

# SUBJECTIVE WELLBEING

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Subjective wellbeing refers to people's emotional health, ability to live full and creative lives, and capacity to deal with life's challenges [1]. It is a positive concept, meaning that subjective wellbeing can also be defined as flourishing, where people are engaged with life, and have a sense of meaning and purpose [2]. Having high levels of subjective wellbeing can positively affect most dimensions of people's lives: family and friendships, employment, education, physical health, and life expectancy [3]. Subjective wellbeing is influenced by a wide range of circumstances, events, and policies.

Subjective wellbeing includes strengths-based concepts such as resourcefulness and resilience. Major local events such as the Canterbury earthquakes and the Christchurch mosque attacks of March 2019 can, and often do, have a negative impact on wellbeing [4,5]. Similarly, the impact of such events may be apparent in community-level data, as are presented here. However, over time, those experiencing mild psychological reactions should be able re-establish good levels of wellbeing if they receive basic support [6-8]. The recovery process can take 5 to 10 years or longer [9].

## Key trends within subjective wellbeing

Currently, more than eight out of ten respondents (86.4%) to the Canterbury Wellbeing Survey rate their overall quality of life as good or extremely good. The current result is statistically significantly higher than all other time-points in the series and the overall upward trend (starting from 73.5% in 2012) is statistically significant. Similarly, average levels of emotional wellbeing (as measured by the WHO-5 scale) have continued to improve steadily over the last five years, to a mean score of 15.3 points in 2019 (compared to 13.8 points in 2013). This overall upward trend is also statistically significant. There has been a statistically significant downward trend in self-reported stress over the last seven years. The 2019 result (67.9% of respondents reporting experiencing stress sometimes, most of the time or always) is essentially equal to the 2018 result (67.6%), the lowest since the time-series began. Finally, in the 2018 New Zealand General Social Survey, nearly 90 percent (87.5%) of Canterbury respondents rated their sense of purpose highly (7 or more out of 10 on the 'life worthwhile scale'), which is unchanged from the previous result and is similar to New Zealand overall.

## Key equity issues within subjective wellbeing

The improvements seen in subjective wellbeing are not uniform across the population. The proportion of those rating their quality of life as good or extremely good has generally been higher for European respondents, compared with Māori and Pacific/Asian/Indian respondents. At least in part, this is likely to be driven by household income levels, as the results show income to be strongly positively related to overall quality of life. The levels of emotional wellbeing reported by greater Christchurch respondents, overall, have been steadily increasing over the last five years. However, levels of emotional wellbeing indicated by Māori respondents have generally been lower than those for European and Pacific/Asian/Indian respondents, especially in the early years of the post-earthquake period, but not significantly different in more recent results. There is also a pattern of higher emotional wellbeing scores for male respondents compared with female respondents. Finally, there was an overall gradual decline in the proportion of respondents in greater Christchurch reporting experiencing stress sometimes, most of the time or always, from the 2012 baseline through to until 2018 (this proportion was unchanged between 2018 and 2019). While European respondents appear to have reported a slightly lower frequency of stress, overall, compared with Māori and Pacific/Asian/Indian respondents, between 2012 and 2019, most of these differences are not statistically significant.

The degree to which these differences might have pre-dated the Canterbury earthquakes needs to be considered. That is,

differences that might be attributed to the severity of earthquake-related impacts (both initial and ongoing) might also be attributable to pre-existing socioeconomic and environmental drivers.

## What this means for wellbeing

The overall picture for subjective wellbeing in greater Christchurch is a positive one, with noteworthy improvements in the quality of life, emotional wellbeing, and stress indicators in recent years. These data indicate that there have been statistically significant overall improvements in greater Christchurch residents' subjective wellbeing over the time period following the Canterbury earthquakes and the size of these effects appears to be meaningful. For the majority of the subjective wellbeing indicators, no pre-earthquake data are available.

