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COGNITIVE DIMENSIONS OF SUBJECTIVE QUALITY OF LIFE IN HAJDÚ-BIHAR COUNTY

Anett Sörös

*University of Debrecen, Faculty of Applied Economics and Rural Development
4032 Debrecen Böszörményi út 138.*

Abstract: The objective of the present study is an investigation of the objective and subjective factors of life quality. Researchers and political leaders show increasing interest in the question: on what grounds do people judge their quality of life, what satisfies or makes them happy? Do we subconsciously make some kinds of mathematical calculations weighing our results achieved in certain areas of life to assess how we are getting on? Or rather we use one “indicator” (e.g. money, number of friends, professional recognition) and we assess our situation accordingly? These issues necessarily emerge when it comes to the consideration of the quality of life.

Among factors determining life satisfaction, earnings, employment, health and relationships play significant roles. Therefore, on the leading edge of this research are primarily the cognitive factors of life quality, i.e. external factors influencing satisfaction.

The present study also seeks to identify the role of health tourism in the assessment of the quality of life. Questionnaires were completed in one of the most popular tourist destinations of Hajdú-Bihar County. The 805 local respondents expressed their views primarily about factors determining their well-being and about the impacts of the dominant presence of health tourism on their lives.

Keywords: quality of life, health tourism, cognitive satisfaction, life satisfaction

1. Introduction

One remarkable characteristic of present day consumer society is that we seek to satisfy our needs through purchasing a higher amount of goods and services than indispensable for our subsistence.

Consumption has become part of our identity, it is a source of everyday happiness and in certain cases, that of self-realization. While the characteristics of consumption evidently exert influences on individuals' quality of life, craving for the standardisation of the latter has been equal in age with thoughts about the meaning of human life. If prerequisites of quality lifestyle were precisely identified, this definition would provide the potentials of optimal everyday life for individuals and communities. However, there is a common understanding that human life is much more complex. One thing is sure: the quality of life is the alpha and omega of survival for humans. The knowledge of the symbiosis of specific elements constructing the quality of life provides us with potentials to ensure its required level more successfully.

2. Materials and methods

The study presents the partial results of a great research activity. Analysis on some factors influencing the quality of life was performed by evaluating questionnaires completed in Hajdúszoboszló. The study was premised on primary and secondary research. Primary research included the analysis

of technical literature closely related to the topic and earlier studies prepared about Hajdúszoboszló.

Primary research was conducted in the form of a questionnaire survey, 805 pieces of questionnaires were filled in by local inhabitants in October 2011-February 2012. The questionnaires were analyzed by the Statistical Package for Social Science (SPSS) program.

3. Results and discussions

3.1. General satisfaction, future prospects

With respect to actual economic and labour market conditions in the country, the majority of respondents were unable to voice positive feelings about their own lives. 58% of Hungarians claimed in the autumn of 2009 that they were not satisfied with their lives. The rate of pessimistic people increased by 2% as compared to a previous survey 6 month earlier; at the same time the rate of Hungarians pronouncedly satisfied with their lives dropped to 42%.

In international comparative terms, merely Bulgaria precedes Hungary on the list of dissatisfaction, where the rate of those who are satisfied with their lives is only 38%. The highest rate of those who feel well is represented by people of 15–24 (67%). The least satisfied category is the age group of 40–54 with 70% of those who find their present conditions far from being ideal.

The rate of satisfied people in Hungary lags well behind the values measured by Eurobarometer (78%) in all the EU member states. Inhabitants mostly exhibit a positive attitude in Denmark (98%), Luxemburg (96%), Sweden (96%), The Netherlands (95%), Finland (95%) and the United Kingdom (91%). Interestingly in Greece, where 56% of respondents were pessimistic in the spring of 2009, this number dropped to 42% in 6 months whereas the rate of satisfied people increased from 44% to 58% (Eurobarometer 72, 2009).

