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FACTORS THAT IMPACT WELL-BEING

Resume. Wellbeing is not only the absence of illness or disease but also encompasses a complicated combination of social, emotional, mental, and physical health factors. The assessments made by people over their lives help examine levels of life satisfaction, which have significant variations between communities and countries. A broad body of research that explains differences in happiness shows related differentiation in morbidity and mortality, exposing the essence of these constructs in a relatively social setup. Accordingly, such findings present a large gap and opportunity to alter healthcare from treating and diagnosing illnesses to fostering communal wellness. The importance of such results could never be overstated, especially the essence of social contexts in successfully designing and delivering happiness and health when transitioning illnesses programs to wellness initiatives by ascertaining that maintenance and production of happiness and health become collaborative undertakings, even in the face of complex medical science. This research will examine the factors that affect the wellbeing of a population and how these factors affect healthcare. This proposal details how subjective wellbeing will be evaluated, if the results will be used in documenting human progress, and how the current healthcare bodies can take full advantage of the learned relations.

Research Aims. To explore the concept of well-being across various dimensions through the lens of current literature. To show internal and external factors influencing subjective well-being. To explore the relationship between happiness and longevity amongst a healthier population than their counterparts who are unhealthy.

Methods Most measures used in assessing well-being are self-reports with robust psychometric properties, inclusive of theoretically powerful patterns, test-retest reliability, unidimensionality, and high-intensity consistency.

Results. Overall, the findings in this study will help in considering efficacious treatment approaches that are needed in light of the results on what determines happiness. Most of the determinants of wellbeing have implications for healthcare.

Conclusion. The healthcare needs to change from diagnosing and treating illness and delivering and measuring wellness. Social prescribing comes in as a crucial construct for wellness by improving deteriorated implications of isolation, safety, and other deficits. While people might underestimate the importance of happiness, physicians need to stress the importance of enhancing the healthcare environment as a first-order factor that determines clinical effectiveness.

Keywords: Wellness, wellbeing, subjective wellbeing, healthcare, mental health

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ӘЛ-АУҚАТҚА ӘСЕР ЕТЕТІН ФАКТОРЛАР

Түйін. Әл-ауқат - бұл аурудың немесе аурулардың болмауы ғана емес, сонымен қатар әлеуметтік, эмоционалды, психикалық және физикалық денсаулық факторларының күрделі үйлесімін өзінде қамтиды. Адамдардың өмір бойы жүргізген бағалауы әртүрлі қауымдастықтар мен елдерде айтарлықтай ерекшеленетін өмірге қанағаттану деңгейлерін зерттеуге ықпал етеді. Бақыт сезіміндегі айырмашылықтарды түсіндіретін көптеген зерттеулер бұл құрылымның мәнін салыстырмалы әлеуметтік жағдайда көрсете отыра, ауру мен өлім-жітім арасындағы байланысты саралауды көрсетеді. Тиісінше, бұл нәтижелер аурулар-

ФАКТОРЫ, ВЛИЯЮЩИЕ НА САМОЧУВСТВИЕ

Резюме

Здоровье — это не только отсутствие болезни или заболеваний, но также включает в себя сложную комбинацию социальных, эмоциональных, психических и физических факторов. Оценка, проводимая людьми в течение их жизни, содействует изучению уровней удовлетворенности жизнью, которые существенно различаются в разных сообществах и странах.

Множество исследований, объясняющих различия в ощущении счастья, показывают связанную с этим отличия уровня заболеваемости и смертности, отражая суть этих показателей в отно-

ды емдеу мен диагностикалаудан қоғамдық әл-ауқатты нығайтуға баса назар аудара отырып, денсаулық сақтау жүйесін өзгерту мүмкіндігі мен үлкен шығынды білдіреді. Мұндай нәтижелердің маңыздылығын асыра бағалау мүмкін емес, әсіресе, орнатылатынның арқасында бағдарламалардың аурулардан сауығу бастамаларына ауысуы кезінде бақыт пен денсаулықты сәтті жобалаудағы және қамтамасыз етудегі әлеуметтік контексттердің мәні, бақыт пен денсаулықты сақтау және өндіру, тіпті күрделі медициналық ғылым үшін де бірлескен күш болады. Бұл зерттеуде халықтың әл-ауқатына әсер ететін факторлар және осы факторлардың денсаулық сақтауға қалай әсер ететіні зерттеледі. Бұл сөйлемде субъективті әл-ауқаттың қалай бағаланып отырғандығы, нәтижелер адамның прогресін құжаттандыру үшін пайдаланылатындығы және қазіргі денсаулық сақтау органдарының алған білімдерін қалай толық пайдалана алатындығы егжей-тегжейлі сипатталады.