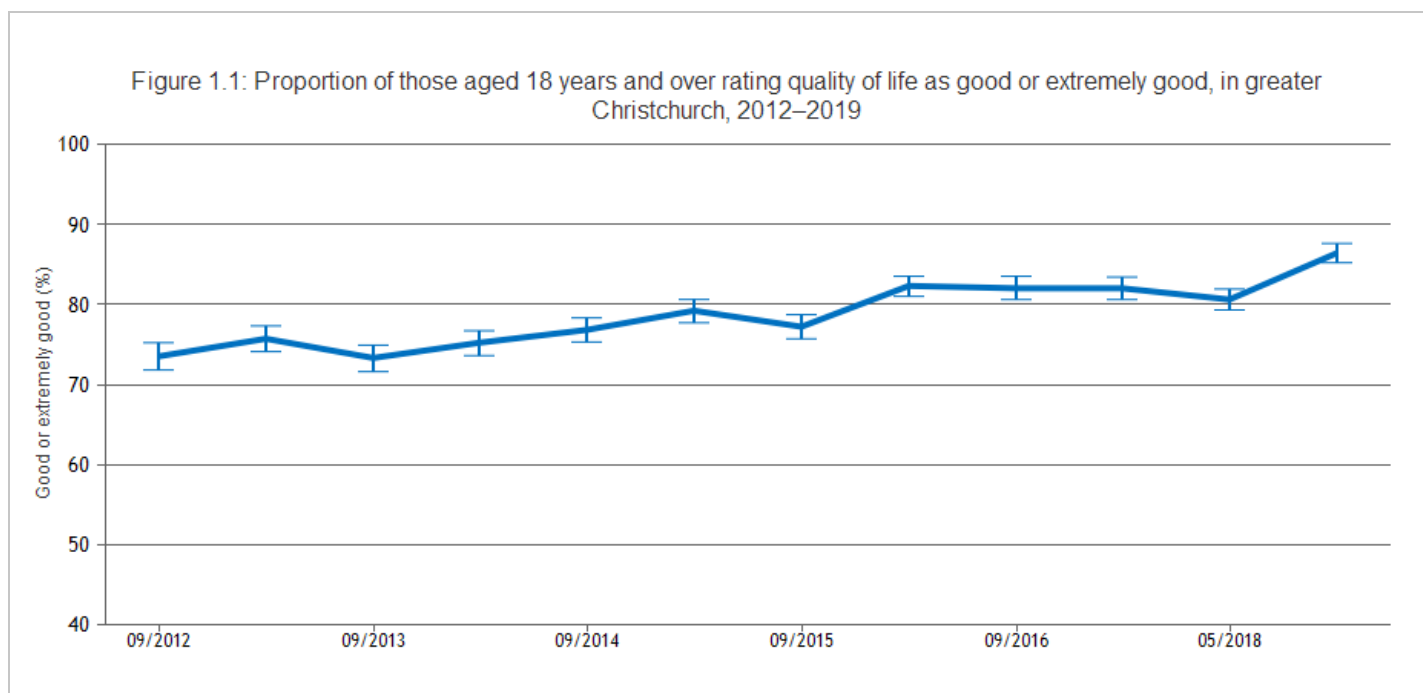
## Indicators in this domain

- **Quality of life**
- **Emotional wellbeing**
- **Stress**
- **Sense of purpose**