3.2. The cognitive dimension of subjective quality of life

There are subjective and objective sides in life quality researches. The two significant life quality research models are the Scandinavian, starting with the availability of resources and their possession, therefore laying emphasis on objective factors; and the American, which rather finds subjective perception and evaluation important. A kind of mixture of these two is the life quality approach by Erik Allart. Following Maslow's model, he also created a hierarchy of needs and distinguished 3 levels:

„Having, loving, being” (material–environmental and social needs and needs for personal development as well). Moreover, he differentiated objective factors and the related subjective attitudes on all the three levels. In the present study the level of “having” is the most relevant, so objective and subjective indicators will be highlighted at this level:

- Objective: objective measurement of the standard of living and environmental conditions
- Subjective: contentment with the standard of living, the feeling of contentment (Utasi, 2007)

In the analysis of life standard and living conditions, objective indicators include primarily earnings, labour-market status, the availability of consumer goods and other similar material indicators. In general, GDP per capita and various indices, mainly those formed from national economic indicators may also be analysed.

In the last fifty years, there has been a concerted effort to empirically investigate SWB, from its correlations (Seidlitz and Diener 1993; Oishi et al. 2007), to forecasting affect (Gilbert, 2006) to cross-cultural differences (Scollon et al., 2005). Yet, only a few have attempted to search for a unifying theory of subjective well-being (Brief et al., 1993; Feist et al. 1995; Kim-Prieto et al. 2005). As an alternative to utility, subjective well-being (SWB) has been proposed as a measure of individuals' benefits in a number of domains (Kahneman, 1999). SWB expresses individuals' cognitive and emotional well-being, directly measured by means of reliable psychometric scales (Diener and Suh, 1997). Since SWB refers to satisfaction with life in general, it is assumed to be relatively stable across time and to go beyond, but implicitly include, domains such as family life, work life, and leisure. Yet, there is an increasing interest in understanding how SWB depends on context-specific factors such as, for instance, various forms of consumption, improved schools, or reduced

commuting stress (Diener and Seligman, 2004; Diener et al., 2009).

The quality of life is a joint dimension of objective factors determining human life and their subjective reflections (Michalkó, 2010). Whereas welfare refers to the objective factors (earnings, health, infrastructure, public security) of the quality of life (Figure 2.), well-being relates to subjective ones (delight, appreciation, affection). The relation of earnings and health has been widely investigated. Research findings reveal that higher incomes lead to better health, but better health may also result in higher incomes due to increased labour productivity and more active participation in the labour market. Similarly positive, two-directional relations can be detected in the relation of education and incomes. Education enhances social participation which is a significant component of the quality of life (QOL). Those people whose level of education is higher feel less helpless and they are less likely to be taken advantages of or manipulated negatively through their decisions (Putnam, 1993).

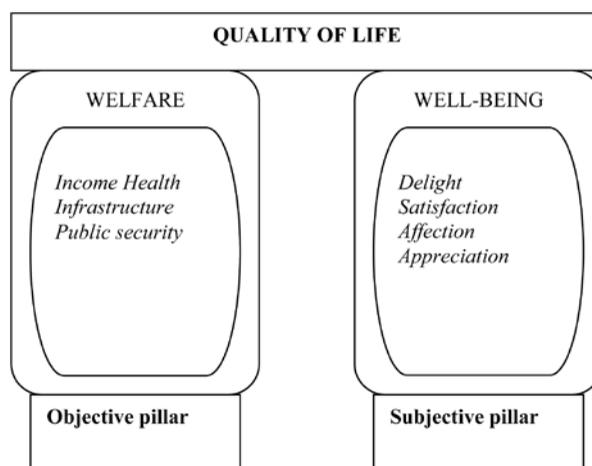


Figure 1: Pillars of the quality of life
Source: Authors' own work based on Michalkó (2010)

3.3. Evaluation of results

Significant features in the sample

The following table (Table 1.) shows the summary of some basic features in the sample. In terms of representativity, it is significant for the sample to reflect the distribution of the major characteristics in the population. Therefore, the sample included approximately 50–50% of women and men. The majority of respondents represented the age group of 20-60 (60%). Most of the people in the survey (51.2%) received average monthly earnings of 50 000–10 000HUF per capita.

Focus on health

Health is the condition of full physical-mental and social welfare, not merely the lack of illnesses or disabilities. The highest possible level of physical and mental health is one of basic human rights.

It determines individuals' lives and their quality of life as much as the income generating capacity of a society, so the improvement of the preservation and efficiency of health requires existing and available information which has been regarded highly significant recently (*Statistikai tükör, 2010*).

Part of health-related information is exclusively acquired through a questionnaire survey on population health, because data recorded by health institutions fail to reflect a picture of – among others – lifestyle and social factors influencing health, health expenditures and satisfaction with the health care system.