Зерттеу мақсаттары Қазіргі әдебиеттің әсері арқылы әл-ауқат тұжырымдамасын әртүрлі өлшемдерде зерттеу. Субъективті әл-ауқатқа әсер ететін ішкі және сыртқы факторларды анықтау. Денсаулықты нашар адамдармен салыстырғанда сау халық арасында бақыт пен ұзақ өмір сүру арасындағы байланысты зерттеу.

Әдістері. Денсаулықты бағалау үшін қолданылатын индикаторлардың көпшілігі теориялық тұрғыдан күшті үлгілерді, қайталанатын сынақ сенімділігін, бір өзгермелілігін және жоғары қарқындылық консистенциясын қоса, сенімді психометриялық сипаттамалары бар өзіндік есептер болып табылады.

Нәтижелер. Жалпы, бұл зерттеудің нәтижелері бақыт пен денсаулықты құрайтыны туралы зерттеу нәтижелерін ескере отырып, тиімді емдеу тәсілдерін қарастыруға көмектеседі. Денсаулықтың көрсеткіштерінің көпшілігі денсаулық сақтауға және әл-ауқатын жақсартуға тіке қатысты

Қорытынды Денсаулық сақтау саласы ауруларды диагностикалау мен емдеуге ғана емес, сонымен қатар халықтың денсаулығы мен әл-ауқатын жақсартуға және нығайтуға көп көңіл бөлуі керек. Әлеуметтік өмірді жақсарту денсаулықтың маңызды негізі болып табылады, әсіресе қазір оқшаулау, сенімсіздік және басқа да тапшылық әсерлерін ескере отыру керек. Адамдар денсаулықтың маңыздылығын жете бағаламаса да, дәрігерлер денсаулық сақтаудың сапасы мен тиімділігін арттыру арқылы денсаулықтың маңыздылығын атап өтуі керек.

Түйінді сөздер: Салауаттылық, әл-ауқат, субъективті әл-ауқат, денсаулық сақтау, денсаулық

сительно социальной среде. Соответственно, эти результаты представляют собой большую разницу и это возможность изменить систему здравоохранения, сдвинув акцент с лечения и диагностики заболеваний на укрепление общественного здоровья. Важность таких результатов невозможно переоценить, особенно сущность социальных контекстов в успешном проектировании и обеспечении счастья и здоровья, и при переходе программ от болезней к инициативам по оздоровлению благодаря тому, что поддержка счастья и здоровья станут совместными усилиями для комплексной медицинской науки. В данном исследовании будут изучены факторы, влияющие на здоровье населения, и то, каким образом эти факторы влияют на развитие здравоохранения. В данном исследовании подробно описывается, как будет оцениваться субъективное самочувствие и здоровье, будут ли результаты использоваться для документирования прогресса изучения здоровья, а также то, как нынешние органы здравоохранения могли бы в полной мере использовать эти данные.

Цели исследования. Изучить концепцию здоровья в различных измерениях через призму современной литературы. Выявить внутренние и внешние факторы, влияющие на субъективное самочувствие и здоровье. Изучить связь между счастьем и долголетием среди более здорового населения в сравнении с теми, кто не здоров.

Методы. Большинство показателей, используемых для оценки здоровья, представляют собой самоотчеты с надежными психометрическими характеристиками, включающие теоретически мощные шаблоны, надежность повторных тестов, одномерность и согласованность высокой интенсивности.

Результаты. В целом, результаты этого исследования помогут в рассмотрении эффективных подходов к лечению, учитывая, результаты исследования о том, что является составляющим счастья и здоровья. Большинство детерминант благополучия имеют значение для здравоохранения. Выводы Здравоохранение должно уделять больше внимания не только диагностике и лечению болезней, а также улучшению и укреплению здоровья и благополучия населения. Социальные улучшения жизни и предписания являются важной основой для хорошего самочувствия, особенно сейчас, учитывая последствия изоляции, отсутствия безопасности и других дефицитов. В то время как люди могут недооценивать важность здоровья, врачи должны подчеркивать важность здоровья путем улучшения качества работы и эффективности здравоохранения.

Ключевые слова: хорошее самочувствие, благополучие, субъективное здоровье, здравоохранение, здоровье.