## QUALITY OF LIFE

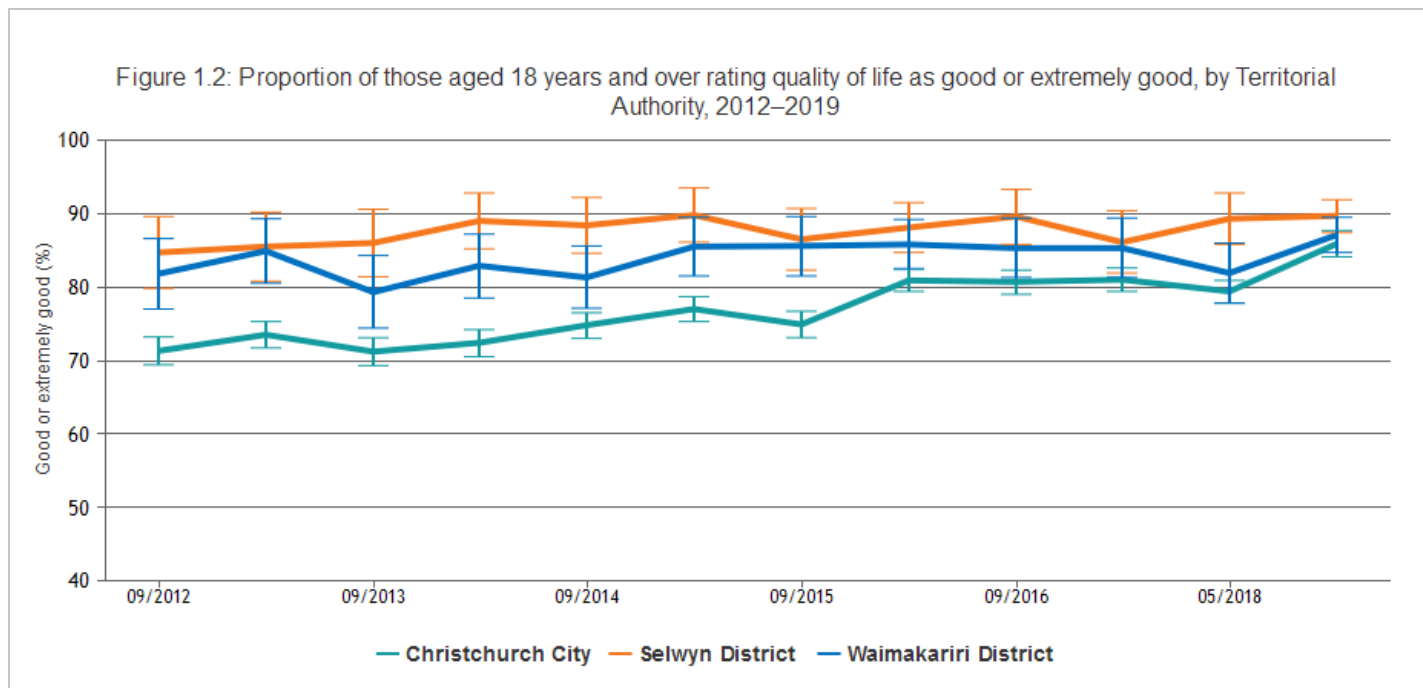
Overall quality of life refers to a person's evaluation of their own circumstances and experience of life, which is shaped by their cultural, social and environmental context [10]. Overall quality of life is generally accepted to be more nuanced and complex than other health concepts such as health status, lifestyle, or life satisfaction [10]. Overall quality of life has been measured in the Canterbury Wellbeing Survey since 2012 [11].

This indicator presents the proportion of those 18 years and over indicating that their overall quality of life was good or extremely good, as reported in the Canterbury Wellbeing Survey.



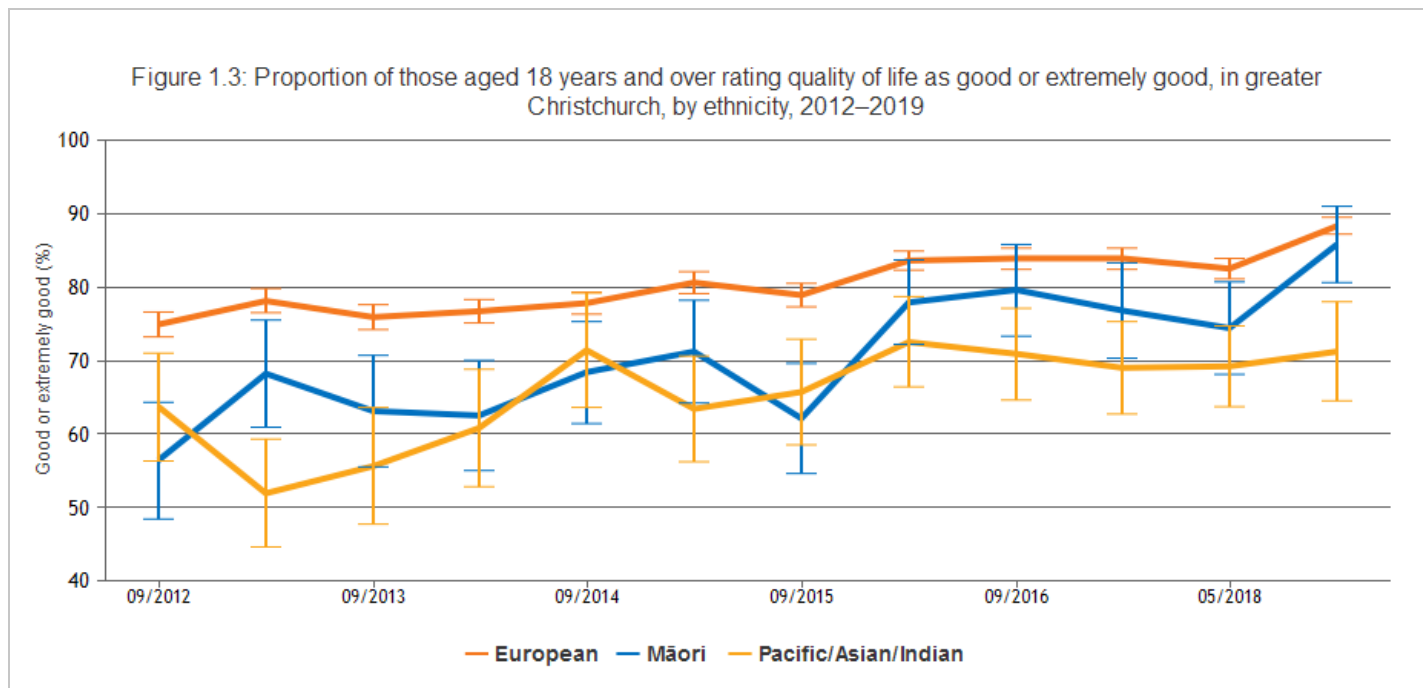
The figure shows an overall increase in self-reported quality of life (proportion of those rating their quality of life as good or extremely good) for greater Christchurch, between 2012 (73.5%) and 2019 (86.4%). The 2019 result is statistically significantly higher than all other time-points in the series. This increase follows a plateau in self-reported quality of life for greater Christchurch; with no statistically significant changes in the proportion rating their quality of life as good or extremely good, between April 2016 and May 2018.

