga, 2007).

Clearly there is research needed on work-life balance, particularly on the most useful definition of the construct. Research that focuses on a valid, operationally useful definition would benefit others who might be interested in studying and implementing interventions designed to enhance balance.

Cross-References

► Balanced Life
► Family-to-Work Conflict
► Goal Achievement
► Role Theory
► Work Stress
► Work-Family Facilitation
► Work-Family Fit
► Work-to-Family Conflict

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Work-Life Conflict in Europe

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Synonyms

Job autonomy; Long work hours in Europe; Role strain; Unsocial hours; Work-family tensions

Definition

The central idea in work-life conflict is that meeting demands in one domain makes it difficult to meet obligations in the other (Greenhaus & Beutell, 1985). While the terms work-life conflict and work-life balance are used interchangeably, the focus here is on work-life conflict, as it draws attention to the potential tensions and trade-offs involved in combining work and life.

Description

Context, Methods, and Measurement

While a concern with the interaction between paid work and other life domains is not new, reconciling work and family commitments has become a critical issue in ▶ Europe in recent decades, in the context of globalization and rapid technological change, an ageing population and concerns over labor market participation and falling fertility. As an indicator of quality of life, work-life conflict has a potentially detrimental impact on marital harmony, ▶ child and family well-being, and even child development brought about by the demands of paid employment (Gornick & Meyers, 2003). Work-life conflict has also been linked to decreased ▶ job satisfaction and ▶ life satisfaction and to stress-related conditions including psychological strain, anxiety and depression, exhaustion, and alcohol abuse (Allen, Herst, Bruck, & Sutton, 2000).

Within the European Union, the reconciliation of work and family has become an important policy concern: the Europe 2020 strategy reemphasizes many of the same goals as the previous Lisbon Strategy, in particular the aim to increase the European employment rate to 75 % of the active-age population by 2020. The topic has also engendered national-level debate and policy intervention, though the salience of the topic does vary between countries. European societies differ in important ways in terms of the organization of work and ▶ welfare and the supports and protections they offer. In some countries, ▶ part-time work is common, while in others, it represents only a small proportion of total employment. In some countries, mothers' and fathers' employment rates are rather similar, in others, they vary enormously. Employers also structure working patterns – working hours, annual leave entitlement, and availability of flexible working arrangements – in diverse ways. Family leave rights, benefits and support for childcare, and wider tax-benefit regimes also vary (Plantenga & Remery, 2005). ▶ Gender role attitudes differ across countries, particularly regarding support for maternal employment. Many countries in the newly enlarged EU had decades of communist family and social policies, in contrast to the democracies of the West. All of these factors may influence individuals' ability to combine work and nonwork demands.

Research on the work-family interface has been heavily dominated by the idea of role strain and conflict between roles, that is, that the time or energy devoted to one role is not available to another role (Goode, 1960; Greenhaus & Beutell, 1985). Linked to ▶ role theory, the demands-resources perspective distinguishes demands, or work-role requirements, and resources, which are assets used to cope with demands (Voyandoff, 2005). Some authors limit their focus to "work-family conflict," considering just couples or parents, some consider all employees, and broaden the concept to consider conflict with other aspects of life, not just family or partner, for which the most appropriate term is

"work-to-life." "Work" typically refers to paid work; "life" can refer to caring or leisure, or (typically) both. Conflict can take two forms, ▶ work-to-family conflict or ▶ family-to-work conflict, though work tends to affect family more than vice versa, and most research in Europe has focused on work-to-life conflict. One appeal of the concept in research terms is that it allows a wider understanding of nonwork concerns to be encompassed in employment research. Yet this is also one of the key limitations of the concept: work-life conflict is observed only for those in employment, and those with very high work-life conflict may have exited the labor market. Another limitation is that the focus here is on *current* work-family tensions, and there may well be other current and future "costs" – like limited family formation or career development.

Work-life conflict has been measured in a number of ways. Some authors use part-time work as an indicator of work-life balance, with long hours indicating work-life conflict. A more typical approach focuses on the assessment of the individual. This perspective assumes that work-life conflict is primarily subjective and allows for variation in responses to "objective" conditions arising from differences between individuals in resources, energy, motivation, and expectations (McGinnity & Whelan, 2009). A small but growing body of literature measures not work-life conflict or work-life balance but *satisfaction* with ▶ work-life balance (Drobnic, 2011).

Research in Europe on work-life conflict has adopted a number of different approaches –single-country studies (see Gregory & Milner, 2009), organizational and sectoral case studies (Hyman et al., 2005), and cross-national comparative work, with a few or many countries (Crompton & Lyonette, 2006; Scherer & Steiber, 2007; Strandh & Nordenmark, 2006; Van der Lippe, Jager, & Kops, 2006). The availability of large, cross-nationally comparable datasets like the European Social Survey, the European Working Conditions Survey, and ▶ European Quality of Life Survey has facilitated comparative research using identical indicators across

countries, and this essay concentrates on the findings of these. A special issue of ▶ *Social Indicators Research* was devoted to a cross-national analysis of work-life conflict using the European Social Survey (McGinnity & Whelan, 2009).

Key Findings

In terms of paid work, the level of work-life conflict is related to the demands in terms of time, intensity, and scheduling. Long work hours and unsocial hours have been found to be positively associated with work-life conflict (Crompton & Lyonette, 2006; Van der Lippe et al., 2006).

Typically, forms of flexibility which allow employees to vary their schedule to accommodate their family lives tend to reduce work-life conflict, allowing workers to vary working hours to drop off and pick up children in school. Conversely, flexibility which benefits employers, like working overtime at short notice, may increase work-life conflict. Predictability is important to work-life balance: workers value jobs that are regular and somewhat flexible.

Yet work demands other than working time, and its allocation may influence work-life conflict. If a job is very stressful and emotionally demanding, this may leave an individual with insufficient resources to engage in personal life. Research has shown consistently that work pressure or ▶ work stress, typically combining ▶ time pressure and the demands of the job, has a strong influence on work-life conflict. This is true across Europe, and the marked rise in levels of work pressure in European countries since the early 1990s has contributed substantially to greater strain in managing work and family life (Gallie & Russell, 2009).

In terms of work resources, having supportive work colleagues or a supportive boss does tend to reduce conflict (Byron, 2005). Theoretical arguments suggest that job autonomy tends to reduce the pressures by giving workers some degree of control over the policy, pace, and organization of their work (Karasek, 1979). Work particularly on satisfaction with work-life balance has found that job control does reduce work-life conflict

(Fagan & Walthery, 2011). However, others using the index of work-life conflict find no impact of autonomy, or that autonomy increases work-life conflict (Gallie & Russell, 2009). Professional social classes experience the highest work-life conflict, partly because they tend to have longer working hours and higher work pressure than other social classes, though the effect remains even after accounting for these factors (McGinnity & Calvert, 2009).

Perceived ▶ job insecurity typically has a negative impact on work-life conflict (Voyandoff, 2005). Linked to this, fixed-term employment has several negative effects on families and social relations, effects which are only partly explained by working conditions or subjective job insecurity. ▶ Temporary contracts do not seem to facilitate the reconciliation of work and family life, but rather exacerbate levels of conflict, dissatisfaction, and economic pressure (Scherer, 2009).

The level of work-life conflict also relates to demands and resources within the home. Previous research has found that the presence of children generally increases work-life conflict, and this is particularly true for women (Steiber, 2009). Some authors stress that it is the total paid work hours (i.e., of both partners) that matters: high total work hours in couples have also been found to contribute to work-life conflict (Scherer & Steiber, 2007). Previous research has also emphasized the importance of the gendered division of labor within the household in explaining work-life conflict, as well as gender role attitudes and consistency between attitudes and behavior (Crompton & Lyonette, 2006).

At the "societal level," comparative research has emphasized the importance of institutional-level factors, for example, welfare regime and the extent of reconciliation or "family-friendly" policies such as parental leave, which may explain variations in work-life conflict across countries (Strandh & Nordenmark, 2006; Van der Lippe et al., 2006). Some research has found that, controlling for work and family factors, Finland and Norway, relatively "family-friendly" countries, had on average lower levels of work-life conflict, compared to Great Britain,

France, and Portugal, (Crompton & Lyonette, 2006). More recent work by Chung (2011) on 28 European countries has found evidence that, after controlling for individual factors like working hours, higher spending on family and child policies reduce work-life conflict. Where the state gives greater support to families, work-life strain is reduced. However, not all studies find this (Steiber, 2009; Van der Lippe et al., 2006), arguing that the lack of well-developed reconciliation policies implies the reduction of women's working hours and the possibility of more traditional combinations of paid and unpaid work, thus potentially resulting in lower perceptions of work-life conflict (see also Scherer & Steiber, 2007). In Britain and the Netherlands, family pressures are reduced as many mothers work part-time. In the Scandinavian countries, where care/parental supports facilitate high employment among women, this is associated with longer working hours and higher levels of work pressure. One challenge in this area is how to account for variation between factors like spending on family policy in models of work-family conflict, as this is often correlated with other work and family relevant policies.

Labor market regulations and employment regimes are also important, for example, collective control over working time and flexibility. Male employees in northern European societies display the lowest level of work-family conflict. This could be attributed to the shorter working hours than elsewhere (Gallie & Russell, 2009). Gender role attitudes may have also influence expectations and the experience of work-life conflict: Steiber (2009) finds that work-life conflict is typically higher in countries with more egalitarian gender culture, as egalitarian attitudes may not be matched by an equitable gender division of labor.

Policy Discussion

In European policy terms, work-life conflict is important in the context of an increasing salience of ▶ human capital, adaptability, and flexibility in employment policy and practice. If these priorities are to be addressed, ways need to be found to reconcile social and individual

investment in child rearing with human capital accumulation and sustained labor force participation over the life course. Research on work-life conflict suggests a number of policy measures such as shortening full-time workers' hours, and creating opportunities for high-quality part-time work and other forms of flexible working would improve quality of life. For families, parental leave, and legal rights to work flexibly when children are young could be maintained and strengthened. In the interests of ▶ gender equality, these measures need to be applied to fathers as well as to mothers, since paid employment and unpaid domestic labor remain unequally distributed between men and women.

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Work-Life Fit

▶ Work-Family Fit

Work-Life Harmony

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Synonyms

Positive work-life spillover; Work-family enhancement; Work-family enrichment; Work-family facilitation

Definition

"An individually pleasing, congruent arrangement of work and life roles that is interwoven into a single narrative of life" (McMillan, Morris, & Atchley, 2011).

Description

Most of the literature exploring the work-life interface examines work-life conflict as a predictor of deleterious personal, family, and work outcomes (see Allen, Herst, Bruck, & Sutton, 2000). However, other perspectives have emerged which view work and life roles as mutually beneficial. These include studies around enrichment, facilitation, balance, fit, and positive spillover. A new concept in this genre, *work-family harmony*, has recently emerged (see McMillan et al., 2011). The underlying concept of work-life harmony is that work and life roles can be congruently interwoven in a way that is conducive to the individual's quality of life.

Rather than focus on the pathology of work-life conflict, the perspective of work-life harmony takes a strengths-based perspective. Resources can be gained rather than drained (see Wayne, Grzywacz, Carlson, & Kacmar, 2007). Energy can be created rather than spent (Grzywacz, Carlson, Kacmar, & Wayne, 2007). Work and family can be allies rather than enemies (Greenhaus & Powell, 2006).

A growing body of research documents the empirical value of this perspective (see Hill, 2005). van Steenbergen, Ellemers and Mooijaart (2007) provide compelling evidence that work-family harmony predicts outcomes stronger than work-family conflict.

Hill et al. (2007) offer a musical metaphor of harmony between work and family life. Paid work and family life can be seen as weaving together in a harmonious symphony rather than a clashing cacophony of noise.

Cross-References

▶ Balanced Life
▶ Family Conflicts
▶ Family Quality of Life
▶ Family Stress
▶ Family Support
▶ Family-to-Work Conflict
▶ Personal Well-being
▶ Quality of Life
▶ Role Theory
▶ Social Support
▶ Subjective Well-being
▶ Work Attitudes
▶ Work Stress
▶ Work-Family Facilitation
▶ Work-Family Fit
▶ Work-Life Balance
▶ Work-Life Harmony
▶ Workplace Flexibility
▶ Work-to-Family Conflict

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Work-Nonwork Balance

▶ Balanced Life

Workout

▶ Exercise

Workplace Abuse

▶ Violence in the Workplace

Workplace Culture Effects

▶ Occupational Stress in a Multicultural Workplace

Workplace Discrimination

▶ Employment Discrimination

Workplace Discrimination Among Older American Workers

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Synonyms

Ageism; Stereotypes among older workers

Definition

Negative judgment of or attitude toward an employee or group of employees based on age-related stereotypes and ▶ norms, rather than work performance or skills.

