Quality of Life in Europe

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Abstract

Human behavior is based on certain causes related to the satisfaction of the unlimited needs that we have. Nothing enters into the human consciousness if it is not driven by a particular interest.

Many times we wondered why people want a certain comfort in exchange for sacrifices on long term: we want houses, cars, holidays, quality services. All our life we work and give up many to things (maybe) more important than achieving material benefits. It's about quality of life. In this paper we analyzed the quality of life in Europe addressing several factors, such as subjective wellbeing, living standards and material constraints, work-life balance, family life and social life, health and education.

Key words: satisfaction, happiness, well-being, balance

J.E.L. classification: I30, I31

1. Introduction

Quality of life is a multidisciplinary term, multi-sided, located both in everyday use of population and a scientific concept. Although it is used in everyday life, there is not a unanimous definition of specialists.

The World Health Organization (1998) provides the following definition: "quality of life is given by individuals' perceptions on their social situations in the context of cultural value systems in which they live and, depending on their needs, standards and aspirations. More specifically, the quality of life means physical, mental and social welfare, and the ability to perform common tasks in daily life" (*The world health report, 1998*)

The quality of human existence, which implies quality of life, include demographic potential (natural movement of population, population structure), population health (mortality, causes of death, specific pathologies, infant mortality, longevity average population), risk factors evaluation (factors that determine the quality of human existence, the evaluation factors related to the country average, assessing the quality of human existence), geological risk (landslides), social infrastructure (level of development of social infrastructure, infrastructure types, providing doctors and medical personnel, the caloric value of the diet, the level of housing sanitation), income and consumption, bioclimate and unfavorable natural phenomena, social stresses (Mărginean, 2010, p.233).

The quality of human life is inextricably linked to the individual's subjective perception of their lives (*Sirbu*, *Potâng*, *Tulbure*, *2012*, *p.120*). This subjective perception largely depends on the overall feeling of wellbeing at the moment. Subjective wellbeing theory assumes that the assessment of life is continuous. results being projected onto a symmetrical scale: from a very good life to a very bad life.

2. Subjective Well-being

To achieve a complete picture of the quality of life of a population are taken into account a number of compenenta as subjective wellbeing, public and social services, education, family life, health, material conditions or the environment in which a person lives (*Mărginean*, 1991, p.126).

Subjective well-being reflects the perceptions of people on the quality of their own lives. Subjective well-being can be measurable by cognitive indicators such as *overall satisfaction with life* and satisfaction with different areas of life (such as health, standard of living or family) and by measuring the *positive and negative feelings* or status spirit (Bălaşa, 2002, p.154).

Happiness and satisfaction are two distinct concepts that underlie a person's subjective well-being. Thus, happiness reflects personal disposal, meaning everyday states and feelings of people (Diener, Lucas, 1999, p.279).

To measure life satisfaction, was asked the following question: "Taking all things into account, how satisfied would you say you are with the life you have?". Each individual rated life satisfaction giving notes on a scale of 1-10 points, where 1 represents "very dissatisfied" and 10 representing "very satisfied". In recent studies conducted at EU level for the years 2003 and 2007, Europeans had a fairly positive assessment, values average hovering around the level of 7.0 points. In 2011, satisfaction levels increased slightly, reaching 7.1 points.



Figure no. 1. Changes on life satisfaction

Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

The general trend is stable, with a gradual convergence to life satisfaction between countries.

In many countries, life satisfaction increased in 2003-2007 and then declined between 2007 to 2011. However, there are countries that have followed the opposite pattern, namely, decreased in the first period analyzed, but increased in the following period (Austria, Cyprus, Hungary, Italy and Spain) and countries where life satisfaction has increased steadily during the years analyzed (Bulgaria, Latvia, Lithuania, Poland and Portugal).

The lowest scores across time were met in Bulgaria, but every four years, the overall rating for satisfaction towards life increased by half a point, from 4.5 in 2003 to 5.5 in 2011. Only two countries registered decrease during 2003-2011, Ireland and especially Greece.

Romania has experienced growth in the reference years, so in 2003 the average value obtained was 6.1. In 2007, life satisfaction increased by 0.4 percentage points, and in 2011, Romanians had a positive assessment, the indicator reached 6.7 points.