## Breakdown by Territorial Authority



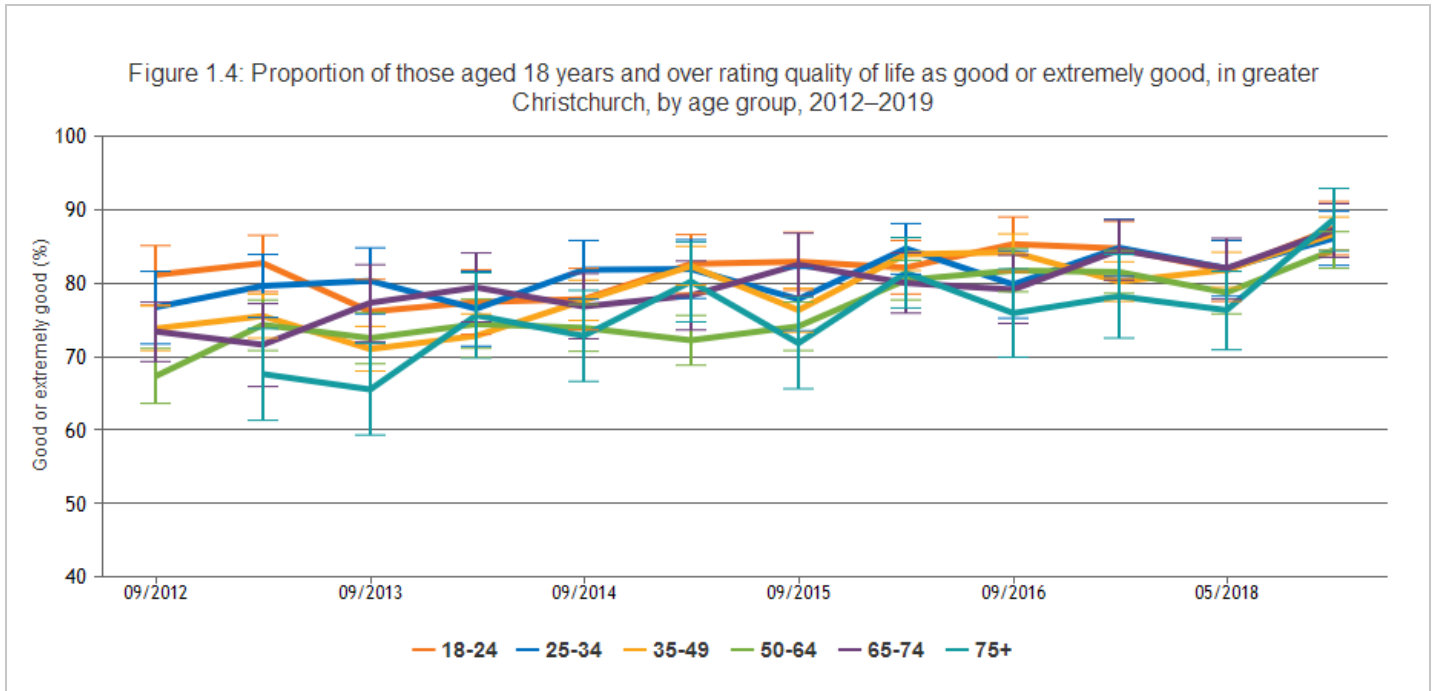
The figure shows that in the earlier years of the time-series, levels of overall quality of life (proportion of those rating quality of life as good or extremely good) were generally lower in Christchurch City, compared with Selwyn District and Waimakariri District (statistically significantly lower for Christchurch City compared with Selwyn District, 2012–2018; although similar to Waimakariri District from April 2016). However, there appears to be a pattern of convergence between the districts over the last four years (largely due to steadily increasing levels of overall quality of life for Christchurch City respondents). Note that these data do not take into account the different socioeconomic profiles of the three Territorial Authorities, with income or socioeconomic status being an important factor for quality of life.