Description

Introduction

The rapid aging of the workforce in the United States has resulted in increased interest in the issue of age discrimination in the workplace (Hedge, Borman, & Lammlein, 2005; Posthuma & Campion, 2009). The Bureau of Labor Statistics estimates that the number of workers between the ages of 55–64 will increase by 36.5 % from 2006 to 2016. However, the number of workers age 65 and older is expected to climb by 80 %, so that by 2016, 6.1 % of the entire labor force is expected to be over the age of 65 (U.S. Department of labor & bureau of labor statistics, 2012). Older adults will have increasingly important roles in the labor market, but negative views about older workers present a significant barrier to their inclusion in the workplace (Hedge et al., 2005). In the following review, we will provide a discussion of the

historical context of age discrimination in employment, the role of age in workplace discrimination, and the need to create healthy work environments for older workers.

▶ Age discrimination in the workplace gained national attention for the first time in 1967, when the United States Congress passed the Age Discrimination in Employment Act (ADEA) to protect adults aged 40 and over from discriminatory practices in the workplace (ADEA, 1967). As it stands today, the ADEA includes a broad ban against age discrimination, as well as specific prohibitions against discrimination in employment decisions (i.e., hiring, termination, salary, and promotions), job notices and advertisements, provision of benefits, and retirement. Despite the protections put into place by the ADEA, negative age stereotypes in popular media and older workers are often viewed less favorably than their younger counterparts despite the evidence suggesting that older workers are valuable assets in the workforce (AARP, 2002; Hedge et al., 2005). Understanding the issues surrounding age discrimination is the first step to creating healthy work environments for employees of all ages.

Age is best conceptualized as a multidimensional concept constructed from our own experiences and perceptions, as well as other cognitive, social, and physiological processes (Hedge et al., 2005; Posthuma & Campion, 2009). The construct of age represents much more than simply chronological age but also the norms, stereotypes, and biases associated with aging. Age norms include a variety of commonly held expectations for age-appropriate behavior and assumptions about what happens to people as they age. One example of an age norm is the expectation that employees will leave the workforce at the standard retirement age of 65. There is nothing inherently negative about age norms, but as they become ingrained, they can provide reinforcement for age-related patterns of behavior, which can ultimately lead to age stereotyping. Age stereotyping occurs when widespread beliefs about aging (i.e., age norms) are generalized to all of the members of a certain age group. Building from the previous example,

age stereotyping would occur if expectations for retirement turn into the belief that older workers should not stay in the workplace after age 65. Finally, age discrimination occurs when a judgment of an employee or group of employees is made based on age-related stereotypes and norms, rather than work performance or skills. Forcing an employee to retire is an example of age discrimination that is covered under the provisions of the ADEA (ADEA, 1967). Age discrimination in the workplace ranges from subtle, sometimes unintended actions (i.e., being more closely supervised than younger employees) to overt discriminatory acts such as terminating older employees or refusing to hire new employees based on their age (Hedge et al., 2005; Posthuma & Campion, 2009). Age-related stereotypes provide the foundation for age discrimination in employment settings. The most common stereotypes about older workers include the beliefs that older people are less motivated, have less capacity for performance and growth, are slower and less creative, and are more prone to illness (Hedge et al., 2005; Posthuma & Campion, 2009). In recent years, older workers have faced additional stereotypes regarding their perceived lack of interest and ability to learn to use new types of technology. As these stereotypes become ingrained in the workplace, subtle acts of discrimination may go unnoticed. The insidious nature of age discrimination in the workplace is often cited as one of the major barriers facing older workers (Hedge et al., 2005).

Despite the challenges posed by workplace discrimination, there are many positive aspects of including older adults in the workforce. In surveys of employers and coworkers, older workers are consistently rated favorably in terms of reliability and dependability, work ethic, loyalty, and skill level (Hedge et al., 2005). Older workers often have years of relevant experience and as a whole are receptive to learning new skills and going through new training programs, including those aimed at improving technical skills (Hedge et al., 2005). Some employers have begun to recognize the value of age diversity in the workplace and have responded by developing policies to improve

opportunities for older workers (AARP, 2002; U.S. Government Accountability Office (GAO), 2005). The AARP established a "Featured Employer" program to highlight the advantages of older employees and encourage companies to develop special programs for hiring and retaining older workers. Examples include employing older workers as mentors for younger workers, offering more flexible schedules and/or ▶ part-time work, using training to encourage retention, and recruiting older workers at special events and job fairs. In addition to the benefits for employers and the labor market, older adults may also benefit themselves by staying in the workforce. Work fulfills an important social role and may serve as a source of interpersonal connectedness for older adults (Warr, Butcher, Robertson, & Callinan, 2004). Studies of older adults have found that working is associated with greater psychological and physical well-being, ▶ quality of life, and ▶ life satisfaction (Warr et al., 2004). Remaining in the workforce may help older adults stay active and healthier even beyond their working years.

The aging of the population presents many challenges but also many opportunities to improve the outlook for older workers. Although the ADEA prohibits work discrimination based on age, older workers still face negative stereotypes that limit their opportunities to remain engaged in the workforce. A recent AARP study (AARP, 2002) found that 67 % of workers believe that age discrimination exists in today's workplace and the number of age-discrimination complaints is climbing. However, the same study revealed that 53 % of workers above the age of 45 say that they are working harder now than ever and that their "best years" of working are ahead of them. Developing "age-friendly" worksites and policies will allow older workers to fill an increasingly important role in the workforce while also promoting the health and well-being of older adults.

Empirical Example: Workplace Discrimination in the Health and Retirement Study

Empirical research on the influence of age on experiences of discrimination in the workplace is in its nascent stages. Workplace discrimination, like other discrimination measures, is based on self-report of experiencing unfair treatment or prejudice. These experiences may involve explicit unfair treatment (e.g., hearing negative stereotypes or slurs at work) or more subtle, indirect unfair treatment (e.g., being ignored or watched more closely than others). For example, in the Health and Retirement Study (HRS), a nationally representative ongoing cohort study of US adults over the age of 50 (Juster & Suzman, 1995), experiences of unfair treatment are assessed by a scale developed by Williams and colleagues (Williams, Yu, Jackson, Anderson, & Anderson, 1997). This scale asks respondents to report on experiences such as being unfairly given tasks at work that no one else wants to do, being watched more closely than others, being bothered by one's supervisor or coworkers making slurs or jokes about women or racial or ethnic groups, feeling that one has to work twice as hard as others, feeling ignored or not taken seriously by one's boss, and experiences of being humiliated in front of others at work. Respondents are asked to rate the frequency of these experiences on a 6-point ▶ Likert scale, ranging from *never* to *almost every day*. The intent of this scale is to capture aspects of a hostile work environment, although it is important to note that only one of the items specifically refers to marginalized groups (e.g., making slurs about women or racial/ethnic minorities); all other questions are agnostic as to the *reasons why* respondents experienced such treatment. This allows for all respondents, not just defined racial/ethnic or gender groups, to report on discriminatory experiences. This is necessary to capture the full range of unfair treatment in the workplace, including experiences of discrimination due to age or acquired functional limitations in later life. This also allows for the intersection of multiple facets of individual traits (e.g., age and gender, race and gender) that may influence the likelihood of experiencing discrimination in the workplace.

Figure 1 illustrates the ▶ prevalence of workplace discrimination in the 2006 and 2008
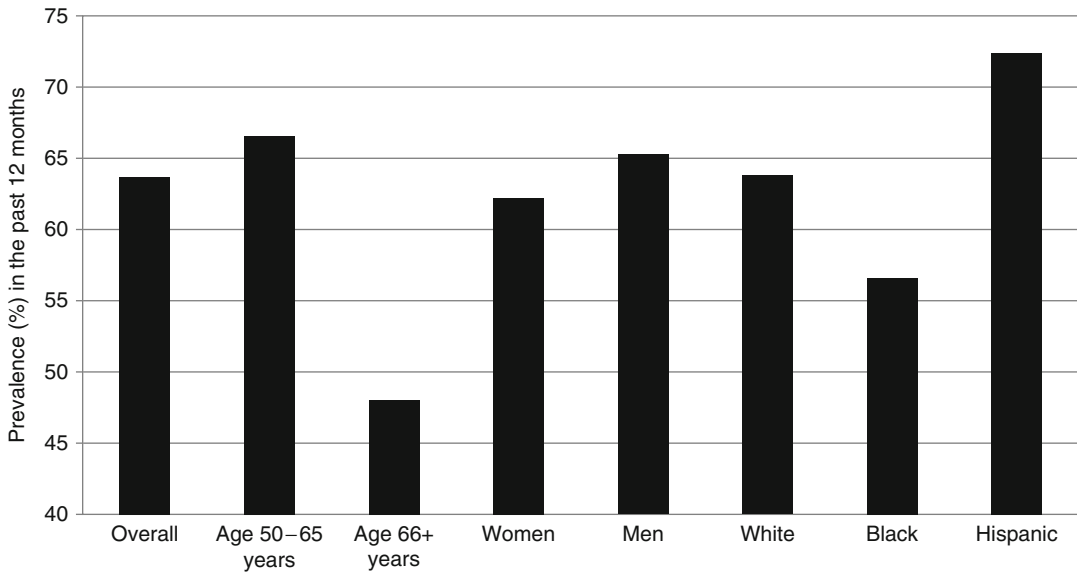
Workplace Discrimination Among Older American Workers, Fig. 1 Prevalence of workplace discrimination in the past 12 months: The Health and Retirement Study

waves of the HRS. Workplace discrimination was common, with almost two-thirds of the sample reporting at least one experience in the past year; however, among those who reported an event, the average frequency of such experiences was rare. For example, among workers aged 50–65 who reported any event, the average frequency of such experiences was *less than once a year*. Discrimination was more common among younger workers relative to older, but experiences of discrimination did not vary significantly by gender or race. The lack of variation by these characteristics may indicate that the measure is insensitive to the types of discriminatory experiences that are more salient to these groups. There are other aspects of work-related discrimination that are not captured by these experiences, such as being unfairly dismissed from a job, unfairly not hired for a job, or unfairly denied a promotion. However, it is difficult to accurately assess such experiences because these events presumably happen without the respondent's knowledge. Overall, the data suggest that discrimination is a common potential stressor in the work lives of older adults.

Future Directions

Demographic and cultural trends are shaping the nature of the American workplace for the coming decades. There are several demographic dynamics to consider. First is population aging: as discussed above, the workforce population is rapidly aging. In 2011, the median age of the workforce was 42.1 years, up from 40.5 years in 1962. By 2020, people aged 55–64 will make up 15.3 % of the entire labor force, an increase of nearly 55 % from 2000. The increase in the percentage of the workforce aged 65 will be even greater (He, Sengupta, Velkoff, & DeBarros, 2005). Another demographic trend affecting the workforce is the increase in the number and proportion of women in the workplace. In 2000, women represented 46.6 % of the US workforce, a substantial increase from 1950, when women represented just 29.6 % of the workforce. By 2050, women are expected to make up almost half of the American workforce. Likewise, the racial and ethnic distribution of the American workforce is also expected to change. From 2000 to 2050, the percent of the workforce made up of non-Whites is expected to increase from 16.5 % to 24.9 %, and in that same period, the percent of

the workforce comprised of people of Hispanic origin will more than double from 10.9 % to 23.7 % (Toossi, 2002). These three demographic shifts will change the composition of the US workforce and hasten the need to address the potential for discrimination based on age, gender, ethnicity, and race and the intersection of these factors.

Developing strategies to create an age-diverse workforce in the US may rely on the promotion of age-diverse communities where age discrimination outside the workplace is minimized. An intergenerational community is not just a setting in which multiple generations live; rather, such a community is one where individuals of every age comprise an integral and meaningful part of the residential setting. An example of a setting widely regarded as an exemplary model of an intergenerational community is San Diego, California. Through a myriad of intergenerational programs, capitalizing on its residents' strengths and abilities, county residents benefit from the opportunity to use their own talents to add to the well-being and vitality of the county, and benefit from similar contributions from the other members of the county (Depp, 2010). Building intergenerational communities might hold the key to reduce age discrimination both inside and outside the workplace by changing cultural norms and embracing the demographic diversity at home and at work.

