Quality of Life and the Competent Community[1]

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Quality of life is presented as an important and useful concept for community psychology. Factor analysis of data collected in a household survey provides evidence that quality of life can be thought of as spanning a life-space continuum with three basic levels: intimate life-space, social functioning, and community functioning. Separate factor analyses were performed for each of three income levels. The community factor accounted for the majority of the variance at the lowest income level while the social factor emerged as most prominent for the other two income levels. Additional analysis supported the particular importance of community variables in predicting the life satisfaction of low-income persons. The results are discussed in terms of the role of community psychology in developing competent communities to enhance life quality.

One of the characteristics of community psychology which helps to maintain its distinction as an emerging field is its focus on community resources. Rather than limiting its efforts to the study of deficits and identified problems, it attempts to enhance the functioning of a community and its residents through building on strengths. This approach may be termed positive and preventative in that it attempts to develop a competent community which promotes personal growth in its citizens so that the occurrence of mental and emotional problems will diminish and life quality will be improved.

Traditionally, needs assessments and community surveys have been used to identify the prevalence of existing pathology or less dramatic

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"problems in living" within a community. However, the adoption of a positive mental health perspective does not necessarily preclude the continued use of these valuable methodological tools. The growing interest in the concept of quality of life provides an example of how a community survey can be used to assess strengths and satisfactions rather than weaknesses. Quality of life in a community depends on more than a relative dearth of identifiable problems. As Zautra (Note 1) states, "freedom from symptoms, although important, is not the only kind of freedom, and the relative absence of pain is not the only source of happiness." In fact, there is some evidence to suggest that satisfaction may be conceptually independent from a lack of pathology. For example, Bradburn (1969) states that positive affect and negative affect are two orthogonal dimensions and that the difference between the scores on the two dimensions is the best predictor of overall happiness. And work by Herzberg (1966) suggests that satisfaction and dissatisfaction on the job vary independently of one another.

As a means of measuring satisfaction, the quality of life concept offers a wide-ranging approach. It examines sources of satisfaction as they exist on a life-space continuum, recognizing that a person's life experiences encompass several potentially overlapping areas. Satisfaction can derive from family, work, recreation, etc., and the satisfaction level of one of these areas can depend to a certain extent on the satisfaction level of a distinct but related area. One advantage of this broad-based approach is that it provides the option of intervening at any of a number of points, each of which could have a measurable impact on an individual's or community's life quality. These points of intervention could occur anywhere from the most personal, private issues (such as providing premarital counseling services) to the more impersonal level of government and media functioning.

There is some evidence which supports the notion of an underlying life-space structure to quality of life. Andrews and Withey (1974) performed a smallest-space analysis of quality of life data gathered from a sample of more than 1,000 persons. They noted that the vertical dimension arrayed items according to social distance from the self, ranging from concerns about self and family at one end, through job and neighborhood, to governmental and media concerns at the opposite end. They attempted to validate the structure by performing several different types of analyses (i.e., factor analysis and smallest-space analysis using ipsatized scores) and using data from different subgroups of their sample. The results of the various analyses showed structures which were highly consistent with each other and with a life-space interpretation. Campbell, Converse, and Rodgers (1976) also performed a smallest-space analysis of their survey data and obtained a configuration which radiated from a central intimate core outward toward more impersonal environmental features. According to Campbell et al., the configuration "seems so basic to the structure of

human life that it is hard to imagine that it would not be characteristic of any segment of the population, or, for that matter, populations outside of the U.S." (p. 72).

Though these studies suggest that interventions to upgrade life quality may well vary across levels of life space, *the central issue remains which level is the most appropriate to impact.* This is clearly a matter of values and an open question, especially given finite community resources to support any intervention efforts.

One approach which can yield valuable information for program planning is the use of a quality of life community survey. Although Flanagan (1978) contends that in-depth studies of individuals, including life histories, are required to provide useful insights, a survey format can provide a way to compare population subgroups. This type of comparison can then point to differential program planning and systems interventions. As Goodstein and Sandler (1978) point out, long-term solutions to human welfare problems require a social systems level of analysis.

One particular group which would be most likely to benefit from efforts to improve life quality is the economically disadvantaged. Studies which include a range of income levels in their samples consistently demonstrate a direct relationship between socioeconomic status and several different measures of well-being. Population groups low on the socioeconomic scale tend to evidence grater rates of psychopathology, as described in research reviewed by Dohrenwend and Dohrenwend (1974). In addition, low-income persons are more likely to report lower levels of happiness (Bradburn, 1969) and less satisfaction with their lives (Andrews & Withey, 1976; Zautra, Beier, & Cappel, 1977). It is easy to see why Dohrenwend (1978) identified the common aim of community psychology as helping the socioeconomically deprived.

Yet the question remains, what is the most profitable level of intervention for improving the life quality of low-income persons? As Goodstein and Sandler (1978) point out, any intervention will eventually affect the lives of individuals, but the target of the intervention will depend on how the problem is perceived and conceptualized. How are we to conceptualize the problem of a low level of life satisfaction among the economically deprived segments of our society? Should the interventions aimed at a low-income population differ from those directed toward middle- and high-income groups? Clearly, the answers to these questions have undergone great change in recent years and continue to demand attention.