## Breakdown by ethnicity



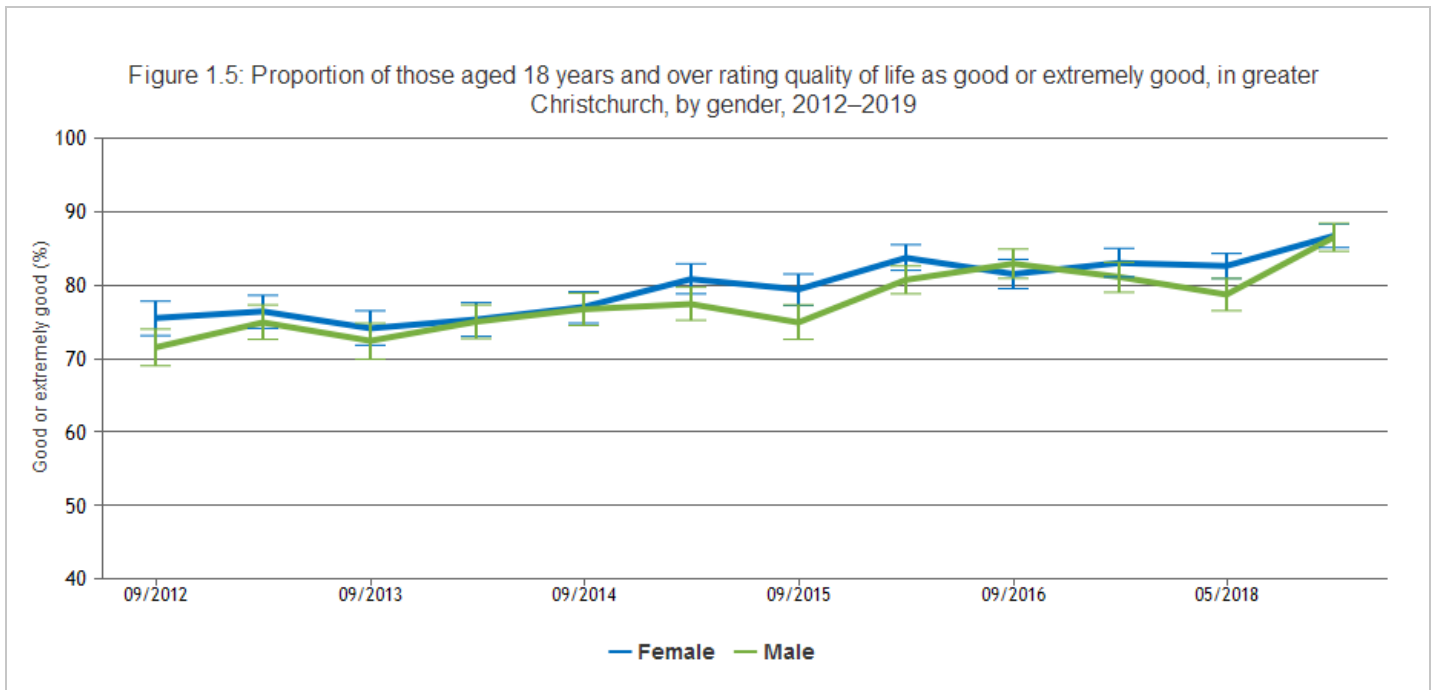
The figure shows that levels of overall quality of life (proportion of those rating their quality of life as good or extremely good) have generally been higher for European respondents, compared with Māori and Pacific/Asian/Indian respondents (statistically significantly higher for Europeans compared with Māori and Pacific/Asian/Indian, 2012–2019; with the exception of April 2016 to June 2017 and June 2019 for Māori). In 2019, the proportion of European respondents rating their quality of life as good or extremely good remains statistically significantly higher than that for Pacific/Asian/Indian respondents (88.3% compared with 71.2%, in 2019) but not for Māori respondents (85.8%). While there is some variability in the results for Māori (due to smaller absolute numbers in the sample) there appears to be an overall pattern of convergence of the proportion for Māori and European respondents over the last five years. However, the proportion of Pacific/Asian/Indian respondents rating their quality of life as good or extremely good has remained relatively constant over the last four years and does not appear to be following the same upward pattern seen for European and Māori respondents.