Moving forward, research will be needed to better understand how age discrimination plays out in the workplace and how it is both similar to and distinct from other forms of workplace discrimination. As the population ages, the need to understand workplace age discrimination and develop programs and policies designed to effectively prevent and address it will grow. Existing evidence suggests that the potential for changing the culture of discrimination and ultimately embracing our demographic differences within communities may start at home, with the hope of spreading equality for people of all ages to the entire population.

Cross-References

▶ Aging Workers and the Quality of Life
▶ Employment Discrimination

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Workplace Flexibility

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Synonyms

Flexplace; Flextime; Reduced work hours

Definition

"The ability of workers to make choices influencing when, where, and for how long they engage in work-related tasks" (Hill et al., 2008).

Description

Scholars in many disciplines use workplace flexibility as a robust variable in models and analyses connected with a bevy of quality of life outcomes (Jacob, Bond, Galinsky, & Hill 2008). Inherent in its definition is the degree to which workers are able to make choices to arrange core aspects of their professional lives, particularly regarding where, when, and for how long work is performed (Hill et al., 2008). The underlying assumption is that workers are *human* resources, whole persons with essential life needs outside of work, and that workers know how to best structure their lives to meet those needs. Likewise, it is assumed that when individuals perceive they are better able to meet their needs by exercising flexibility, they will be more motivated, loyal, and engaged (Galinsky, Bond, & Hill, 2004).

There are three types of workplace flexibility: flexibility in where work is done (often called flexplace); flexibility in when work is done (often called flextime); and flexibility in length of work hours (often called reduced hours). Flexplace may include options such as telecommuting, teleworking, a virtual office, or work at home. Flextime may include options such as choices about when the workday begins or ends and a compressed work week, such as working 40 h over the course of 4 days rather than five. Reduced-hours options may include daily or weekly part-time work hours, paid or unpaid leaves, part-year employment, and gradual reduction in hours as a transition to retirement.

Workplace flexibility is associated with numerous quality of life outcomes. Hill et al. (2008) groups them as types of *vitality* on different levels. In the individual, better physical and mental health are positively connected with workplace flexibility. In the home and family, vitality is seen in the connections between workplace flexibility and greater marital satisfaction and stability, and parenting and child behavior and greater family cohesion. The workplace is also vitalized by workplace flexibility as companies experience lower turnover and higher employee retention, and employees experience higher work performance, job engagement, and job satisfaction. Even the community seems to benefit from workplace flexibility as it is associated with more voluntary participation with community organizations.

Workplace flexibility was recently given impetus in the United States by a White House initiative to increase its presence in the federal government (Executive Office of the President of the United States, Council of Economic Advisors, 2010).

Cross-References

▶ Balanced Life
▶ Family-to-Work Conflict
▶ Role Theory
▶ Social Support
▶ Telecommuting
▶ Work Attitudes
▶ Work Stress
▶ Work-Family Facilitation
▶ Work-Family Fit
▶ Work-Life Balance
▶ Work-Life Harmony
▶ Work-to-Family Conflict

W

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Work-Related Musculoskeletal Disorders (WMSD)

▶ Musculoskeletal Diseases

Work-Retirement Transition

▶ Retirement Effects, Quality of Life

Work-to-Family Conflict

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Synonyms

Work interference with family (WIF)

Definition

Work-to-family conflict occurs when the pressures from the work and family domains are mutually incompatible, and as a result, participation in the family role is made more difficult by virtue of participation in the work role.

Description

As a specific form of inter-role conflict, work-to-family conflict (also known as work interference with family or WIF) occurs when the pressures from the work and family domains are mutually incompatible, and as a result, participation in the family role is made more difficult by virtue of participation in the work role (Greenhaus & Beutell, 1985). The notion of role conflict is rooted in scarcity theory (Goode, 1960), which assumes that personal resources, such as time and energy, are finite and that the devotion of greater resources to one role necessitates the devotion of lesser resources to other roles. Thus, individuals who participate in multiple life roles (e.g., work and family) are likely to experience conflict between those roles (Kahn et al., 1964, Katz & Kahn, 1978).

Three types of work-to-family conflict have been identified in the literature (Greenhaus & Beutell, 1985). Time-based conflict, the most frequently studied form of work-to-family conflict occurs when the time devoted to the work role makes it difficult to fulfill the requirements of the family role. Time-based conflict can take one of two forms. First, time-based conflict can result from the physical time pressures associated with involvement in both work and family roles. That is, these roles compete for a person's time because, in general, the physical time spent in activities in one role cannot be spent in activities in another role. For example, an employee who is required to spend time at the office on weekends to keep up with his or her heavy workload is likely to miss out on the children's Saturday morning soccer games. Second, even when individuals are able to meet the physical time requirements of both the work role and

the family role, mental pressures or preoccupations with role involvement may cause conflict. For instance, an employee who is engrossed in a demanding work project is likely to be preoccupied with work even if he or she is able to attend the children's sporting event.

Strain-based conflict, a second type of work-to-family conflict, exists when the strain resulting from membership in the work role affects one's participation in the family role. For example, the extensive demands associated with a high-level job can cause an individual to feel anxious or tired, which can negatively affect his or her functioning at home. Finally, behavior-based conflict stems from incompatible behaviors demanded by competing work and family roles. For example, a manager who is expected to be demanding and aggressive at work may find that these same behaviors if displayed at home may lead to conflict with his or her spouse or partner.

Research examining its antecedents and consequences has indicated that work-related characteristics and stressors are the primary predictors of work-to-family conflict (Byron, 2005; Frone, Russell, & Cooper, 1992; Michel, Mitchelson, Kotrba, LeBreton, & Baltes, 2009). For example, long work hours, heavy work demands, work role ambiguity, and job distress have been positively linked to work-to-family conflict. Moreover, several personality characteristics have been explored as potential causes of work-to-family conflict including negative affectivity and neuroticism.

Work-to-family conflict has been negatively linked to a number of affective and behavioral outcomes including family dissatisfaction, family-related absenteeism, and poor family-related role performance. In addition, work-to-family conflict has been linked to diminished individual well-being and life satisfaction. Due to the negative consequences of work-to-family conflict, studies have explored ways by which such conflict may be mitigated. Findings suggest that having a supportive supervisor and working in a family-friendly organization can reduce the pressures and stress of work-related demands, thus reducing work-to-family conflict.

In addition, research suggests that personality characteristics such as positive affectivity, hardiness, and extraversion may help individuals cope with problems at work, thereby reducing the likelihood of work-to-family conflict.

Cross-References

▶ Balanced Life
▶ Family Conflicts
▶ Family Quality of Life
▶ Family Stress
▶ Family Support
▶ Family-to-Work Conflict
▶ Personal Well-being
▶ Quality of Life
▶ Role Theory
▶ Social Support
▶ Subjective Well-being
▶ Work Attitudes
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▶ Work-Family Facilitation
▶ Work-Family Fit
▶ Work-Life Balance

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World Bank Government Indicators

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Definition

The six governance indicators of the World Bank (WGI, Worldwide Governance Indicators) assess for 213 economies since 1996 six dimensions of the quality of governance. The indicators combine the views of a large number of enterprise, citizen, and expert survey respondents in industrial and developing countries. The individual data sources underlying the aggregate indicators are drawn from a diverse variety of survey institutes, think tanks, nongovernmental organizations, and international organizations.

Governance is defined as the traditions and institutions by which authority in a country is exercised. This includes the process by which governments are selected, monitored, and replaced; the capacity of the government to effectively formulate and implement sound policies; and the respect of citizens and the state for the institutions that govern economic and social interactions among them.

These indicators are:

- *Voice and Accountability*: the extent to which a country's citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media
- *Political Stability and Absence of Violence*: perceptions of the likelihood that the government will be destabilized or overthrown by unconstitutional or violent means, including domestic violence and terrorism
- *Government Effectiveness*: the quality of public services, the quality of the civil service and the degree of its independence from political pressures, the quality of policy formulation and implementation, and the credibility of the government's commitment to such policies
- *Regulatory Quality*: the ability of the government to formulate and implement sound policies and regulations that permits and promotes private sector development
- *Rule of Law*: the extent to which agents have confidence in and abide by the rules of society and in particular the quality of contract enforcement, the police, and the courts, as well as the likelihood of crime and violence
- *Control of* ▶ *Corruption as*: the extent to which public power is exercised for private gain, as well as capture of the state by elites and private interests

Description

Methodology

To assess the above-mentioned aspects of quality of governments, the World Bank collects data from independent sources produced by different organizations. These data sources consist of surveys among firms and individuals, assessments by commercial risk rating agencies, nongovernmental organizations, and a number of multilateral aid agencies and other public sector organizations. The data are transformed into standardized scores for each dimension, indicating the relative quality of governance in a nation in a specific year.

Ratings

www.govindicators.org (excel)

Cross-References

▶ Corrupt Governments
▶ Trias Politica (Separation of Powers)

References

WGI, Worldwide Indicators: http://info.worldbank.org/governance/wgi/index.asp

World Bank Social Indicators of Development

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Synonyms

Indicators of social development (ISD)

Definition

In broad terms social development is the process of change in societies and indicators allow an assessment of that change.

Description

The International Bank for Reconstruction and Development (the World Bank) was born on July 22nd 1944 and became operational in 1946. As the title implies it began its life primarily as an institution focused on economic development so the inclusion of the term "social development" in this entry alongside the World Bank may perhaps be a surprise. However, the World Bank has come a long way since its beginnings and its transformation into a catalyst for development has inevitably resulted in a widening of its concerns beyond the realm of economics. But what is "social development"? At a very broad level it could simply be regarded as the process of change in societies but that would readily encompass economic and even environmental change (a point that will be returned to later). On its "social development" website (accessible at http://web.worldbank.org/) the World Bank puts it another way by suggesting that social development's "*key message to the development community for the last twenty years has been the need to 'put people first' in development processes*." To do this the World Bank "s*upports social*

development by listening to poor people and promoting their voices in the development process; understanding and addressing their needs, priorities and aspirations; and building formal and informal institutions." While not a formal definition these statements as to purpose and mission do encompass what the World Bank regards as important within social development – a focus on people, their needs, priorities, and aspirations. Perhaps understandably health and education feature strongly within social development as indeed they do within the closely related concept of human development espoused by the United Nations Development Programme since the 1990 publication of the first "Human Development Report."

The World Bank publically began reporting a series of development indicators in its first "World Development Report" (WDR) of 1978. Among the economic indicators that dominated the tables in WDR 1978 were the last two tables (numbered 17 and 18) referred to as "*social indicators*" that "*provide some information on health conditions and on the availability of health and education services*" (page 73). Table 17 of the WDR 1978 covered "*health-related indicators*" (life expectancy, mortality rates, access to safe water), while Table 18 was focused on education indicators (enrolment in primary, secondary, and higher education and adult literacy rate). A summary of the social indicators is provided here as Table 1. The data for social indicators are referred to in the report as "sparse" and the report laments the paucity of good quality data on important social factors such as housing. Indeed, the report calls for the collection of data to "*help define the shortfall in meeting the basic needs of the population, is an urgent matter*" (page 73). However, while the two nominal "social indicator" chapters of WDR 1978 can be regarded as the public-facing starting point of the World Bank's efforts to present such information, the other tables of the report also present indicators that resonate through to the present day emphasis on the Millennium Development Goals (MDGs). Thus, among the tables that present economic indicators such as gross national product (GNP),

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World Bank Social Indicators of Development, Table 1 The social indicators of development included in the WDR 1978, SDI 1987, and WDI 1997