In terms of happiness, in the latest studies have put the following question: "Taking all things into account, on a scale from 1 to 10, how happy would you say you are?". Figure 2 illustrates the evolution of happiness in each country.

Figure no. 2. Changes in the perception of happiness



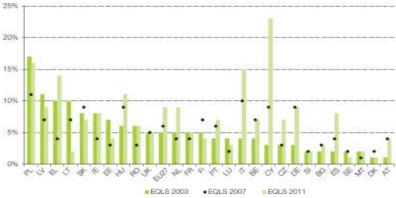
Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

Studies conducted in 2003 and 2007, revealed that Europeans have positively assessed, an average value of 7.5 was recorded. In 2011, happiness has registered a slight decrease to 7.4. The general trend after 2007 is a gradual convergence of happiness between countries. The evolution of happiness is similar to the model of life satisfaction; but in happiness case, in a number of countries, the pattern was characterized by higher levels of happiness in 2007, a level that has dropped further.

3. The Standard of Living and Material Constraints

The European Union is a region rich on average, with a high standard of living for its citizens. However, there are still many households that have difficulties with all expenditure and has relatively low standards of living. Many Europeans are facing a series of financial difficulties, some of them even failure to pay bills. To study this, people were asked if they pay the rent or household rate on time and if they success or fail to pay their utility bills (such as electricity, water and gas). This led to the creation of three groups: financial distress (both on rent or rates for home and utility), groups with difficulties (either rent / rates for home or utility payments) and those who do not have difficulty paying bills.

Figure no. 3. The number of households with financial difficulties on rent / rates for housing and / or utility payments



Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

In 2011, 9% of European households had arrears in rent / rates for home and arrears at utility at some point during the year. In 2003 and 2007, 5% and 6% of European households were in this situation. In other words, the proportion of households facing serious financial constraints is growing.

There has been obvious differences between member states of the European Union. Thus, in 2011 the percentage of households that had arrears in rent / rates for housing and utility arrears ranged from 23% in Cyprus to 1% in Denmark and Sweden.

4. Work - Personal Life Balance

The balance between rewards and work requirements and family life are an important influence on subjective well-being. The balance between work and personal life of an individual reflects a number of issues that he highlights, namely, income, health and family life.

One factor influencing work-personal life balance is working time. In general, there is a downward trend in average hours worked per week in the EU27, leading to convergence between the EU-12 and EU-15. Between 2003 and 2011, the average number of hours worked per week decreased by 1.3 hours. Life satisfaction increased, regardless of the length of working time. For people who work 20 hours or less per week, changes were small, while those who work more than 20 hours per week were substantial increases in life satisfaction. During the analyzed period, the highest level of satisfaction with life was recorded in the group working 21-34 hours. Work -personal life balance can be measured using various indicators such as non-interference in domestic affairs because of exacerbated fatigue caused by workplace; difficulties in fulfilling family responsibilities; difficulty concentrating at work.

Further, were analyzed the European averages for difficulty fulfilling family responsibilities at least several times a month in 2003, 2007 and 2011. The proportion of employees who reported having difficulties in fulfilling family responsibilities is quite stable around 30% value. However, there are differences between member states of UE.

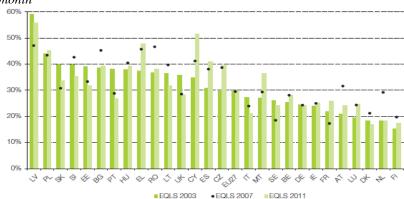


Figure no. 4. The evolution of employees who have difficulties in fulfilling family responsibilities at least several times a month

Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

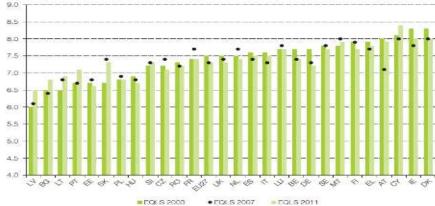
Cyprus and Greece stand out because of the relative level of difficulty in fulfilling family responsibilities in 2011 and the significant growth of this indicator in 2003 (17% in Cyprus and 10% in Greece). Also, it has increased the level of difficulty in the Czech Republic, Malta and Spain. Respondents in Central and Eastern Europe (Romania is included in this cluster) experienced consistently high levels of difficulty in fulfilling family responsibilities, Latvia in particular. Member states with the lowest percentage reporting difficulty in fulfilling family obligations in 2011 were mainly in the Nordic and continental clusters.