The purpose of the present study was an investigation of these questions. First, we expected that income level would be significantly related to well-being and life satisfaction within the population sample. Second, we wished to clarify and develop the life-space dimensions suggested in earlier analyses of quality of life data. Third, we were interested in seeing if

there would be any differences in the dimensions which would emerge for various income levels, and if these dimensions could suggest ways of formulating approaches to upgrading life quality.

METHOD

Sample

A household survey was conducted in the South catchment area of Phoenix, Arizona, yielding a completed sample of 547 adults. Interviews were conducted in the respondent's home, and the interviewers were indigenous to the area being surveyed. Interviews were conducted in Spanish when appropriate. The sample contained approximately equal proportions of Anglos, Blacks, and Mexican-Americans. Using a comparison to 1970 census data, it was determined that the sample was highly representative of the population surveyed, with the exception of an overrepresentation of females. A more detailed description of the sample can be obtained by writing to the authors.

Instrument

Included in the instrument were questions pertaining to perceived quality of life, general well-being, and demographics. Quality of life was assessed using a scale developed by John Flanagan (1978) which measures how well the respondent's needs and wants are being met with regard to 15 different components of life quality. Overall life satisfaction was measured by asking, "At this time in your life, would you say you are very satisfied with your life as a whole, fairly satisfied, neutral, dissatisfied, or very dissatisfied?"

Two measures of well-being were included. One was the Bradburn Affect-Balance Scale (1969), which is scored on a scale of 0 to 10, with a score of 10 indicating a high level of happiness. The other measure was a self-report in which the respondent rated his or her mental well-being as either excellent, good, fair, poor, or bad.

RESULTS

The sample was divided into three income levels for analysis: less than $5,000 ($n$ = 194); $5,000-$11,000 (n = 191); and more than $11,000 ($n$ = 138). Cross-tabulations indicated that there were no significant differences

in sex or ethnicity across income levels. However, there were a greater number of persons over age 65 in the lowest income level. It should be noted that the population surveyed was characterized by a lower than national average income, with a sample mean of $7,000.

Correlations were computed between income level and well-being. Lower income was significantly related to poor self-rated mental health (r = .24; $p < .001$), low scores on the Bradburn Scale (r = .26; $p < .001$), and low levels of satisfaction with overall life quality (r = .18; $p < .001$). Analysis of variance also indicated that the income levels differed significantly (at the .001 level) in terms of the three measures of well-being. In addition, low income was significantly related to low levels of satisfaction on 12 of the 15 quality of life components ($p < .05$). The three components which were *not* related to income level were measures of satisfaction with helping others, government participation, and creative expression.

In order to discover the underlying structure of the quality of life components, factor analyses were performed on the data for the total sample

Table I. Factors Resulting from Analysis of Quality of Life Components According to Level of Income

Factor 1	Factor 2	Factor 3
Total sample		
(36.6%)	(9.1%)	(8.0%)
.64 Health and safety	.66 Passive recreation	.70 Govt. participation
.58 Material comforts	.64 Socializing	.57 Learning
.57 Relationship w/spouse	.59 Active recreation	.56 Helping others
	.53 Understanding self	.54 Satisfying work
Less Than $5,000		
(37.8%)	(9.1%)	(7.6%)
.74 Govt. participation	.65 Socializing	.63 Relationship w/spouse
.68 Satisfying work	.60 Understanding self	.52 Active recreation
.67 Learning	.56 Passive recreation	
.54 Helping others	.55 Close friends	
	.54 Creative expression	
	.51 Helping others	
$5,000–$11,000		
(33.8%)	(10.2%)	(9.0%)
.68 Passive recreation	.77 Health and safety	.72 Creative expression
.67 Active recreation	.61 Material comforts	.66 Govt. participation
.53 Socializing	.50 Relationship w/spouse	.50 Learning
More Than $11,000		
(33.8%)	(11.6%)	(9.0%)
.73 Socializing	.78 Health and safety	.62 Govt. participation
.65 Passive recreation	.69 Relationship w/spouse	.58 Learning
.60 Understanding self	.51 Material comforts	.52 Helping others
.53 Active recreation		.50 Satisfying work
.52 Creative expression		

and separately for each income level. The factor analysis used the principal components method with varimax rotation. Variables were included in factors if they had loadings of .50 or greater. As shown in Table I, three factors emerged which are strongly suggestive of a life-space continuum. Factor 1 for the total sample seems to reflect the concerns of an intimate life space; maintenance of self and family. The second factor is more representative of social functioning, including activities which maintain contact with and feedback from other persons. The third factor represents a larger community orientation. It includes opportunities for participation in activities which are traditionally provided by the community. These three factors were basically repeated for each of the income levels, with some interesting variations. For the lowest income level, the community factor accounted for the greatest proportion of the variance, while for the other two income levels, the social factors accounted for the majority of the variance.