Report	SIDs	Presence in WDR 1978
WDR 1978	Health-related indicators (Table 17)	Not applicable
	Life expectancy at birth	
	Mortality rates per thousand (infants, children)	
	Population per physician	
	Population per nursing person	
	Percentage of population with access to safe water	
	Education indicators (Table 18)	
	Total education enrolment rate	
	Female education enrolment rate (primary, secondary, high education)	
SDI 1987	Total surface area	Table 1 "Basic indicator"
	Agricultural land area	
	GNP per capita	Table 1 "Basic indicator"
	Total population	
	Urban population	Table 13 "Population and labor force growth"
	Population growth rate	
	Life expectancy at birth	Table 17 "Health-related indicators"
	Population projections	Table 16 "Population projections"
	Population density (agricultural land)	
	Population age structure	Table 14 "Structure of population"
	Crude birth rate	Table 15 "Demographic indicators"
	Crude death rate	
	Total fertility rate	
	Infant (aged 0–1) mortality rate	Table 17 "Health-related indicators"
	Child (aged 1–4) mortality rate	
	Family planning – acceptors and users	
	Index of food production per capita	Table 1 "Basic indicator"
	Per capita supply of calories	
	Per capita supply of protein	
	Population per physician	Table 17 "Health-related indicators"
	Population per nursing person	
	Population per hospital bed	
	Access to safe water	Table 17 "Health-related indicators"
	Total labor force	Table 13 "Population and labor force growth"
	Labor force (female, agricultural, industry, participation rate)	Table 14 "Structure of population"
	Age dependency ratio	
	Average size of household	
	Percentage of dwellings with electricity	
	Education enrolment rates (primary, secondary)	Table 18 "Education"
	Pupil-teacher ratio	
WDI 1997	Quality of life	
	Population density	SDI 1987 (agricultural land)
	GNP/capita	WDR 1978, SDI 1987
	Poverty	
	Infant mortality rate	WDR 1978, SDI 1987

(continued)

World Bank Social Indicators of Development, Table 1 (continued)

Report	SIDs	Presence in WDR 1978
	Total fertility rate	SDI 1987
	Adult literacy rate	
	Access to sanitation	
	Population	
	Total population	WDR 1978, SDI 1987
	Average annual growth rate	
	Age dependency ratio	SDI 1987
	Population aged 60 and above	WDR 1978, SDI 1987
	Women per 100 men aged 60 and above	
	Crude death rate	WDR 1978, SDI 1987
	Crude birth rate	
	Total fertility rate	
	Contraceptive prevalence rate	SDI 1987
	Population momentum	
	Education	
	Primary school starting age	
	Duration of primary education	
	Public spending on education	
	Spending on teachers materials	
	Primary school pupil-teacher ratio	SDI 1987
	Gross enrolment ratio (primary, secondary, tertiary)	WDR 1978, SDI 1978
	Age efficiency ratio (primary, secondary)	
	Percentage of cohort reaching grade 4	
	Progression to secondary school	
	Expected years of schooling	
	Heath	
	Heath expenditure	
	People per physician	WDR 1978, SDI 1978
	People per nurse	
	People per hospital bed	SDI 1978
	% of people with access to health care	
	% of people with access to safe water	WDR 1978, SDI 1978
	% of people with access to sanitation	
	Child immunization	
	Births attended by health staff	
	Low birth rate babies	
	Prevalence of child malnutrition	
	Adult HIV-1 seroprevalence	
	Tobacco consumption	
	Life expectancy at birth	WDR 1978, SDI 1987
	Infant mortality rate	
	Under-5 mortality rate	
	Adult mortality rate	
	Maternal mortality ratio	
	Mortality rate by broad case per 100,000 population	

flows of capital, consumptions, balance of payments, debt servicing, and official development assistance, there are four tables at the end of WDR 1978 that could be said to contain "social indicators" although these are largely population-

based indicators such as population growth, structure of population, birth rate, and demographics.

Matters improved rapidly, and between 1987 and 1996 the Bank published a series of annual

World Bank Social Indicators of Development, Table 2 International development goals and associated indicators

International development goal (1998)	IDG indicator (1998)	Millennium development goal (MDG)	MDG indicator
Reduce poverty by half	Headcount index	Eradicate extreme poverty and hunger	Proportion of population below $1 purchasing power parity (PPP) a day
	Poverty gap index		Poverty gap ratio [incidence × depth of poverty]
	Income inequality (share of income accruing to poorest 20 %)		Share of poorest quintile in national consumption
	Child malnutrition		Prevalence of underweight children under 5 years of age
			Proportion of population below minimum level of dietary energy consumption
			Growth rate of GDP per person employed
			Employment to population ratio
			Proportion of employed people living below $1 (PPP) a day
			Proportion of own-account and contributing family workers in total employment
Provide universal primary education	Net primary enrolment ratio	Achieve universal primary education	Net enrolment ratio in primary education
	Progression to grade 5		Proportion of pupils starting grade 1 who reach last grade of primary education
	Illiteracy rate of 15- to 24-year-olds		Literacy rate of 15- to 24-year-olds
Improve gender equality in education	Gender differences in education and literacy	Promote gender equality and empower women	Ratios of girls to boys in primary, secondary, and tertiary education
			Share of women in wage employment in the nonagricultural sector
			Proportion of seats held by women in national parliament
Reduce infant and child mortality	Infant mortality rate	Reduce child mortality	Infant mortality rate
	Under-5 mortality rate		Under-5 mortality rate
			Proportion of 1-year-old children immunized against measles
Reduce maternal mortality	Maternal mortality ratio	Improve maternal health	Maternal mortality ratio
	Births attended by skilled health staff		Proportion of births attended by skilled health personnel
			Adolescent birth rate
			Antenatal care coverage (at least one visit and at least four visits)
			Unmet need for family planning

(*continued*)

World Bank Social Indicators of Development, Table 2 (continued)

International development goal (1998)	IDG indicator (1998)	Millennium development goal (MDG)	MDG indicator
Expand access to reproductive health services	Contraceptive prevalence rate		Contraceptive prevalence rate
	Total fertility rate		
	HIV prevalence in pregnant 15-to 24-year-olds	Combat HIV/AIDS, malaria, and other diseases	HIV prevalence among population ages 15–24 years
			Condom use at last high-risk sex
			Proportion of population ages 15–24 years with comprehensive, correct knowledge of HIV/AIDS
			Ratio of school attendance of orphans to school attendance of non-orphans ages 10–14 years
			Proportion of population with advanced HIV infection with access to antiretroviral drugs
			Incidence and death rates associated with malaria
			Proportion of children under age five sleeping under insecticide-treated bed nets
			Proportion of children under age five with fever who are treated with appropriate antimalarial drugs
			Incidence, prevalence, and death rates associated with tuberculosis
			Proportion of tuberculosis cases detected and cured under directly observed treatment short course

"social indicators of development" (SID) reports that had a wider array of social indicators than those seen in WDR 1978. The number of social development indicators increased during the 9 years of the SID reports, but even the first one showed an advance on those of 1978, although initially this was perhaps less than one may expect. A comparison between WDR 1978 and SDR 1987 is provided as Table 1 to illustrate this point. It can be noted that many of the indicators listed within SDI 1987 are included in WDR 1978 but not necessarily within the "social indicator" tables. Thus, as well as the inclusion of health and education indicators in SDI 1987, a number of the indicators are focused on population and demography.

As of 1997 the social indicators were included within a new annual publication – the World Development Indicators (WDI). The WDI reports were intended to bring together all of the relevant development indicators into a single report, and there were echoes back to the WDRs of the late 1970s and 1980s. Indeed, some of the "social development" indicators in WDI 1997 are to be found in WDR 1978. The overlap between the indicators in WDI 1997 and those of WDR 1978 and SDI 1987 is indicated in Table 1. WDI 1997 included a rich array of indicators and only some of them are shown in Table 1, notably the indicators that can be considered as "social." However, while the indicators came a long way since WDR 1978 (a period of 20 years after all) in terms of their diversity, the "social development" themes remained much the same; population, education, and health. While in WDR 1978 education was represented by just two indicators in WDI 1997, this was expanded to ten. Similarly the six "health-related indicators" of WDR 1978

World Bank Social Indicators of Development, Table 3 The "nonsocial development" components of the World Development Goals and their indicators

MDG	MDG indicators
Environmental sustainability	Proportion of land area covered by forest
	Carbon dioxide emissions, total, per capita, and per $1 GDP (PPP)
	Consumption of ozone-depleting substances
	Proportion of fish stocks within safe biological limits
	Proportion of total water resources used
	Proportion of terrestrial and marine areas protected
	Proportion of species threatened with extinction
	Proportion of population using an improved drinking water source
	Proportion of population using an improved sanitation facility
	Proportion of urban population living in slums
Global partnership for development	Net official development assistance (ODA), total and to the least developed countries, as percentage of OECD/DAC donors' gross national income
	Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water, and sanitation)
	Proportion of bilateral official development assistance of OECD/DAC donors that is untied
	ODA received in landlocked developing countries as a proportion of their gross national incomes
	ODA received in small island developing states as a proportion of their gross national incomes
	Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
	Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
	Agricultural support estimate for OECD countries as a percentage of their GDP
	Proportion of ODA provided to help build trade capacity
	Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
	Debt relief committed under HIPC Initiative and Multilateral Debt Relief Initiative
	Debt service as a percentage of exports of goods and services
	Proportion of population with access to affordable essential drugs on a sustainable basis
	Telephone lines per 100 population
	Cellular subscribers per 100 population

(mortality rates for infants and children were treated as separate) were expanded to nineteen in WDI 1997. WDI 1997 also included a separate heading of "quality of life" (QoL), and this drew its indicators from some of the other categories in the report. For example, the QoL indicators included GNP/capita (proxy for income) and infant mortality rate.

WDI 1997 was released the year before the setting of six "International Development Goals" by the World Bank, United Nations, and OECD and an accompanying set of targeted indicators specifically chosen to assess progress towards those goals. The WDI 1998 presents the values

of those "IDG" indicators and in that sense marks a significant departure from the previous indicator-based publications. The IDGs and indicators from WDI 1998 are provided in Table 2. The IDG indicators had some resonance with the indicators that appeared in the SDI reports and those of WDI 1997. Indeed, WDI 1998 does not only list the IDG indicators but many others as well (social and economic). In effect the IDG indicators are almost a subtheme within WDI 1998.

In 2000, during the Millennium Summit which set the "Millennium Development Goals," many of the IDGs were included in the MDGs with indicators to match. Table 2 lists the more

obviously "social" MDGs and associated indicators that were aligned with those of Table 1. As one would perhaps expect the overlap in indicators between the IDGs and MDGs is substantial, but there were also some new ones. Taking the first goal, for example, that of reducing poverty (IDG) or eliminating extreme poverty (WDG), three of the indicators were the same, but the WDG also included indicators such as the "proportion of population below minimum level of dietary energy consumption" and "proportion of own-account and contributing family workers in total employment." The MDGs also included a total of 10 "environmental sustainability" indicators as well as 15 indicators that assess "global partnership for development." A summary is provided as Table 3. These goals would appear at first glance to be some way removed from the meaning of "social development" set out by the World Bank and summarized at the start of the entry. For example, under environmental sustainability there are indicators that assess the proportion of land area covered by forest and species faced with extinction. These two indicators do not necessarily appear to be "*putting people first*." But under the same category there are indicators for access to "*improved drinking water source*" and "*improved sanitation facilities*." Similarly within the global partnership for development theme the majority of indicators are focused on partnership at the level of the nation-state, but there are three indicators which have a "social development" relevance, notably access to affordable medication but also telephone lines and cellular subscribers. Indeed, these two categories of the MDGs highlight how difficult it can be to separate out social development from sustainable development in general as the extent of forests, species diversity, and communication can also impact upon people's lives, their "*needs, priorities, and aspirations*." The boundaries are diffuse if indeed they exist at all.

Cross-References

▶ World Bank World Development Indicators
▶ World Bank World Development Reports

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World Bank World Development Indicators

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Definition

The World Development Indicators (WDI) is the primary World Bank collection of development indicators compiled from officially recognized international sources. It presents the most current and accurate global development data available and includes national, regional, and global estimates.

Description

The indicators are presented since 1960 and updated four times a year, nowadays for 216 economies. See site for topics.

Cross-References

▶ World Bank World Development Reports

W

References

WDI: World Bank Development Indicators: http://data.worldbank.org/data-catalog/world-development-indicators.

World Bank World Development Reports

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Definition

The World Development Report (WDR) has been produced on an annual basis since 1978 and is the World Bank's major analytical publication. The topic of each report is selected by the bank's president 3 years in advance of the book's publication. The World Development Indicators (WDI) play an important role in the WDR's.

Description

Methodology

As soon as the topic is announced, four major steps occur:

1. Research is initiated within the bank's Development Economics Vice Presidency (DEC).
2. A director is announced and the WDR team is recruited. A new team is established for each WDR. The team, which falls under the guidance of the bank chief economist, is led by a senior bank staff member and comprises of staff and consultants.
3. An internal partner group is identified for each WDR, so that the knowledge created is further developed and actively applied after publication of the report.
4. A timetable is established for research, writing, review, consultations, presentation to the Board of Directors, editorial and production work, publication, and dissemination.

