

Health-related quality of life and subjective well-being: A cross-cultural perspective

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Perspectives regarding the concept of health have changed from a pathogenic to a salutogenic model. The salutogenic approach considers different dimensions of well-being as determinants of health within individuals and societies. The relationship among health, subjective well-being, and the environment is broadly conceptualized within a transactional model of stress and coping, which recognizes the potential influence of the external environment on individual well-being. The salutogenic model stresses the strengths of individuals and their capacity for adjustment; it explains why certain people seem to preserve health and successfully cope with exposure to life stressors from their environment. Sense of coherence is a necessary condition for health and quality of life; it is an overall orientation for viewing the world and interacting with the environment in a comprehensive, manageable, meaningful way. A relationship among sense of coherence, health, and quality of life has been found in various clinical samples, general populations, children, and students. University attendance is regarded as a positive event that provides excellent opportunities for individual development; it represents a critical developmental period for young adults, in which students enter a new social environment, where they must adjust to new social norms and establish new relationships. This experience is also accompanied by multiple and significant changes, stress, and challenges in academic, social, and emotional areas. Sense of coherence is a health-promoting resource that can improve resilience, resulting in a positive state of subjective well-being and quality of life. Research in diverse cultural settings will improve our understanding of health outcomes and the extent in which these outcomes are individually, socially, or culturally determined. This is important toward establishing programs for health promotion and establishing health policies to meet the social and societal conditions in different countries.

Key words: Saluto-genetic health model, Sense of coherence, Health promotion

Introduction

In the past three decades perspectives regarding the concept of health have changed from a pathogenic to a salutogenic model (Antonovsky, 1985). The salutogenic approach considers different dimensions of well-being as determinants of health within individuals and societies. This concept is closely related to the broad understanding of health and health-related quality of life as stated by the World Health Organization (WHO 1948). The WHO Quality of Life Group defined QoL as an “*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” (WHOQOL 1995). The concept of health-related quality of life is multidimensional including perceived physical health, psychological well-being, social relationships as well as environmental factors. The physical environment includes external resources or strains such as economic structure, health promoting services, and social network or interpersonal relationships. The psychosocial environment includes internal recourses or strains

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including physical, cognitive/behavioural and emotional conditions that affect well-being and quality of life. The social environment (e.g. family or friends) can be a strong source of developing positive health behaviour. The physical and psychosocial environments are determinants for subjective health, well-being and quality of life. Individuals are permanently faced with various kinds of stressors during life and resources are essential in coping with daily hassles or strains. Stressors can be described as demands emanating from the internal and external environment of a person.

The relationship between health, subjective well-being and the environment is broadly conceptualized within a transactional model of stress and coping that recognises the potential influence of the external environment on individual well-being. More than 30 years ago Lazarus (1977, 1984) established the theory that an individual's appraisal or perception of the event, rather than the event itself, is predictive of the deleterious outcomes of stress on quality of life. More recent research showed that the relationship between the physical environment and health-related quality of life is partially mediated by environmental satisfaction perceived as subjective appraisal of environment and feeling of control over the environment (Shermann et al 2005). The salutogenic model stresses the strengths of individuals and their capacity for adjustment and explains why certain people seem to preserve health and successfully cope with the exposures to life stressors from their environment.

The Concept of Sense of Coherence

Sense of coherence is a central concept within the salutogenic model and a necessary condition for health and quality of life. It is a global orientation to view the world and interact with the environment in a comprehensive, manageable, and meaningful way (Antonovsky, 1984). Sense of coherence is developed during childhood and adolescence until early adulthood and is universally applicable to all cultures and ethnic contexts. It is a stable disposition of personality and a health promoting resource that improves resilience and develops a positive state of both physical and mental health. The concept has

three components – comprehensibility, manageability, and meaningfulness. Comprehensibility is the extent to which events are perceived as making logical sense, that they are ordered, consistent, and structured. Manageability is the extent to which a person believes that the resources to cope are available. Meaningfulness is how much one feels that life makes sense, and the challenges are worthy of commitment. The concept combining cognitive, behavioral and motivational factors interacts with a person's coping style and social support. The extent to which these resources are available is a major determinant in the development of a strong or weak sense of coherence.