Introduction

Health is not only the absence of illness or disease but also encompasses a complicated combination of social, emotional, mental, and physical health factors. VanderWeele (1) defines health as completeness in cognitive, social, and physical wellbeing. More importantly, wellbeing is associated with life satisfaction and happiness. Every aspect of human life defines a person's state of wellbe-

ing, and the factors that affect wellbeing are interrelated. Helliwell (2) opines that happiness has often been used as a focal point in determining human progress, making it an in-depth measure of a person's life quality. Subjective wellbeing, which is the extent to which people feel and believe they are doing well in life, is determined by life circumstances, especially their social context. Mortality and morbidity are determined by these factors, directly

or indirectly mediated by happiness (Helliwell 6). Consequently, healthcare must be altered from treating illnesses and diseases to evaluating personal wellness. These insights present the background and significance of this research, depicting that such a transformation must be inculcated, informed by broad evidence that gives central or focal attention to the monitoring and measurement of diverse positive outcomes or facets.

Literature Review

Subjective wellbeing is the extent to which people feel or believe that their lives are going on well. Nima et al. (1) believe that subjective wellbeing is often considered an imperative and best available proxy for more canonical forms of community wellbeing. Similarly, Diener et al. (1) delineate that subjective wellbeing (SWB) reflects a general assessment of a person's life quality from their independent perspective. The "subjective" descriptor to wellbeing serves in defining and limiting the scope of the entire construct. Interestingly, researchers are more fascinated at evaluating people's quality of life from their perspectives. Diener et al. (1) note that SWB has raised extreme interest from researchers, resulting in more than 170,000 books and research articles published on the construct in the past fifteen years.

Subjective wellbeing researchers often look into both cognitive and affective components. The cases presented by Diener et al. (4) denote that emotions might be a better or optimal tool to assess overall life quality for a given population. Yet, it is possible to note that people's emotions do not often relay the overall quality of their lives as people might differ in how they express emotional experiences. For example, those who achieve high levels of emotional experiences using superficial means, such as drugs and other meaningless pleasant ways, might still negatively evaluate their lives, believing that their lives do not have meaning. In that case, researchers have an integral role in focusing on both cognitive and affectual components in making evidence-based sentiments over these facets. This line is expected to contribute substantially to social, psychological, and physical health, making subjective wellbeing an essential construct in research work. Nima et al. (2) note that the affective component of subjective wellbeing includes people's emotions, such as joy, anger, fear, and sadness. On the other hand, Nima et al. (2) postulate that the cognitive component includes how people evaluate their lives based on dynamic self-imposed ideals. Despite current debates in literature on how to best measure and conceptualize affective SWB, i.e., how negative and positive emotions are expressed and if it is possible to employ recollections or sampling methods on experiences of emotional encounters, Nima et al. (2) note that most researchers agree that evaluating the incidence of emotional feelings is an efficacious tool in assessing the affective construct. For instance, people with high wellbeing metrics have more intense feelings of contentment than positive emotions.

On the other hand, life satisfaction judgments have been

proven as a more undisputed approach to conceptualizing cognitive components of subjective wellbeing. Recently, Nima et al. (2) note that harmony has been suggested as a supplement or complementary construct to life satisfaction. Harmony reflects a sense of flexibility and balance in the life of a person concerning their surrounding environment. Being distinctive to life satisfaction, when people are asked to define their pursue of harmony, Nima et al. (2) note that the most common terms their use include forgiveness, nature, tolerance, cooperation, mediation, calmness, agreement, unity, balance, and peace. In contrast, when the same people were asked how they pursue life satisfaction, Nima et al. (2) note that most would use the terms gratification, house, wealth, success, education, achievement, money, and job. Evidently, harmony is different from life satisfaction.

In summary, the reviewed literature depicts that life satisfaction encompasses different cognitive evaluations about a psychological ideal that is self-imposed. On the other hand, harmony encompasses further behavioral evaluations on how people are going on in different social contexts, and negative and positive affect contains affective assessment of emotional and biological reactions. VanderWeele (1) agrees with these sentiments, noting that health pertains to not only the deficiency of infirmity or disease but also a better status of social, cognitive, and physical wellbeing. The affectual, cognitive, and behavioral components are vital in having a complete biophysical structure of subjective wellbeing. More importantly, outcomes such as income and single states of disease are considered narrow constructs in measuring wellness. Consequently, it is imperative to evaluate a broader range of outcomes and conditions, such as mental and physical health, life satisfaction and happiness, virtues and character, purpose and meaning, and intimate social relationships.

Research Design and Methodology

Most measures used in assessing subjective wellbeing are self-reports with robust psychometric properties, inclusive of theoretically powerful patterns, test-retest reliability, unidimensionality, and high-intensity consistency. Subjective wellbeing can be measured differently. Most of the evaluations employed in assessing wellbeing are self-reports, which are often authenticated using the classical test theory. This research intends to use an approach based on the item response theory to focus on different psychometric properties. Respondents will be expected to respond to the Positive Affect Negative Affect Schedule (PANAS), Harmony in Life Scale, and the Satisfaction with Life Scale. Next, the researcher will assess and offer sufficient proof of unidimensionality for all scales. Then, the researcher will grade each response model in validating different psychometric properties for dynamic subjective rankings of wellbeing.