Cross-References

▶ World Bank World Development Indicators

References

DEC, Development Economics Vice Presidency: http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/0,,contentMDK:20279993~menuPK:477172~pagePK:64165401~piPK:64165026~theSitePK:469372,00.html#chief_economist

WDR, World Development Report: http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:20227703~pagePK:478093~piPK:477627~theSitePK:477624,00.html

World City Development Index: Global Urban Observatory

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Synonyms

Habitat indicators; UN-Habitat urban indicators

Definition

The Global Urban Observatory (GUO), established within UN-Habitat as an outcome of the Habitat II conference in Istanbul, has a mission of supporting "better information for better cities." The GUO has released two versions of the Global Urban Indicators Database, with consultation and research still underway toward a third improved version. In the course of capacity building toward the promotion of the establishment and use of indicators to guide better urban development decisions, the GUO has established a network of local and national urban observatories and assisted in the development and training and use of indicator-based tools, associated with achieving the Habitat Agenda and Millennium Development Goals.

Description

The first Global Urban Indicators Database was presented by the UN-Habitat Urban Indicators Programme in 1996 at the Habitat II conference in Istanbul. At this time, tasked with the implementation of the 1996 Habitat Agenda worldwide, UN-Habitat established the Global Urban Observatory as an extension and expansion of the Urban Indicators Programme. Working under the slogan "better information for better cities," the UN-Habitat Global Urban Observatory exists to develop the capacity of city officials throughout the developing world to provide key indicators and information needed to guide effective urban development. The GUO works to establish systems and databases of urban indicators and to build capacity for a network of National and Local Urban Observatories within research, government, or educational institutions in interested cities (Holden, 2006). The GUO also assumes responsibility for tracking progress toward the Millennium Development Goals, particularly target 7d related to improving the lives of slum dwellers.

The philosophy guiding the development of the urban observatory system comes from Agenda 21, Chap. 40, which states (in part):

> In sustainable development, everyone is a user and provider of information considered in the broadest sense. That includes data, information, appropriately packaged experience and knowledge. The need for information arises at all levels, from that of senior decision-makers at national and international levels to grass roots and individual levels. (UN Division for Sustainable Development, 1992)

The initial interests of UN-Habitat in measurement and monitoring took the form of a City Data Program (conducted in 1994 through a partnership with the Network on Urban Research in the European Community), which included data for about 800 large cities. They have also developed plans and prototypes for a City Development Index "which will permit a comparative assessment of the physical condition of cities" (Flood, 1997, p. 1640). For the period 1993–1998, UN-Habitat established and attempted to track a set of key indicators. These indicators fell into 14 categories, with 1–4 indicators included per category, and including a number of "checklists" to be administered by UN-Habitat staff (e.g., housing rights, urban violence, disaster prevention and mitigation instruments, local environmental plans) and partners as well as indicators anticipated to be collected by national statistical agencies. Framed as policy objectives, the 14 categories are:

1. Provide security of tenure.
2. Promote the right to adequate housing.
3. Provide equal access to land.
4. Promote equal access to credit.
5. Promote access to basic services.
6. Provide equal opportunities for a safe and healthy life.
7. Promote social integration and support disadvantaged groups.
8. Promote gender equality in human settlements development.
9. Promote geographically balanced settlement structures.
10. Manage supply and demand for water.
11. Reduce urban pollution.
12. Prevent disasters and rebuild settlements.
13. Promote effective and environmentally sound transportation systems.
14. Support mechanisms to prepare and implement local environmental plans and local Agenda 21 initiatives.

Some evolution of these categories and indicators has occurred over time, in particular the addition of a stronger focus on economic development and governance issues. Over the course of this work, the emphasis of the GUO on consultation with those who have country-specific expertise, on using the best and latest available data, and on preservation of full documentation for all data, has increased. The work has demonstrated that all partner groups, including local authorities, the private sector, and communities, need to develop capacity not only in data development and monitoring but also, importantly, in the use of data to evaluate their own performance with regard to larger goals for urban development (UN-Habitat Global Urban Observatory, 2004).

The initial ambitions for the program were fairly modest, limited to facilitative and participatory indicator development and country-by-country evolution, Habitat II represented a huge push forward for thinking about and producing urban indicators. A list of 46 key indicators was endorsed, together intending to form "the quantitative basis for country reporting on the status of human settlements" (Flood, 1997, p. 1635). At this time, 109 countries, including 236 cities, participated in the UN-Habitat Indicators Programme, revealing "a wealth of information in support of known facts about human settlement activities, and shed[ding] light on a number of new concerns" (Flood, 1997, p. 1635). An interesting lesson emerged from a comparative assessment of the participation of developed and less developed countries in the Habitat II indicators effort: "Inescapably, when examining the returns from those developed countries which did participate, one is forced to the conclusion that the capacity of developed countries to produce policy-relevant data for decision-making at the city level is no better and is sometimes worse than the capacity of developing countries" (Flood, 1997, p. 1645). In sum, the results of Habitat II spoke to the need for "consistent, comparable and measurable indicators which should evolve as the global perception of urban policy evolves" (Flood, 1997, p. 1640).

To a large degree, the promise of Habitat II for recurrent comparative urban data efforts and benchmarks on a range of key urban issues has not been kept. Although countries and cities around the world immediately perceived the utility of these indicators to guide better decision making, resource constraints have stunted the ambition of collecting an infallible global data set and even of promoting the use of data to any significant degree globally. Definitional, comparison, and political challenges have also plagued the development of a useful database since the beginning. At a conceptual level, a key advance has been the establishment of the concept of the urban agglomeration, "the built-up or densely populated area containing the city proper, suburbs, and continuously settled commuter areas" (UN-Habitat, 2009, p. 4) as the most appropriate unit of analysis, as opposed to city proper or other administrative definition of the city.

The Global Urban Indicators Database II was released at the Istanbul +5 conference (New York, 2001). Midway through 2011, work toward version III of the database was still in progress. Current products of the GUO include the biannual State of the World's Cities reports and UrbanInfo, an online interactive database of urban indicators. Its current goal is to assist UN-Habitat to become, by 2013, a premier reference center for data collection, analysis, monitoring, and reporting on sustainable urbanization.

Cross-References

▶ Healthy Cities
▶ Indicator Framework
▶ Systems of Indicators
▶ Urban Areas

References

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World Culture Measurement

▶ UNESCO World Culture Report

World Database of Happiness

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Synonyms

Collection of research findings on subjective enjoyment of life; Findings archive on happiness; Tool for research synthesis on happiness

Definition

The World Database of Happiness is a focused findings archive (Veenhoven 2012). The focus is on subjective enjoyment of life as a whole. The archive contains standardized descriptions of research findings on this matter, which can be sorted on subject, population, and several methodological features. The database is available on internet at http://worlddatabaseofhappiness.eur.nl.

Description

The Problem

Social scientists are producing an ever-growing stream of research findings, which is becoming ever more difficult to oversee. As a result, capitalization on earlier research investment is declining, and the accumulation of knowledge is stagnating. This situation calls for more research synthesis, and today, interest in synthetic techniques is on the rise. To date, attention has been focused on techniques for meta-analysis, with little attention paid to the preliminary step of bringing the available research findings together. What we need is (1) techniques that can be used to describe research findings in a comparable way, (2) a system for storing such descriptions in an easily accessible archive, and (3) a system to which research findings can be added on a continuous basis.

The Tool

The World Database of Happiness is an example of such a tool (Veenhoven 2010). It is tailored to meet the requirements for assembling research findings on happiness, both distributional findings (how happy people are) and correlational findings (what things go together with happiness). With its focus on "findings," the system differs from data archives that store "investigations" and from bibliographies that store "publications." As yet there is no established term to describe this tool for research synthesis. I call such a tool a "focused findings archive" (Veenhoven 2011).

Building Blocks

The basic elements of the database are *pages*, which are linked in various ways. "Pages" are organized in *collections*, from which *reports* are generated. "Reports" are bunches of pages on a particular subject. This makeup is presented graphically on Fig. 1.

Pages

Four kinds of pages are involved: (1) pages on a particular publication, (2) pages on a particular study, (3) pages on a particular measure of happiness, and (4) pages on a particular research finding. All these pages use a standard format and a standard vocabulary.
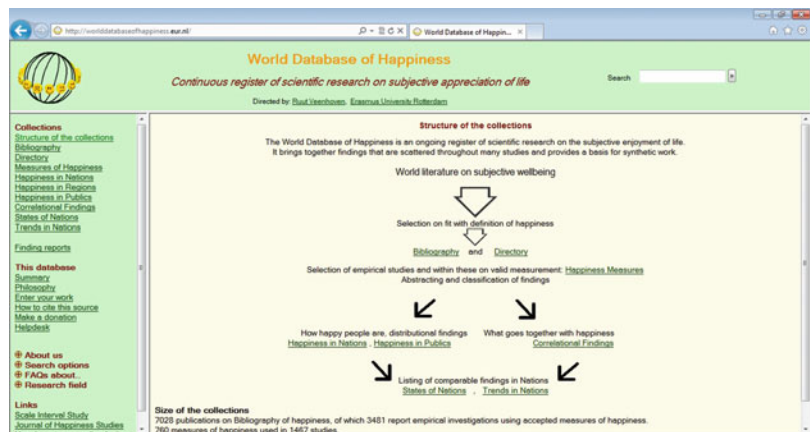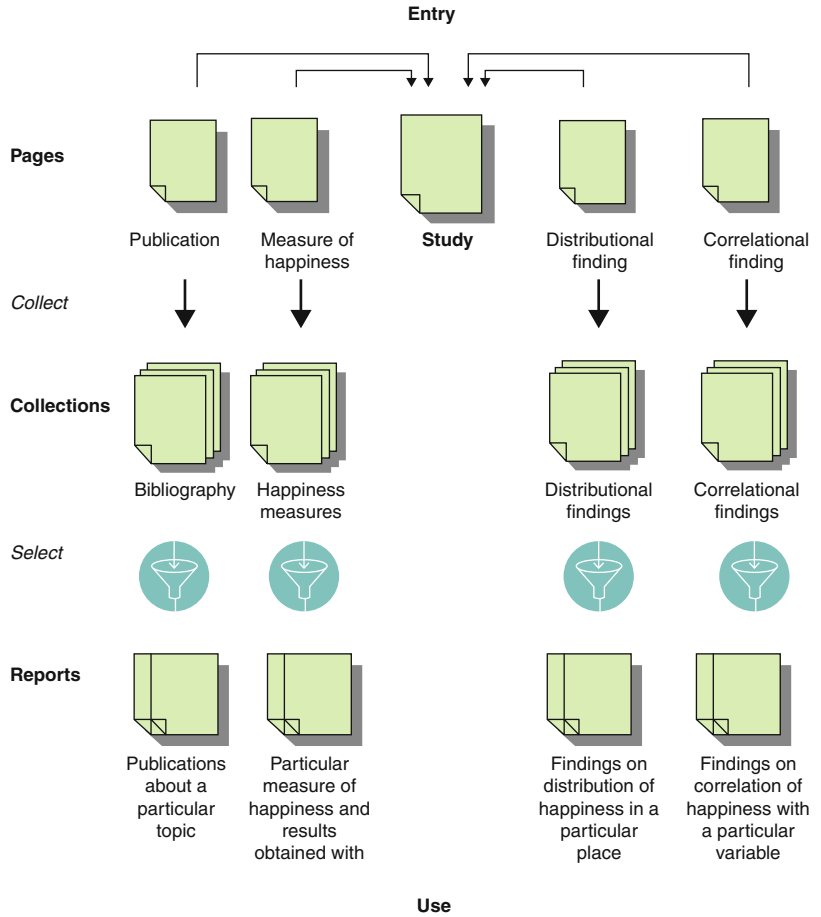
Collections

The above-mentioned "pages" are gathered in "collections." The World Database of Happiness has four such collections: (1) the Bibliography of Happiness, (2) the collection "Measures of Happiness," (3) the collection of "Distributional Findings," and (4) the collection of "Correlational Findings" (see Fig. 2).

Reports

Selections of "pages" are assembled automatically from each of the above-mentioned

World Database of Happiness,
Fig. 1 Building blocks of the findings archive

"collections" and presented in "reports." Two kinds of reports are particularly useful in research synthesis: (1) "publication reports" and (2) "finding reports."