People's increasingly deteriorating health seems to be the outcome of lifestyle affecting features, technical wonders and achievements in today's civilised world. Our modern "sitting" lifestyle poses severe health problems which are to be addressed. The idea emerges more and more frequently that sports should play a vital role in life, should become a basic element of life. These days scores of people come to the realization that prices are not only to be paid for available worldly goods. The highest price is paid for health and its preservation is even more costly.

Table 1: Distribution of the sample in terms of age group, gender, school qualification, marital status and average monthly earnings

	Person	%
<i>In terms of gender</i>		
Man	419	52.4
Woman	381	47.6
<i>In terms of age</i>		
20 years or below	134	16.8
21-40 years	250	31.3
41-60 years	233	29.1
above 61 years	183	22.9
<i>In terms of marital status</i>		
Single	199	24.9
Married	402	50.3
Registered partners	94	11.8
Widow/widower	65	8.1
Divorced	40	5.0

Source: Authors' own work

As *Figure 2*. shows, pursuit of a healthier lifestyle has already begun in Hajdúszoboszló, but the rate of people who do not go in for sports or only very rarely is still high (46.4%). However, this result can be regarded good as compared to previous surveys, i.e. the fact the 19.8% of respondents do sports on a daily basis is a positive development and it massively contributes to improving the quality of life.

We can only realize ourselves and live our lives to the fullest if we are healthy.

This statement is primarily underpinned by the examination of health conditions and satisfaction.

Figure 3. demonstrates that 12% of people were satisfied and 24% were rather satisfied with their lives of those respondents who did not suffer from illnesses at the interview date.

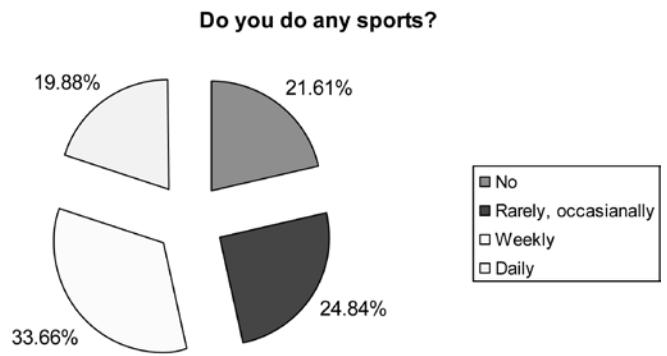


Figure 2: Examination on the frequency of physical exercises
Source: Authors' own work

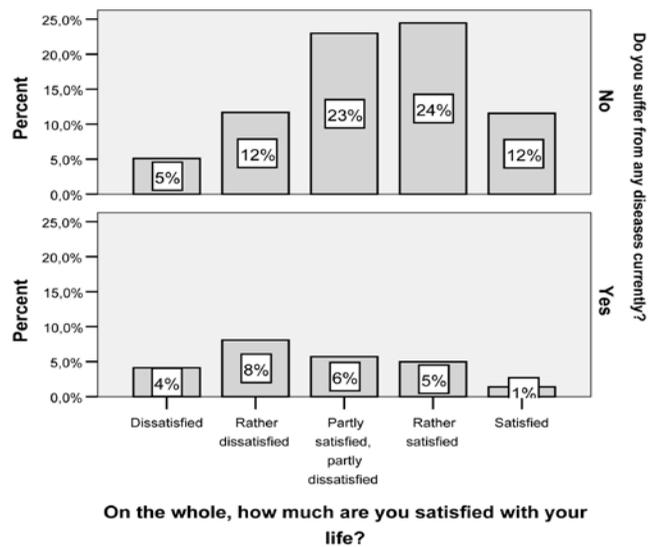


Figure 3: Correlation of health condition and satisfaction
Source: Authors' own work

Reverse tendencies emerge in the structure of local society regarding traditional agricultural workers and those working in tourism. Agricultural workers feel that they are provided with fewer opportunities and they are not involved in developments. However, the value of their lands and estates might multiply with the development of tourism and this is definitely their advantage. Tourism indirectly provides them with opportunities: they can sell their products locally, as this has been proved by several examples in towns and neighbouring villages. The development of infrastructure, the relative abundance of services and their children's access to employment is their benefit as well. The contrast can be apparently traced back to the lifestyle and mentality of workers in the two different economic sectors.