## Breakdown by age



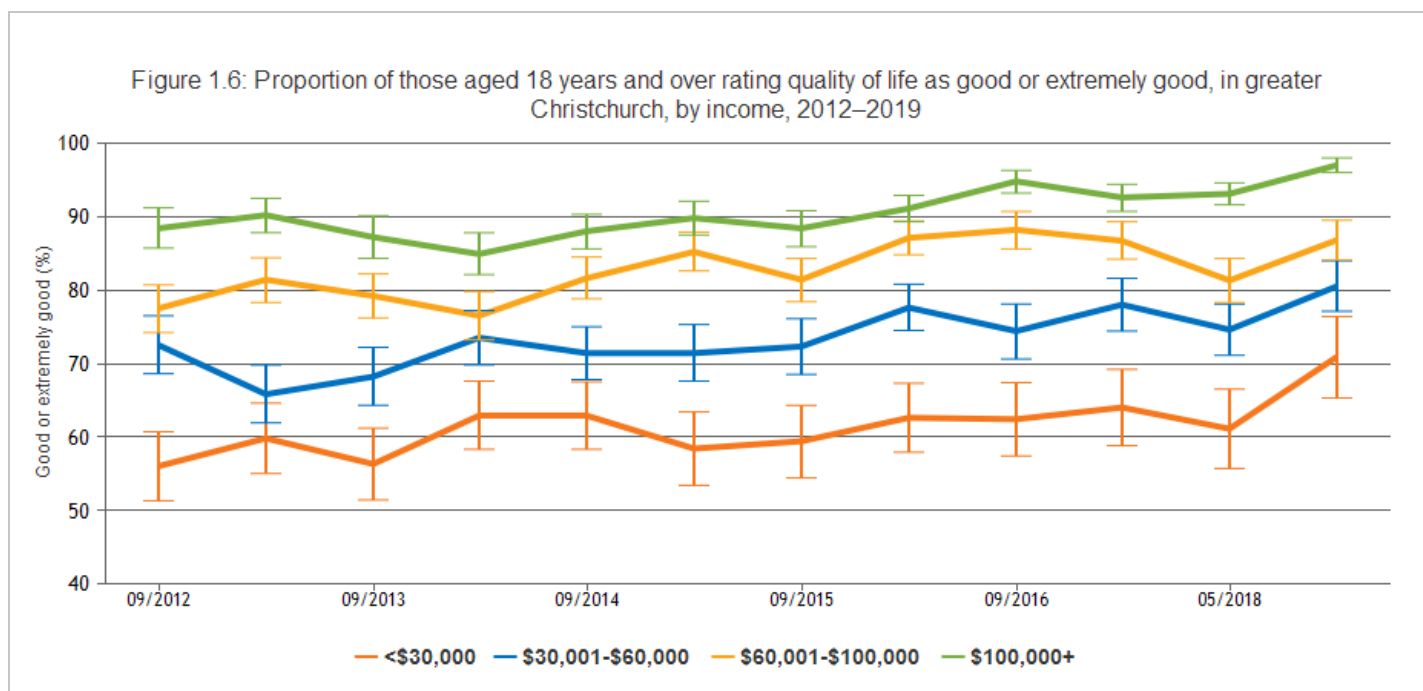
The figure shows a pattern of converging overall quality of life (proportion of those rating their quality of life as good or extremely good) for the age groups over the time-series. While there have been some statistically significant differences between young people and the older age groups, at some earlier time-points, there have been no statistically significant differences between any age groups since late 2016.

## Breakdown by gender



The figure shows a pattern of generally similar overall quality of life (proportion of those rating their quality of life as good or extremely good) for female and male respondents, over the period 2012 to 2019 (no significant differences at any time-point).