World Database of Happiness, Fig. 2 Start page World Database of Happiness

Publication Reports: Reports of this kind list the publications on a particular subject, using the subject classification of the Bibliography of Happiness. Unlike the "finding reports" mentioned

below, these publication reports cover all that is written on the subject, not only research reports but also literature studies and theoretical treatises. Among the research reports mentioned, the publication reports do not limit to publications on studies that used acceptable measures of happiness. These also contain publications on studies that are not included in the findings collections. As such, publication reports provide a complete overview of the literature, which is helpful for narrative research synthesis.

Finding Reports: Reports of this kind are more focused and limit to empirical observations yielded using an accepted measure of happiness. The direct link to an overview of all the finding reports is http://worlddatabaseofhappiness.eur. nl/findingreportslinkpage.htm.

Nation Reports These reports present an overview of observed distributions of happiness in the general population in nation states. The reports limit to findings in representative samples of the general population. These findings are ordered by the kinds of happiness measure used and by year within these blocks.

Rank Reports These reports draw on the above nation reports and select findings yielded using the best comparable measure of happiness. Nation ranks are presented in four separate reports on (1) *average happiness* in nations; (2) *inequality of happiness* in nations, as measured using the standard deviation; (3) *inequality-adjusted happiness*, which is an index combining mean and standard deviation; and (4) *happy life years*, which is a combination of average happiness and life expectancy.

Trend Reports These reports also draw on the above-mentioned "nation reports" and focus on the ones that involve repeated responses to the same question over the years. Trend reports are limited to countries for which at least 15 such data points are available over a period of at least 20 years. To date, there are 14 such cases. As with the above "rank reports," there are four kinds of "trend reports" on happiness in nations, on

change over time in (1) *average happiness*, (2) *inequality of happiness*, (3) *inequality-adjusted happiness*, and (4) *happy life years*.

Reports on Correlational Findings on a Specific Subject These reports assemble finding pages on the same subject, using the main topics in the subject classification of that collection. To date, there are 104 such reports in the database, some of which contain more than a hundred finding pages, such as the report on "income," which contains to date 921 correlational findings. Reports on correlational findings start with a subclassification of the available findings in this subject category and enumerate the number of findings in each of these categories. This subclassification follows a standard categorization into (1) *overtime* correlations, for instance, the relation between earlier income and present happiness (this category is labeled "career"); (2) *same-time* correlations, such as the association between present income and present happiness (this subcategory is labeled as "current"), and (s3) *attitudes* to the subject matter, rather than the subject, e.g., the observed correlation between income satisfaction and happiness.

Reports on Happiness in Special Public This kind of report gathers both distributional findings and correlational findings observed in a specific public, other than the general population. The findings are not presented as such, but the reports present links to these.

Current Contents of the World Database of Happiness

On 1 January 2012, the database listed about 7,000 publications on happiness, of which about half reported an empirical investigation based on an acceptable measure of happiness. It contained about 20,000 finding pages of which 5,000 were about distributional findings and 15,000 were about correlational findings.

History

The database started as a series of reference books, within 1984 the first "Databook of Happiness." Separate books named "Bibliography of

Happiness," "Happiness in Nations," and "Correlates of Happiness" were added in the early 1990s. The database became available on a website in 1998, and its development is ongoing with data being added as it becomes available.

Cross-References

▶ Databook of Happiness

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World Health Organization Quality of Life (WHOQOL) Assessment

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Description

The World Health Organization Quality of Life (WHOQOL) assessment is an instrument to measure the ▶ quality of life (QOL), which was developed by the World Health Organization (WHO), with the aid of 15 collaborating centers around the world (World Health Organization [WHO], 1997). It measures the individual's perceptions of QOL under the different context of their ▶ culture and value systems and their ▶ personal goals, standards, and concerns (WHO, 1993).

Since WHO defines QOL as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (1997, p. 1), it made efforts to develop the culturally sensitive and comparable assessment instrument.

It consists of two instruments for measuring quality of life (the WHOQOL-100 and the WHOQOL-BREF).WHOQOL-100 has been developed from an extensive pilot test of some 300 WHOQOL questions in 15 centers around the world. Data from this pilot testing on over 4,500 subjects enabled the 100 best questions to be selected according to set criteria (WHO, 1995).

The WHOQOL-BREF instrument, a short version of QHOQOL-100, comprises 26 items, which measure the following broad four domains – (1) physical health, (2) psychological health, (3) social relationships, and (4) environment – all of which are measured by each subitem with five-point scale. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials (Murphy, Herrman, Hawthorne, Pinzone, & Evert, 2000; WHO, 1993).

The validity of WHOQOL-BREF measure has been confirmed not only in English version (Garcia-Rea & LePage, 2010; Kalfoss, Low, & Molzahn, 2008) but in the other language versions, French version (Steinbüchel, Lischetzke, Gurny, & Eid, 2006), Italian version (De Girolamo et al., 2000), Taiwanese version (Chien, Wang, Yao, Sheu, & Hsieh, 2007), and Norwegian version (Kalfoss et al., 2008). However, Yao et al. (2008) reported that among 24 items, 12 items did not reveal adequate ▶ content validity.

Cross-References

▶ World Health Organization Quality of Life Disabilities Module
▶ World Health Organization World Health Reports

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World Health Organization Quality of Life Disabilities Module

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Definition

An outline is provided of the steps that were taken to devise an add-on module for disabilities that can be used with the generic WHOQOL measures. The development of the modules followed the standard WHOQOL methodology and was developed in a number of centers worldwide simultaneously. Different versions of the module are available for use with adults with ▶ intellectual disabilities and people with physical disabilities.

Description

Introduction

The initial development of the WHOQOL measures of ▶ quality of life (QOL) was first carried out in the early 1990s in 15 different centers worldwide (The WHOQOL Group, 1998a). There are now over 40 centers involved in the project with new centers being added every year. The two main generic instruments that have been developed are the WHOQOL-100 and the WHOQOL-BREF (The WHOQOL Group, 1998b), the latter being a shorter 26-item version. The WHOQOL-100 has a hierarchical structure that includes overall quality of life, a next level of six different domains, facets within each domain, and then four specific items for each facet. The shorter WHOQOL-BREF has a similar hierarchical organization, except that each facet is represented by a single item and there are four rather than six domains. The existence of the WHOQOL as a generic measure of quality of life, which has been developed cross-culturally and which has good psychometric properties, makes it very appropriate for adaptation for the assessment of quality of life in people with disabilities, in the same way that we have recently produced a module for use with older adults, the WHOQOL-OLD (Power et al., 2005).

One of the first questions that arise in the generic assessment of quality of life is whether or not questionnaires that have been developed in adult populations can be used for people with intellectual disabilities (normally defined by an IQ as less than 70 but referred to by a variety of terms in different cultures). The earlier focus in intellectual disabilities research was on objective indicators of quality of life, because of concerns about the assessment of

subjective states in people with intellectual disabilities. Subsequent work has shown that it is possible to develop and adapt measures of quality of life for use both directly with people with intellectual disabilities and for use as proxy measures by relatives and carers. In our work, we decided to include both people with intellectual and with physical disabilities, the rationale for which comes from World Health Organization framework for disability, the ICF, which focuses on an integrative approach to the formulation of ▶ health status (World Health Organization [WHO], 2001). The ICF is a comprehensive classification system that takes a bio-psychosocial approach to understanding impairment, handicap, and disability. The medical model and the social model have traditionally been the two main approaches for classifying and measuring disability (WHO), but these are integrated in the more recent ICF framework.

A further question arises of whether or not there are specific areas of quality of life that may be more important for people with either intellectual or physical disabilities and that therefore should supplement a generic adult questionnaire in order to provide a broader band and more valid general assessment. Examples of this problem exist even for younger adults simply through the comparison of established generic measures. The use of ▶ focus groups with people with disabilities was taken as a first step towards the resolution of this question.

The Study

The WHOQOL-DIS project aimed at developing and testing a quality of life assessment for adults with physical disabilities or intellectual disabilities. It started in 2005, as a scientific cooperation of several centers. The aim of the project was to develop and test a generic measure of quality of life in adults with disabilities for international/cross-cultural use. The project was funded by the European Commission Sixth Framework, SP23-CT-2005-513723, and was carried out under the auspices of the World Health Organization Quality of Life Group (WHOQOL Group). The questionnaire development was conducted according to the following multistep procedure:

(a) the initial development of relevant quality of life questions (items) and their translation, focus group work within the collaborating centers and an iterative Delphi technique process between the collaborating centers for item generation; (b) the pilot testing of the questionnaire with appropriate modification (refinement, item reduction); (c) the field trial testing of the questionnaire; (d) the final analysis – statistical analysis, project report, and publication of the manual.

The steps for the development of the WHOQOL-DIS followed the published WHOQOL methodology, which consisted of focus group work in collaborating centers, item generation, pilot testing, refinement, and item reduction, and then field trial testing of the instrument, as described below. Prior to the focus group exercise, the iterative Delphi process was also used to identify gaps in the coverage of the WHOQOL-100 that might be relevant for adults with disabilities, and any other issues about the use of the WHOQOL. The proposed WHOQOL-DIS module underwent various steps of instrument development in a simultaneous cross-cultural approach (see Power, Green, & The WHOQOL-DIS Group, 2010). After conducting focus groups and forming an international item pool, only those items were selected that pertain to people with disabilities. Further steps included a translation process following international guidelines and the pilot testing of the instrument. The field study analysis of the WHOQOL-DIS module comprised additional psychometric evaluations of both the single items and the scale structure. These analyses lead to the final version of the WHOQOL-OLD module and are reported in detail elsewhere (Power et al., 2010).

Twelve centers completed focus groups with people with intellectual disabilities (a total N of 56 individual participants), ten centers ran focus groups with people with mixed physical disabilities ($N = 45$), ten centers ran focus groups with adults with Parkinson's disease ($N = 49$), five centers ran focus groups with adults with sensory impairment ($N = 29$), one center ran a focus group with adults with

▶ multiple sclerosis ($N = 5$), and all centers ran at least one focus group with carers and one group with health professionals working with people with disabilities (see Den Oudsten, Lucas-Carrasco, Green, & The WHOQOL-DIS Group, 2011, for more details about the focus groups).

The pilot testing was carried out in 15 different WHOQOL centers from around the world that ranged from Europe, to South America, and to Australasia. Each center was asked to test an opportunistic sample of a minimum of 50 people with intellectual or physical disabilities, though many centers collected data from more than the minimum numbers. A total of 1,400 respondents were included that consisted of 491 adults with intellectual disabilities and 909 adults with physical disabilities. The inclusion criteria included a minimum age of 18 years plus a verifiable medical diagnosis from the service in which participants were recruited. Because centers had already established links with services in order to recruit participants for the focus groups, the range of physical disabilities was very similar for both the focus groups and for the pilot study.

The field trial allowed the participating centers to carry out a variety of different types of studies that ranged from surveys to validity analyses to evaluation of longitudinal trials. Each center included a core dataset that could be further analyzed to produce the final version of the WHOQOL-DIS module. The field study analyses were conducted on a sample of $N = 3,772$ with data coming from 14 national centers that again included participants from ▶ Europe, South America, and Australasia. Similar to the pilot study, centers made use of existing links with intellectual and physical disability services in order to recruit opportunistic samples of participants. The inclusion criteria included a minimum age of 18 years and a confirmable diagnosis with a physical or intellectual disability. Additional data ($N = 876$) were collected in six centers from relatives and staff who were carers of people with ID, which were then used to test the use of the measure with proxy respondents (see Schmidt et al., 2011, for a summary of the results). The gender rates varied with particularly higher rates of females in the Vilnius center, but overall there was a good distribution with 52.6 % of respondents being male and 47.4 % being female. Most centers found it easier to collect more data from people with physical disabilities (69.3 %) than from people with intellectual disabilities (30.7 %), which, in part, reflected the fact all of the ID participants had to be sufficiently able to give direct self-report, even when they were included in the proxy study.

Summary of Results of Questionnaire Development

The two studies presented here summarize the development of an add-on module for the WHOQOL group of measures for use with adults with disabilities. The studies demonstrate the development of the module following the WHOQOL methodology (The WHOQOL Group, 1998a) in which a simultaneous approach to instrument development is employed (Bullinger, Power, Aaronson, Cella, & Anderson, 1996). That is, the starting point for the WHOQOL methodology is an intense qualitative phase of cross-cultural focus groups, which for the WHOQOL-DIS were run in 12 centers throughout the world. The summary output from these focus groups was used to identify common themes and issues either absent from or poorly covered in the WHOQOL-100; these themes and issues were used to generate a set of pilot items for testing with adults with intellectual or physical disabilities.