The creation of welfare and financial stability is a vital issue in our days. Naturally the slogan is well-known: money cannot buy happiness. Unfortunately, it is not quite true. It may not buy happiness after reaching a certain level, earnings of millions will not increase individual satisfaction, but proper income is needed to live our lives to the fullest. Money is not only essential to satisfy our everyday needs but it is also instrumental to obtain other elements included in the quality of life.

We wish to keep relationships with our friends and relatives in vain if we do not possess the necessary amount of money to go out somewhere for a glass of drink or to invite them to our homes or if our mind is continuously obsessed with our financial safety instead of enthusiastic conversation.

Figure 4. represents this statement as those who live above subsistence level and live from more than 100 000HUF average earnings per capita are more satisfied with their lives (10.68%).

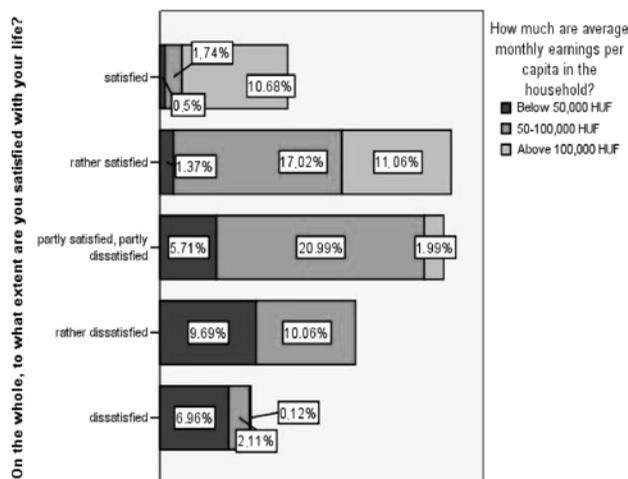


Figure 4: Correlation of life satisfaction and earnings
Source: Authors' own work

4. Conclusions and recommendations

The survey conclusions have confirmed the findings of previous research activities and unveiled several new correlations as well.

More noteworthy is that for Hajdúszoboszló it is a strategic advantage to highlight health in its product range and also the town's endowments are favourable for developing family-friendly offers. The above mentioned do not only improve the life quality of tourists in the region but also the health condition of the local population.

As decades pass in human life, we face an increasing number of health problems in both sexes. Elderly people need to lay a special emphasis on their health, daily movement and the selection of suitable, occasionally special type of movement is extremely significant for them.

Through physically active, sporty lifestyle, positive view of life several problems and diseases can be prevented and the risk of developing certain illnesses can be cut back. With respect to the examination of lifestyle it is very important that 19.8% of respondents do exercises on a daily basis and 33.6% on a weekly basis.

The other impact of tourism on the quality of life is that it inspires inflation. The touristic reputation of the town increases prices by about 15–20% than in Debrecen or in other neighbouring cities or settlements. This definitely poses problems for local inhabitants, as 52% of respondent live on an average of 50–100 000 monthly earnings but who live

above subsistence level and live from more than 100 000HUF average earnings per capita are more satisfied with their lives.

Several research findings on bathing areas in various Hungarian regions have proved that visiting baths is an integral part of everyday programs: their extended product range has the potentials for regular physical training, the combination of personal care and relaxation and the preservation of health. Therefore, thermal baths are locations for the preservation of physical-mental, social well-being and health. Regular bath visitors also require customary free time and wellness services in good quality and this demand is to be met in the product development of baths as touristic destinations (Müller-Kórik 2009, Müller et. al 2009, Kerényi et. al 2009, Mosonyi et. al 2010). It offers a complementary theoretical framework of how travel choice outcomes are experienced, and what factors influence global affective and cognitive SWB. For instance, the notion that affect plays an important role for SWB suggests that soft factors should receive more attention. Likewise, the fact that SWB is associated with achievement of life goals suggests that the opportunity to engage in activities is an important factor determining SWB.

Health tourism is a part of the tourist trade with a higher-than-average revenue generating potential.

It is especially significant in rural settlements and regions where agriculture cannot provide inhabitants with satisfactory sources of income. Especially imperative is that tourism has the potential to surge enterprise activities, regional development and to enhance innovation, which makes it a visible actor in economy (Puczko-Rätz, 1998).

Tourism is instrumental in reviving and preserving traditions and customs, enriches the range of cultural offers and may develop positive pride in people. Evidently, these factors are suitable to judge our quality of life more positively and feel more satisfaction.

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