5. Other Public Services

Access to high-quality services such as health care, medical assistance on long term, education, public transport, childcare and state pension system is important in ensuring quality of life in Europe (Zamfir, 1984, p.111).

Health. In 2011, the overall index of satisfaction with health in the EU-27 was 7.3, registering the same level as in 2007, and a lower level than in 2003 (7.5) Compared to 2003, the degree of satisfaction with health was higher in 15 countries, stable in 4 countries, and lowest in 8 countries.

Figure no. 5. The level of satisfaction towards health

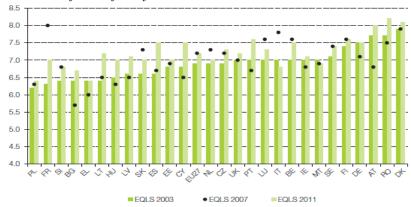


Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

The largest increases in satisfaction with health between 2003 and 2011 were obvious in Slovakia, Latvia, Portugal and Bulgaria (+0.6, +0.5, +0.4 and +0.4), and the highest decreases in Germany, Belgium, Ireland and Denmark (-0.5, -0.3, -0.3, and -0.3).

Education contributes to the improvement of professional and personal skills, and improve subjective well-being. Education increase access to paid employment and economic resources that contribute to the increase of sense of control over life.

Figure no. 6. The evolution of level of satisfaction on education



Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

Satisfaction on education increased between 2003 and 2007 from 6.9 to 7.2 and remained stable between 2007 and 2011, although there are some substantial differences between countries. Compared with 2003, 2011 respondents showed a lower degree or equal satisfaction with education only in three countries, namely Italy (-0.2), Malta (-0.1) and Germany (0). The highest levels of satisfaction with education were found in Lithuania, Spain, France and Portugal (+ 0.8, 0.8, 0.7 and 0.7). Countries with populations most satisfied with the level of education in 2011 were Romania, Denmark and Austria (8.2, 8.1 and 8.0) and the least satisfied were Poland, Greece and Bulgaria (6.4, 6.4 and 6.7).

Public transport improves quality of life - especially for vulnerable groups - providing efficient transport services that focus on safety. It is also a vital component of a healthy economy. Public transport is beneficial not only to population that uses it, it is beneficial to the whole society.

Compared to 2003, in 2011 there were more countries with a higher level of perceived quality public transport system (16) than countries with lesser degrees (11).

Figure no. 7. The evolution of the perception of quality transport network



Source: Third European Quality of Life Survey – Quality of life in Europe (www.eurofound.europa.eu)

The highest increases of perception of quality transport system were visible among the people of Cyprus, Slovakia and the Netherlands (3.1, 1.8 and 0.8), the largest decrease were in Finland, Malta and Denmark (-0.8, -0.6 and -0.4). In 2011, Luxembourg, Austria and Germany had the highest values (7.5, 7.3 and 7.0), unlike Malta, Bulgaria and Italy (4,0;5,3 and 5.4) where were reached the lowest values.

6. Conclusions

Analysis of existing data on some of the factors that characterize the quality of life, allowed us to formulate some conclusions, presented in the following. The analysis of subjective well-being during 2003, 2007 and 2011, concentrated on the two main indicators, life satisfaction and happiness. The overall trend in both cases, life satisfaction and happiness is stable with a gradual convergence between countries. Many member states with a low level of satisfaction with life and happiness in 2003 are in the recovery phase, while some member states with the greatest satisfaction in 2007 show a decreased level of life satisfaction.

The balance between rewards and demands of work and family life has an important influence on subjective well-being. Studies investigated the balance between professional and personal life, by analyzing the difficulties in fulfilling family responsibilities because of the time spent at work this indicator was stable in the period under review affecting approximately 30% of employees.

Average satisfaction on health has decreased, but this decrease occurred between 2003 and 2007. Health satisfaction was 7.3 in 2011 and 2007, compared with 7.5 in 2003. The countries of Central and Eastern Europe are an exception to this trend, satisfaction on health has increased here. However, with an average of 6.8, the level is still well below in comparison with other countries.

Regarding transport, in the EU27, overall, there has been an increasing trend in terms of perception of quality of public transport system for the years 2003, 2007 and 2011.

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