There is empirical evidence that sense of coherence has an impact on health-related quality of life (Eriksson et al 2007). A relationship between sense of coherence, health and quality of life was found in various clinical samples (Klevsgard et al 1999, Jacobsson et al 2002, O'Caroll et al 2003, Poppius 1999, Agardh et al 2003), general populations (Nesbitt et al 2000, Nasermodaddeli et al 2003), children (Guldvog 1999), and University students (von Bothemer et al 2003, Biró et al 2010). Sense of coherence was also investigated in several studies in Japan (Urukawa et al 2009). A health survey in a manufacturing industry including 466 workers showed that high sense of coherence enables workers to cope with their job demand and determined coping ability. Social support seems significant for prevention of mental well-being of female workers from work-related stressors. Matsukai et al. 2007 found that psychological factors including sense of coherence and some life styles are related to general health in elderly workers in Japan. Low sense of coherence is related to poor psychological well-being directly, or via the development of life-style problems such as a lack of exercise, obesity or smoking in elderly workers.

The salutogenic model has been applied within university settings including different student samples. College and university attendance is regarded as a positive event that provides great opportunities for individual development and represents a critical developmental period for older adolescents and young adults, in which students enter a new social environment where they must adjust to

new social norms and establish new relationships (Tao et al, 2000). This experience is also accompanied by multiple and significant changes, stress, and challenges in academic, social, and emotional areas. College and University students perceive academic life as stressful and demanding (Hammer et al 1992) and report experiencing emotional reactions to this stress, especially as a result of external pressures and self-imposed expectations (Misra et al 2000). A mental health survey including undergraduate and graduate students showed that sense of coherence was a strong exploratory variable for psychological distress related to perceived health (Biro et al 2010). Medical students seem to have a higher level of stress and depression than other non medical undergraduates or peers in higher education. Almost one fifth (18.5%) had psychological distress indicating notable mental health problems. Von Bothemer et al (2003) found a positive correlation between perceived health and sense of coherence in female students but not in male students. In the female student sample optimism was associated with less health complaints. Gender can affect the way in which individuals manifest stress outcomes. Results of various studies indicated the presence of gender differences, with women generally reporting a higher level of stress than men (Brimblecombe et al 1996; De-Anda et al 1997).

Socio-cultural Conditions, Subjective Well-being and Health-related Quality of Life

The relationship between culture, health and quality of life is complex. Matsumoto (2000) defines culture as “*a dynamic system of rules – explicit and implicit – established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms and behaviours, shared by a group*”. The cultural background determines an individuals’ perception of health, meaning of quality of life and well-being, experience of symptoms and distress, health behaviour patterns, emotional experiences, and cognitive appraisal. On a cultural level subjective well-being includes political freedom, social equality, social security, high gross national product per capita, high levels of trust, or efficient

public institutions. On an individual level factors increasing subjective well-being are good health, high education level, purpose in life, self acceptance, personal growth, sense of self-determination, or social support (Triandis, 2000). Objective indicators of well-being are the objective conditions of a good life whereas subjective indicators are people’s affective and cognitive evaluations of their lives and their living conditions. Individuals with different cultural backgrounds have a baseline level of well-being that varies only moderately in response to current events. Cross-cultural variation in well-being is strongly related to the society’s level of economic development (Inglehart et al 2000).

Improving health and well-being includes the consideration of health and its determinants in different cultural settings. Fig. 1 shows a comprehensive model of health including internal resources, external resources, and life-style factors. This model shows the impact of socio-demographic factors such as education, health behavior and life style factors (e.g. exercise, smoking), external resources (e.g. social support from family or friends) and internal resources (sense of coherence) on subjective well-being and health-related quality of life. Social determinants of health have been recognised by the World Health Organization to greatly influence collective and personal well-being (WHO 2008). Social determinants include the economic and social conditions under which people live embedded in their culture. Subjective health and quality of life is shaped by determinants such as income and social status, social networks, education, employment and working conditions, social and physical environments, personal health practices and coping skills. Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members’ (Raphael 2008). These are societal conditions rather than individual risk or promoting factors that either increase or decrease the risk of a disease. Recent evidence suggests that health and social problems tend to be better in societies where income is more equally distributed. Many social problems, including mental illness, violence, imprisonment, lack of trust, teenage births, obesity, drug abuse, and poor educational performance of schoolchildren, are also

more common in more unequal societies. Differences in the prevalence of ill health and social problems between more and less equal societies seem to be large (Wilkinson et al. 2009a, b). Associations between socioeconomic status, measured by such factors as level of education, income, and occupational status, greater access to resources and political power, and an individual's health and well-being are well established and evident throughout the whole life course.