An ethics approval is not needed for the research as per guidelines at a national level. However, the consent to participate in the study will be obtained by completing the

survey after all participants have been provided with different information about the study, such as the anonymity and confidentiality of their responses. The participants will be recruited from the U.S. and speak English as a primary language. They will also be informed that the survey will be anonymous and voluntary and can dismiss their engagement at any point. No compensation will be provided to them as incentives to participate in the study. All participants are expected to respond to the items in the PANAS scale. Given that the response scale, format, and instructions in the Harmony in Life Scale and Satisfaction with Life Scale are similar, respondents will be randomly presented with either of the two, preventing influence on responses caused by the likeness between each of the scales.

The PANAS scale evaluates people's experiences of negative and positive influence. The respondents will be asked to rate and approximate the extent to which they have experienced positive and negative moods and feelings during the previous week. A value of one will be assigned to 'very slightly,' whereas value five will imply 'extreme' (Díaz-García et al. 2; Nima et al. 6). Second, the Satisfaction with Life Scale is employed in measuring a person's cognitive judgments regarding their lives as a whole, concerning how they have a self-imposed ideology using five items (Hinz et al. 1662; Nima et al. 6). A value of one is assigned to a strong disagreement, whereas a value of seven is set to when participants strongly agree with the items. Lastly, Nima et al. (6) opine that the Harmony in Life Scale evaluates a personal sense of harmony in people's lives and comprises five different statements. The respondents will specify if they are in agreement or disagreement with these statements using a seven-point Likert scale. The results will be statistically analyzed using SPSS software, and findings presented in tables.

Results

Positive emotions encourage people to improve their activities and networks in a manner that enhances their overall life satisfaction. The nature and extent of time spent with family members and families determine happiness. Happiness is the most critical construct to be evaluated in assessing wellbeing. As such, the researcher hopes to realize and evaluate the extent of increased levels of happiness being linked to subsequent outcomes in health. In the end, the researcher hopes to prove the link between happiness and longevity amongst a healthier population than their counterparts who are unhealthy.

Overall, the findings in this study will help in considering efficacious treatment approaches that are needed in light of the results on what determines happiness. Most of the determinants of wellbeing have implications for healthcare. More specifically, healthcare needs to change from diagnosing and treating illness and delivering and measuring wellness. Social prescribing comes in as a crucial construct for wellness by improving deteriorated implica-

tions of isolation, safety, and other deficits. While people might underestimate the importance of happiness, physicians need to stress the importance of enhancing the healthcare environment as a first-order factor that determines clinical effectiveness.

Discussion

As for life satisfaction, it is believed that, without it, life can even be good, but the person will probably not feel complete, fulfilled. For example, an individual who aspired to become rich throughout his life and achieved his goal with effort and competence seems to enjoy life satisfaction. However, this individual would likely have no life satisfaction if he had achieved the same goal by winning the lottery or receiving an inheritance. This reinforces the idea that true-life satisfaction comes from an internal locus of control. There is a tendency in the literature to correlate the internal locus of control to characteristics seen as more positive so that the correlations between high subjective wellbeing rates have been positive and statistically significant.

Conclusion

Despite several divergences, most researchers agree that subjective well-being is composed of three related components: the presence of positive effects, the absence of negative effects, and the presence of satisfaction in life as a whole and that subjective well-being is not just a transient emotional state, short and totally dictated by environmental situations. There is also a movement towards correlating, more and more, subjective well-being with personality traits, for example, with the locus of control. However, it is worth emphasizing that personality cannot be considered a determinant for subjective well-being because, if so, the levels of well-being would have to remain identical throughout the person's life.

The locus of control seems to play a determining role in the way we conduct our lives and, thus, the actual events experienced are of little or no value compared to our perception of control over them. In other words, the most important thing for subjective well-being would not be the events themselves, but the individual perception of these events, the way the individual perceives his or her life.

Thus, people who believe that they exercise control over the events of their lives have higher levels of subjective well-being, while those who believe that the events of their lives are controlled by powerful others or by chance are people who experience affection more intensely.

Negative than positive effects in their lives and that, in general, they are less satisfied with their lives. The locus of control seems to play a very important role in the way we lead our lives and, therefore, the events themselves have little or no value to the subjective well-being compared to the subject's perception of control over the events.

In other words, it seems that what is most important for happiness is not the event itself but the individual perception of that event, the way in which the individual interprets such an event.

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