The quantitative analyses suggested that the supplementary items were best included as part of the add-on module rather than being used to supplement or amend the scoring of an existing facet. One major outcome of the pilot study testing was the indication that for the respondents with intellectual disabilities, the original 5-point scales for the WHOQOL were responded to as if they were 3-point scales (see Fang et al., 2011, for details of these analyses). In the field trial version of the ID module, therefore, 3-point scales were used in place of 5-point scales for adults with intellectual disabilities. There was also some simplification of wording of both the WHOQOL-BREF and ID module that was suggested by the pilot study.

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The final version of the disabilities module contained one general item on impact of disability plus 12 items that can be summed together to give a total score; the comparisons between the WHOQOL-100 and the WHOQOL-BREF used in the pilot and the field trial studies, respectively, suggest that the disabilities module can be used in addition to *either* the WHOQOL-100 or the WHOQOL-BREF, whichever is the most appropriate for a study. The scoring of the module can then consist of a profile set of three facet scores, or as supported by the existence of a higher-order factor in the confirmatory factor analyses (CFA), there can be a single total score based on a summation of all 12 specific items in the module.

Physical Disabilities The WHOQOL-DIS physical module consists of 12 Likert-scaled items assigned to three facets: the facets have between three and six items; thus, for PD facets the score of possible values can range from 3 to 15 for the three facet scales and 6–30 for the six facet scale, provided all items of a facet have been completed. The scores of these three facets or the values of the 12 single items of the WHOQOL-DIS-PD module can be combined to produce a general (overall) score for quality of life in physically disabled adults, denoted as the WHOQOL-DIS module "total score." As empirically supported by analyses of the measurement model via structural equation modeling, quality of life is conceived as a higher-order factor, underlying the structure of the WHOQOL-DIS module.

Intellectual Disabilities The WHOQOL-DIS module consists of the same simplified 12 Likert-scaled items assigned to three facets: the facets have between three and six items; thus for ID facets the score of possible values can range from 3 to 9 for the three facet scales and 6–18 for the six facet scale, provided all items of a facet have been completed. The scores of these three facets or the values of the 12 single items of the WHOQOL-DIS-ID module can be combined to produce a general (overall) score for quality of life adults with intellectual disabilities, denoted as the WHOQOL-DIS-ID module "total score." As empirically supported by analyses of the

measurement model via structural equation modeling, quality of life is conceived as a higher-order factor, underlying the structure of the WHOQOL-DIS module.

Validity

Although all participants had been diagnosed with one or more physical or intellectual disabilities, each participant was also asked a simple yes-no question on whether or not they considered themselves to be disabled. In addition to this subjective self-report of disability, the completion of the 12-item WHODAS-II by the interviewers provided a relatively more objective assessment of disability. The analyses that are summarized here were carried out therefore to test whether or not subjective self-report of disability and objective level of disability were correlated with quality of life as measured by the WHOQOL-BREF and the new WHOQOL-DIS module.

For the ID sample, 353 (30.8 %) of respondents stated that they did not have a disability. Those who stated that they did not have a disability reported a significantly higher overall quality of life on the module (mean = 28.3, sd = 4.6) than those who stated that they did have a disability (mean = 26.2, sd = 5.3) (t, df = 779.4, = 2.07, $p < 0.001$; please note that the decimal point for the df value indicates a corrected df following a significant Levene test showing heterogeneity of variances). This pattern was also found across each of the four domains for the WHOQOL-BREF (range of values of t from 4.3 to 7.9, all ps < 0.001).

A similar set of findings was obtained for the PD sample, although a much smaller proportion of this sample ($N = 178$, equal to 7.3 %) stated that they were *not* disabled. The not disabled group scored higher for quality of life on the module (mean = 45.6, sd = 7.7) compared to those who stated that they were disabled (mean = 40.4, sd = 8.1) (please note, these values appear higher than for the ID sample because these are scored on the 5-point scales, whereas the ID values are scored on the 3-point scales) (t, df = 2,602, = 8.3, $p < 0.001$). For the WHOQOL-BREF domains, the not disabled

group reported higher values than did the disabled group (range of ts from 5.1 to 8.3, all ps < 0.001).

In relation to the objective WHODAS-II scores, there were significant negative correlations between total WHODAS scores and the five QOL domains for the ID sample (range of Pearson $r = -0.399$ to -0.629) and for the PD sample (range of Pearson $r = -0.247$ to -0.616) indicating that as disability increased so quality of life decreased.

Summary and Conclusions

The values achieved on the individual facet scores of the WHOQOL-DIS PD and ID modules and on the total score of the WHOQOL-DIS module represent an empirical assessment of adults with disabilities quality of life from the respondent's point of view. Until data from representative national standard samples are available for the WHOQOL-DIS modules, the results of the WHOQOL-DIS field trial can be used as preliminary reference data for adults with physical disabilities and adults with intellectual disabilities. For the reference values of the WHOQOL-DIS facet scores and the WHOQOL-DIS total score, all scores can be linearly transformed to a range of 0–100 or can be retained as scale scores. The scores are shown separately for the physically disabled and the intellectually disabled in the paper and in the manual.

The WHOQOL-DIS module can be used in a wide variety of studies including cross-cultural investigations, population epidemiology, health monitoring, service development, and clinical intervention trials in which issues about quality of life are important. The WHOQOL-DIS module will permit the assessment of the impact of service provision and of different health and social care structures on quality of life, especially in the identification of the possible consequences of policies on quality of life for adults with disabilities and will provide a clearer understanding of investment areas to achieve best gains in quality of life. A related issue is the estimation of the impact of physical and psychological interventions in a range of physical and psychiatric conditions related to disability. Cross-sectional studies between different services or treatments and longitudinal studies of interventions can be assessed with the WHOQOL-DIS. Moreover, the unique cross-cultural approach to the development of the measure means that comparisons can be made between different cultures (Power, Bullinger, Harper, & The WHOQOL Group, 1999). The exacting standards of instrument development used for the WHOQOL-DIS mean that such comparisons run less risk of cultural bias; the WHOQOL methodology (The WHOQOL Group, 1998a) provides a unique approach to instrument development that provides cross-cultural validity for the assessment of quality of life across the adult lifespan.

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World Health Organization World Health Reports

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Definition

World Health Organization (WHO): the directing and coordinating authority for health within the United Nations (UN) system.

Description

The World Health Organization (WHO), constituted on 7 April 1948, is the directing and coordinating authority for health within the United Nations (UN) system. It is responsible for providing leadership on global *health* matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends. All countries which are Members of the UN may become members of WHO by accepting its Constitution. Other countries may be admitted as members when their application has been approved by a simple majority vote of the World Health Assembly. The World Health Assembly is the decision-making body of WHO; it is held annually in Geneva (Switzerland) and it is attended by delegations from all WHO Member States. Nowadays, 193 UN Members

World Health Organization World Health Reports, Table 1 World Health Report by year of publication and by main focus

Health report edition	Main focus
1995	The effect of income inequality on the health of nations
1996	Infectious diseases
1997	Chronic diseases
1998	Health trends over the period 1948–1998
1999	Accomplishments and challenges in world health at the end of the twentieth century
2000	Health system performance, absolute and relative, of the WHO members
2001	Mental illness and brain disorders
2002	Reducing risks to health
2003	Accessibility to primary health care, key element to strength health systems
2004	Comprehensive HIV/AIDS strategy
2005	Maternal, newborn, and child health
2006	Shortage in the global health workforce
2007	Global public health security: regulations and collective actions to protect against the international spread of diseases
2008	Primary health care
2010	Improving the efficiency of the health spending to move toward universal coverage
2012	The role of research for better health

States and 2 Associate Members are also members of WHO (World health organization, http://who.int.en/).

The World Health Report, first published in 1995, is WHO's leading publication. The report combines an expert assessment of global health, including statistics relating to all countries, with a focus on a specific subject. The main purpose of the report is to provide countries, donor agencies, international organizations, and others with the information they need to help them make policy and funding decisions (Table 1).

Probably the most debated report is the 2000 edition, where the WHO measured and ranked *efficiency* of health systems of 191 countries using an ad hoc indicator, the World Health Index. This index estimates the efficiency of a health system, considering its five main outputs: the overall level of health; the distribution of

health in the population; the overall level of responsiveness; the distribution of responsiveness; and the distribution of financial contribution. These dimensions are compiled in a unique measure using a cost-frontier approach that estimates the efficiency of a health system comparing its current performance to the one that could have been achieved spending the same amount of resources (World Health Organization, 2000). The WHO used fixed *weights*, common to all countries, to aggregate the five health systems outcomes into the World Health Index, and this feature has been criticized by many scholars arguing that people with different socioeconomic backgrounds give a different weight to each these outcomes (Lauer, Lovell, Murray, & Evans, 2004).

Finally, the most quoted report is certainly the 2002 edition, where WHO identifies the main risk factors for human health. The ten leading risk factors globally are: underweight; unsafe sex; high blood pressure; tobacco consumption; alcohol consumption; unsafe water, sanitation and hygiene; iron deficiency; indoor smoke from solid fuels; high cholesterol; and obesity. Together, these factors account for more than one-third of all deaths worldwide. According to this report, countries should adopt adequate actions that identify high-, medium-, and low-priority interventions to prevent or reduce risks on the basis of their cost-effectiveness affordability. The 2002 report calls for intersectoral and international collaboration and a better coordination between governmental, community and individual actions (WHO, 2002).

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► Economic Efficiency

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World Peace Assessment

► Global Peace Index

World Taken for Granted

► Everyday Life Experience

World Terrorism Index (TI)

► Global Peace Index

Worldview

► Dominant Social Paradigm

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Brief History

Worldwatch has been an instrumental part of environmental observation and advocacy since its founding in 1974 by Lester Brown. It is an

independent research organization and has influenced leaders across the world. Publisher of the annual *State of the World* (2011) Report, Worldwatch is an innovative group offering valuable insights and potential solutions to environmental problems and challenges.

Cross-References

▶ Education for Sustainable Development
▶ Environmental Sustainability
▶ Indicators for Assessing Environmental Status
▶ Sustainability
▶ Sustainable Development

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See State of the World. (2011). Retrieved from www.worldwatch.org/sow11

Worries (Global Measure)

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Synonyms

Anxiety; Concerns; Deprivation; Despair; Fears; Problems; Solicitude; Sorrows

Definition

Worries are a structural trait of societies and belong to the complex of negative feelings, which are carried in each society to a certain degree. Worries can be understood as the "worries," which people articulate, or as a broader concept about everything, which is worrying (concerns, anxiety, and so on). Worries are a contrast category for positive well-being, but there is variance between less and more worries. A society without any worries is a utopia; a society with easy worries is preferable to a society with severe worries.

Description

The development of mankind is accompanied by worries, and the world history tells a long story of changing worries concerning hunger, natural catastrophes, wars, political struggles, up to ecological risks. Each time seems to have its special tableau of worries. But the history of worries has still to be written.

Worries are a certain part of the complex design of negative well-being (see Fig. 1). People may vary with respect to the type, the number, and the intensity – depth and weight–of worries. They are of different duration, may it be short term, long term, or shifting. With respect to their time horizon, they can be related to the past, to the present, or to the future. Worries are differing, depending on the life domain which is in question. There are personal worries, for example, one's own health, or worries with respect to a collective entity, for example, the health level of the nation. There we find very important differences, and micro and macro worries should be separated carefully (Boehnke, Schwartz, Stromberg, & Sagiv, 1998). Traits and trends of worries are multifaceted. Often it seems to have a direct relationship to objective living conditions, but sometimes they are operating independently.

What are the Main Worries?