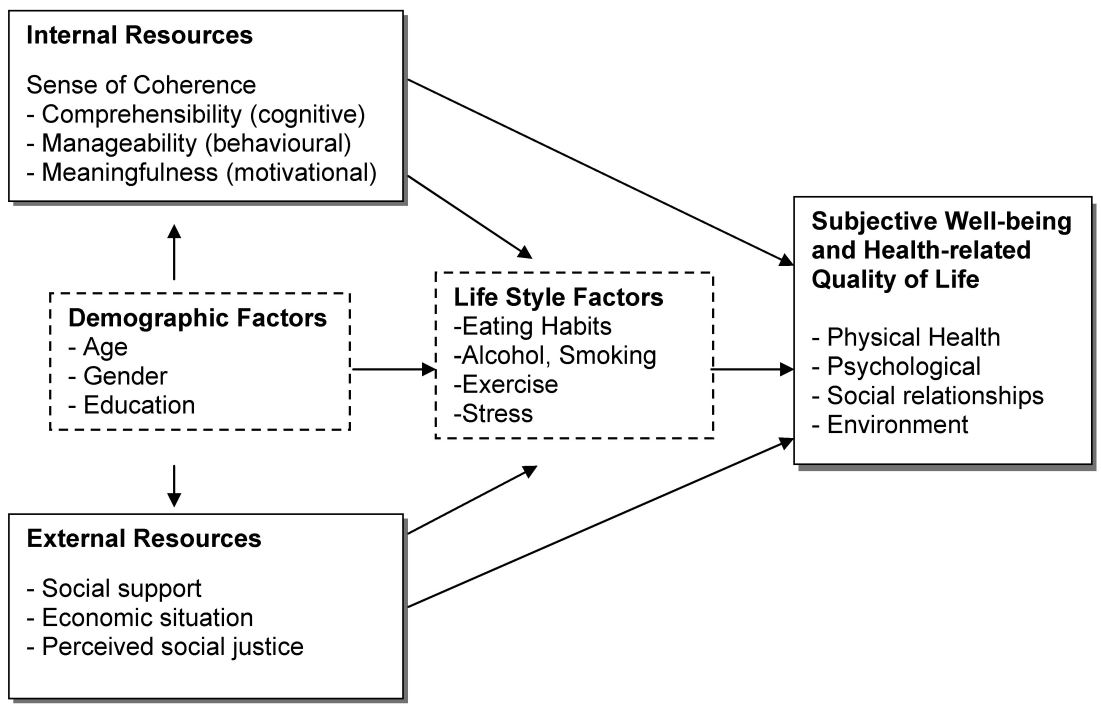
A cross-cultural comparison of health indicators across Europe showed that better health was related to higher education, employment, use of preventive medical services, better mental health, regular activity, lower alcohol consumption and higher quality of life. Poorer health was associated with higher age, presence of chronic conditions, use of curative medical services (Schmidt et al, 2002). In the east European countries the level of physical activity, overall quality of life and the amount of social support were significantly lower than in the west European countries whereas the lifetime

prevalence of chronic conditions was significantly higher. Yu et al. 1997 found in a sample of Chinese elderly that cultural factors, specified by family relations, along with demographic factors, number of diseases, economic well-being, and living conditions have a significant impact on subjects self-perceived health status.

Conclusion

Cross cultural research on health-related quality of life and subjective well-being has improved our understanding of health outcomes and the extent in which it is individually, socially, or culturally determined. The salutogenic model as a health promoting resource can improve resilience resulting in a positive state of subjective well-being and health-related quality of life. There is evidence that education is one of the most important indicator for subjective health and quality of life. Identifying determinants of subjective well-being and quality of life in different cultures is important to establish

Fig. 1 Conceptual Model:
Indicators of Subjective Well-being and Health-related Quality of Life



programs for health promotion and to establish health policies given the social and societal conditions in different countries.

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