In order to statistically compare the factor contents across income levels, three new variables were created by summing the satisfaction scores for the variables in each factor which emerged for the total sample. Thus, for the total sample and each income level, variables labeled as Personal, Social, and Community were computed. These new variables were correlated with overall life satisfaction, partialling out the effects of age, and comparisons were made between correlations using Fisher's Z. The correlation and Z values are presented in Table II. As can be seen, the only significant differences between correlations arise from a comparison of the community variable between the lowest income level and the other two levels. The community variable was significantly more highly correlated with overall life satisfaction for the lowest income group.

Table II. Comparison of Correlations of Factor Variables with Overall Life Satisfaction

Variable	Personal	Social	Community
Correlations[a]			
Lowest income	.400	.349	.370
Middle income	.376	.222	.089
Highest income	.341	.183	.102
Z values			
Lowest vs. middle	.324	1.270	2.685[c]
Lowest vs. highest	.675	1.525	2.400[b]
Middle vs. highest	.317	.290	.086

[a] Correlations represent first-order coefficients after the effects of age were partialled out.
[b] $p < .01$.
[c] $p < .005$.

Table III. Regression Equation for Overall Life Satisfaction
for the Total Sample

	df	R^2 Increase	F
Age	1	.000	1.290
Sex	1	.000	.185
Family income	1	.036	1.635
Personal	1	.140	3.413
Social	1	.011	1.337
Community	1	.000	3.855[a]
Income × community	1	.009	4.078[a]
Income × personal	1	.001	.623
Income × social	1	.000	.092
$R = .445; F(9, 457) = 12.524^b$			

[a] $p < .05$.
[b] $p < .001$.

A hierarchical multiple regression analysis of the entire sample entered age, sex, and income (in that order), the personal, social, and community variables, followed by the interaction terms of these variables with income to predict onto life satisfaction. The results are presented in Table III. Again, support is found for the importance of the community in the prediction of life satisfaction.

DISCUSSION

As expected, the results provide additional evidence for the presence of a strong relationship between income level and well-being. The positive correlations of income with score on the Bradburn scale, self-rated mental health, and overall life satisfaction reiterate the view that poverty-level persons should be a population of concern for community psychology. In addition, the quality of life components which are highly predictive of life satisfaction for the lowest income level differ from those which are predictive for the other two income levels. This difference indicates that the diversity of a community needs to be taken into consideration when planning social action programs, as has been suggested by Rappaport (1977).

The results of the factor analysis provide further evidence for the notion that quality of life can be conceptualized as spanning a life-space continuum. The three factors which emerged for the total sample and each subsample are reminiscent of the quality of life dimensions found in earlier studies. These factors suggest that efforts to improve life quality can occur at any of three life-space levels; personal, social relationships, and/or community functioning. The community factor can be thought of as being instru-

mental in providing many of the other sources of satisfaction. Campbell et al. (1976) offer a similar interpretation regarding the smallest-space analysis of their data. They suggest that the national and community portion of the configuration represents the individual's assessment of his or her transactions with the physical and social environment.

It is significant, in view of its instrumental nature, that the community would emerge as the most important factor for low-income persons. For it is the community which is instrumental in providing opportunities for people to participate in a number of positive, growth-producing activities. Of great importance to the economically deprived is the opportunity to obtain an education, learn a job skill, and put that education and skill to use in earning an adequate income.

Low-income persons are a population that can be thought of as having "slipped through the cracks" of a community. In a nation of substantial resources, a community characterized by such human loss may be labeled incompetent. It appears that community psychologists would do well to focus their efforts on the development of what Iscoe (1974) refers to as a "competent community." The competent community encourages participation by all of its inhabitants in the process of defining and meeting community and individual needs and in the process of grappling with social issues related to human welfare.

This study indicates the need for recognizing the community as a source of life-enhancing opportunities which should be available at all economic levels. Rappaport (1977) says, *"If people have a right to be different, then they also have a right to be the same.* Being the same requires access to the resources of the society in which one lives" (p. 2). Having equal access to the resources of society is an impossible dream for too many persons. And, having equal access to resources is the foundation for experiencing a quality of life which is on a part with other segments of society. If the field of community psychology is dedicated to improving people's life quality, it would do well to begin with that portion of the population which is most in need of assistance, i.e., the economically deprived. The action indicated by this study is clearly toward organizing the community to be competent in providing an adequate educational system, participation in decision-making, nondiscrimination in employment, and general economic development. The competent community develops its most valuable resource when it provides for the growth of all its citizens.

As noted earlier, the population surveyed was characterized by a lower than national average income. In addition, the highest income category consisted of a range which began at $11,000. It is possible that this limited sample addresses only part of a broader picture. The relative importance of community, social, and personal variables in determining life satisfaction could undergo additional change when very high income groups are studied.

For example, the traditional political and economic influence wielded by very high income persons could be reflected in a highly salient community factor for that population, but for reasons very different from the issues discussed for the lowest income groups. Unfortunately, the data in this study do not provide for resolution of the question, but do suggest a meaningful next step in this line of inquiry.

REFERENCE NOTE

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