Worries are different through the world and changing over time. Though there are no strictly comparable studies, the available investigations show certain tendencies. First results are available for the inquiry period from 1957 to 1963 when nearly 20,000 people were interviewed. In the Cantril study (1965), the personal worries of people within rich and poor countries were investigated. From the interview material general

Worries (Global Measure), Fig. 1 Worries in the context of negative well-being (Source: Self-produced)
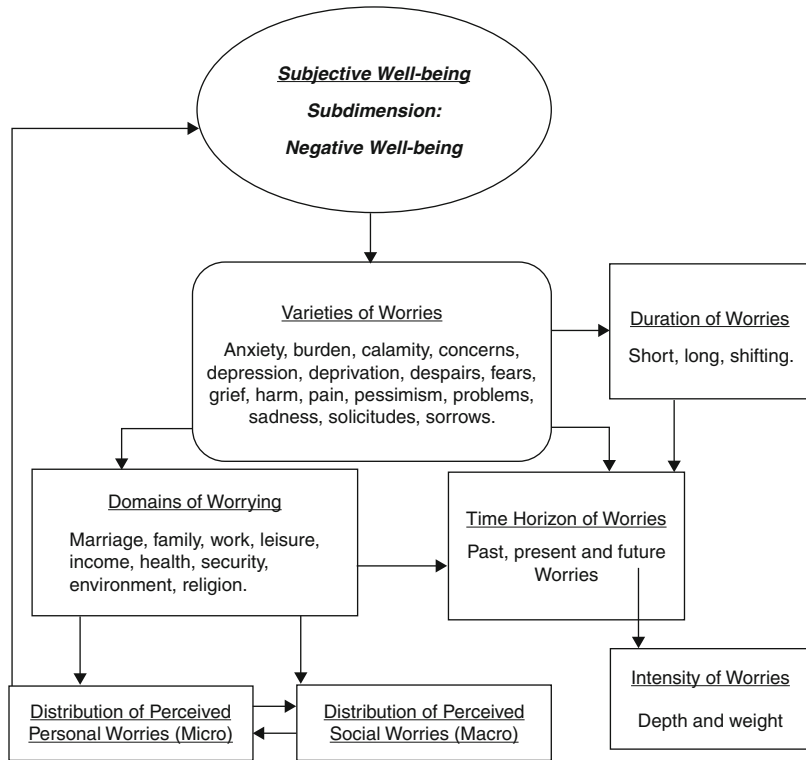
Worries (Global Measure), Table 1 Personal fears within richer nations (United States, West Germany, Israel) and poorer nations (Brazil, Nigeria, India) in the time 1957–1963

General category	Rich countries average	Poor countries average	In-between percentage difference
Fears	In percent of the adult population		
Health	55	43	12
Personal economic	51	49	2
International, war-peace	34	1	33
Family	28	21	7
Job or work	6	3	3
Political	5	2	3
Social	3	6	−3
Personal values	5	10	−5
None	7	7	0

Question: What are your fears and worries about the future? (Cantril, 1965, p. 23)
Source: Cantril, 1965, p. 224

categories (see Table 1) were deduced: fears with respect to personal values, personal economic, job or work, health, family, political fears, social fears, and international war-peace. The people in richer countries (the USA, West Germany, and Israel) faced fears especially with respect to their personal health (55 %) and their economic situation (51 %). In the poorer countries (Brazil, Nigeria, India), 43 % of the people had fears about their health and 49 % about their personal economic situation, and this was below the rich countries mentioned above. Astonishingly, at this time in the fifties, the worries in poorer countries were in most

Worries (Global Measure), Table 2   Main concerns in the world and for selected nations 2010

Issue	Global level	US	Germany	India	Vietnam
	Concerns in percent of adult population				
Global economic stability	*17*	31	8	8	5
Terrorism	*17*	22	*22*	42	17
Climate change	16	6	15	15	30
Violence in everyday life	15	17	10	8	6
Global poverty	11	6	20	14	8
Natural disasters	8	5	11	6	13
Pandemic diseases	8	4	3	5	18
Social breakdown	7	9	12	2	4

Questions refer to selected issues
Source: HSBC, 2010, p. 2

dimensions somewhat below the worries in the richer countries. Fears about international war-peace played during the time of the cold war a much greater role in rich than in poor countries. Only in respect to social fears and fears about personal values are the poor countries higher than the rich countries. Among the richer countries also some differences occurred. For example, 44 % of the Israelis had fears concerning family, whereas in West Germany just 14 % were worried about their family.

A global study on worries about 15 years ahead, called "Human Needs and Satisfactions" (Basler Versicherungsgruppe, 1978), presents for the middle of the 1970s worldwide results from 8,500 personal interviews. The data were collected by Gallup International Research institute from 1974 to 1976, and the interviews were carried through in about 58 nations. After about 10 years of Cantril's survey, it turned out that concerns about health and personal economic situation were still dominating in the world, but then new discrepancies occur. Africans are most often afraid of getting ill, and Africans and Asians were most often concerned about maintaining their (achieved) standard of living. People in the 1970s showed lesser economic worries in North America, Europe, South America, and Australia, and more in Africa and Asia. In contrast to the 1950s, the picture of fewer worries in poor countries changed to the opposite.

Another 35 years ahead, one actual example for monitoring national concerns was initiated by the Hongkong and Shanghai Banking Corporation

[HSBC] (2010). It was an online survey where over 15,000 people in 15 countries were asked. The result (see Table 2) is that in 2010, four dominating concerns had emerged: global economic stability, terrorism, climate change, and violence in everyday life. Obviously, new concerns infiltrated into the minds of the world's people. Most challenging for different types of society are global economic stability and violence in everyday life in the USA; terrorism in India; climate change, natural disasters, and pandemic diseases in Vietnam; and global poverty and social breakdown in Germany. Each region (see for example details for Germany in Köcher, 2009) seems to have its special picture of worries related to the societal and natural problems which occur.

In the "Global Barometer of Hope and Despair 2011" (Gallup International, 2010), over 64,000 people in 52 countries were interviewed about their future expectations. They were asked the following question: "So far as you are concerned, do you think that 2011 will be better, or worse than 2010?" (Gallup International, 2010, p. 24). In general 74 % of people worldwide had the opinion that 2011 would be a year which is getting better than 2010, or will stay the same, but 19 % thought that it will get worse (Gallup International, 2010). The composition of optimistic and pessimistic people in a society is always a special characteristic.

Furthermore, the net hope score is calculated: it is the difference between those who think that next year will be a year of prosperity, minus

those who think it will be a year of economic difficulty. If it is related to the per capital income of countries, the results can be shown in a "global matrix of hopes and despairs" (Gallup International, 2010, p. 9). On the one hand there are many developed countries with a high income per capita like Australia, Japan, and Germany showing a low net hope score. On the other hand there are only four countries with both, a high income per capita and a high hope score, namely, Denmark, Sweden, Finland, and Switzerland. There are several poor countries with a low hope score, for example, Egypt, Ukraine, and Pakistan. But there are also some poor countries with a high hope score, for example, Brazil, India, and Vietnam. The pattern of the worlds' worries is more a disparate mixture than a homogenous structure. Also hopes for the future are unequally distributed.

What are the Subdimensions of Worries?

There are two main levels of worries, "personal and national worries" (Bradburn, 1969), and with similar connotation of "micro and macro worries" (Boehnke et al., 1998). Micro worries (e.g., "being unattractive," "that my parents will die") are dealing with the self or with those one identifies closely (in-group or extensions of self). Macro worries (e.g., "unemployment in our country," "people in the world dying of hunger") have as their object aspects of life which are more connected to the wider society, world, or universe (Schwartz and Melech, 2000, p. 220). These two levels are present in all the life domains. Boehnke, for example, identified seven life domains: health, safety, environment, social relations, meaning in life, achievement in work and studies, and economics, where worries can appear.

Clinically speaking, one may distinguish pathological worries from non-pathological worries. Pathological worries in the definition of "generalized anxiety disorders (GAS)" means chronic, excessive and uncontrollable worries patients are suffering from (American Psychiatric Association, 1987). In psychological research pathological worries are measured with the Penn State Worry Questionnaire (PSWQ) (Meyer, Miller, Metzger, & Borkovec, 1990).

It collects data about the intensity and the uncontrollability of worries. The questionnaire consists of 16 items, and the participants can classify themselves on a 5-stage scale from "not at all typical of me" (1) to "very typical of me" (5). Another questionnaire is the Worry Domains Questionnaire (WDQ) (Tallis, Eysenck, & Mathews, 1992) which focuses more on non-pathological worrying. This questionnaire consists of 25 items which are related to five subscales. They are answered on a five-stage scale, and the participants specify themselves how much they worry about a special topic. This scale ranges from "not at all" (0), over "a little" (1), "moderately" (2), "quite a bit" (3) to "extremely" (4). The questionnaire focuses on clinical as well as on nonclinical samples.

What Measurement Procedure is Adequate?

There are different ways to measure worries and social problems (Glatzer, 2011). One way, which is often used, is to ask the following question: Did you experience the following feelings during a lot of the day yesterday? How about worries? (Gallup World Poll, 2010). The respondents can answer with yes or no, so it is a closed question with dichotomous answer categories. Another similar way is to ask the following closed question: "Most people worry more or less about some things. Would you say you never worry, worry a little, worry sometimes, worry a lot, or worry all the time?" (Andrews & Withey, 1976). Here the respondents can rate the strength of their worries. For example, there are 5-point rating scales or 11-point rating scales available. Another way to measure worries, especially with respect to certain topics, is to ask, as the study of Boehnke (Boehnke et al., 1998), "How worried, if at all, am I about... (e.g., with respect to different life domains, (health), that my parent will die, etc.)?" and a 5-point response scale was labeled from "not at all worried" to "extremely worried," and in the middle "somewhat worried." The life domain health, like the other domains (e.g., economic, safety, environment), reflects micro and/or macro worries, because you can request information on worries at the micro level ("me getting cancer") and on the macro level ("people in the world dying of hunger").

Cantril used the ▶ Self-Anchoring Striving Scale, and the people were asked the question what their fears and worries about the future are (Cantril, 1965, p. 23). It ranged from the worst possible experience to the best possible experience, in numbers from 0 to 10. There are additional studies which measure the experience of worries in the past (e.g., Warr, 1978).

Sometimes worries are measured with an open question like "What kind of things do you worry about?" (Veroff, Douvan, & Kulka, 1981). Of course, combinations, for example, questions with respect to the future, present, past and/or with respect to personal and national concerns (Cantril, 1965, p. 263), are possible. A further way to measure worries is the ▶ Affect Balance Scale (Bradburn, 1969). The scale includes five statements reflecting negative feelings but also five statements reflecting positive feelings which can be answered with yes or no.

So there are different worry scales constructed to give results for the question concerning whether a person worries at all and to the intensity of somebody's worries in his life. Furthermore, they indicate which topics people worry about and if they are focusing on the past, present, or future. The topics can be more related to micro (personal) or macro (national) worries. Especially in psychological studies, the measurement of worries is related to individual aspects, for example, lack of confidence, whereas in sociological studies and in the field of Quality of Life Research, worries are more often measured with respect to social problems on the macro level (e.g., global poverty) or micro level (family, health of themselves, or family members).

What is the Relative Importance of Worries?

Worries are anticipated evaluations of the future. Worrying about certain things does not mean that someone is convinced that it will happen, but the people who are worrying, for example, about their health, are uncertain how their health will develop in the future. Nevertheless, worrying belongs to peoples' everyday life, and (micro and macro) worries can appear in each life domain. It is important to see that on the one side, the micro worries are correlated with a mediate degree to positive subjective well-being. On the other side macro worries seem not to be a rather significant component of subjective well-being (Schwartz & Melech, 2000). In other words the extent of having macro worries has no major influence on the people's subjective well-being. Worries belong, as mentioned, to our everyday life, but personal worries can become pathological and lead to psychic troubles.

Discussion

In general, worries are an indispensable burden of societies, and there is no known society without any worries. But worries are not only a burden, they have also positive functions because they are like alarm machines which order people to take necessary steps in the face of risks. They can function as self-destroying prophecies in contrast to self-fulfilling prophecies. There are individuals and nations which have a high burden of worries and individuals and nations with a lower burden. It is a challenge to attain societal goals on a moderate level of moderate worries. But there has to be kept in mind that worries of nations differ often because of local factors (natural conditions, regional conflicts) which affect the worries of these nations. No wonder that – as visible in the studies mentioned above – insurance companies are interested in research on this topic.

Yet, it remains an open question whether objective conditions or cultural factors have a stronger influence on the national levels of worry. Although objective living conditions can increase micro worries, it appears that cultural factors are somewhat stronger predictors of national levels of worry than the socioeconomic factors are (Schwartz & Melech, 2000). Worries and negative well-being on the one hand and positive well-being on the other hand are to an astonishing part independent. Worries never represent the whole story of perceived quality of life of a nation. Only negative well-being and positive well-being together constitute the whole picture of the well-being of individuals and societies.

Cross-References

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Worry

Worthwhile Life

WPI

Writing Music

WTP