## Breakdown by income



The figure shows a clear positive relationship between income and overall quality of life, with the proportion of those rating their overall quality of life as good or extremely good increasing with increasing annual household income. The differences between the four income groups shown in the figure have been statistically significant at most time-points across the time-series. In 2019, almost all (97%) of those respondents from the \$100,000+ income group rated their quality of life as good or extremely good, compared with 70.9 percent of those from the <\$30,000 income group (a statistically significant difference).

## Breakdown by disability



The figure shows lower levels of overall quality of life (proportion of those rating their quality of life as good or extremely good) for respondents with a long-term health condition or disability, compared with those without, from 2012 to 2019. The substantial difference between the groups has been persistent and statistically significant for all time-points in the series (for 2019, the proportion of respondents rating their quality of life as good or extremely good was 69.1% for those with a long-term health condition or disability and 91.0% for those without). There appears to be an overall upward trend for both groups, although trend analysis is not available for these data.

## Data Sources

**Source:** Canterbury District Health Board.

**Survey/data set:** Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website [www.cph.co.nz/your-health/wellbeing-survey/](http://www.cph.co.nz/your-health/wellbeing-survey/)

**Source data frequency:** Annually.

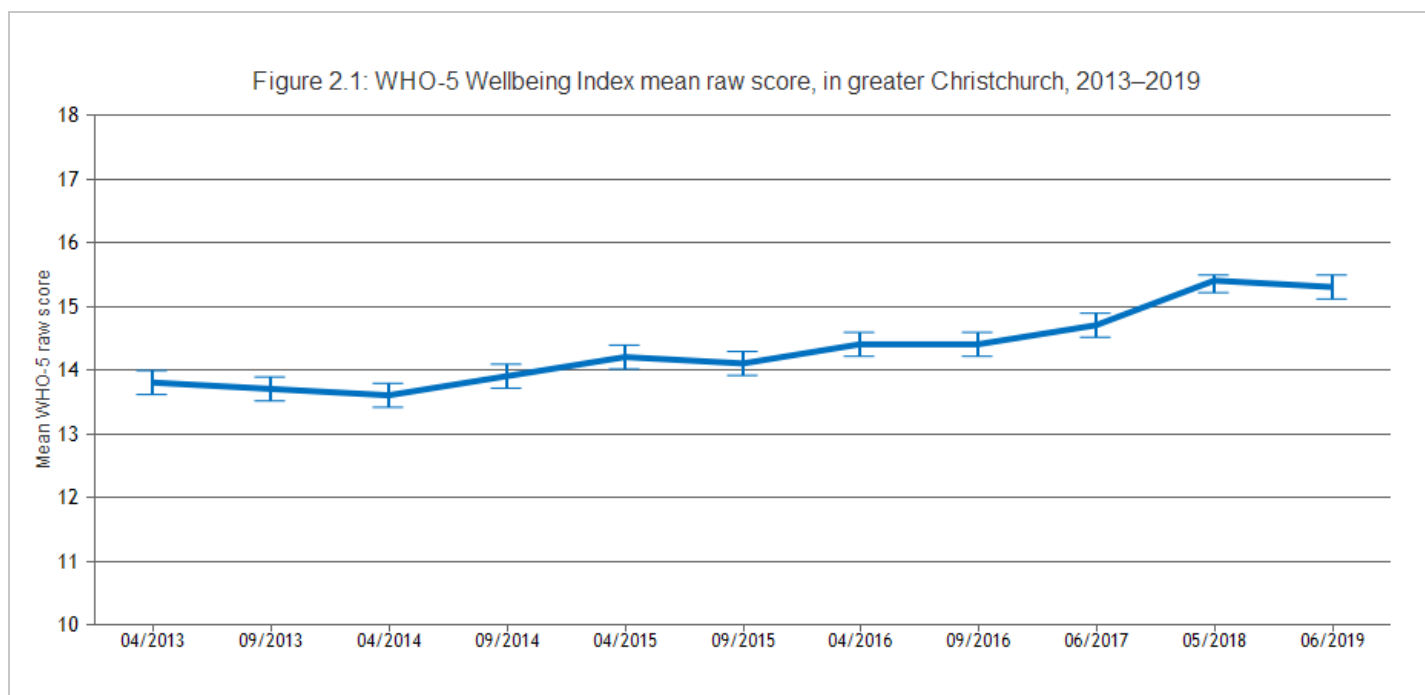
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## EMOTIONAL WELLBEING

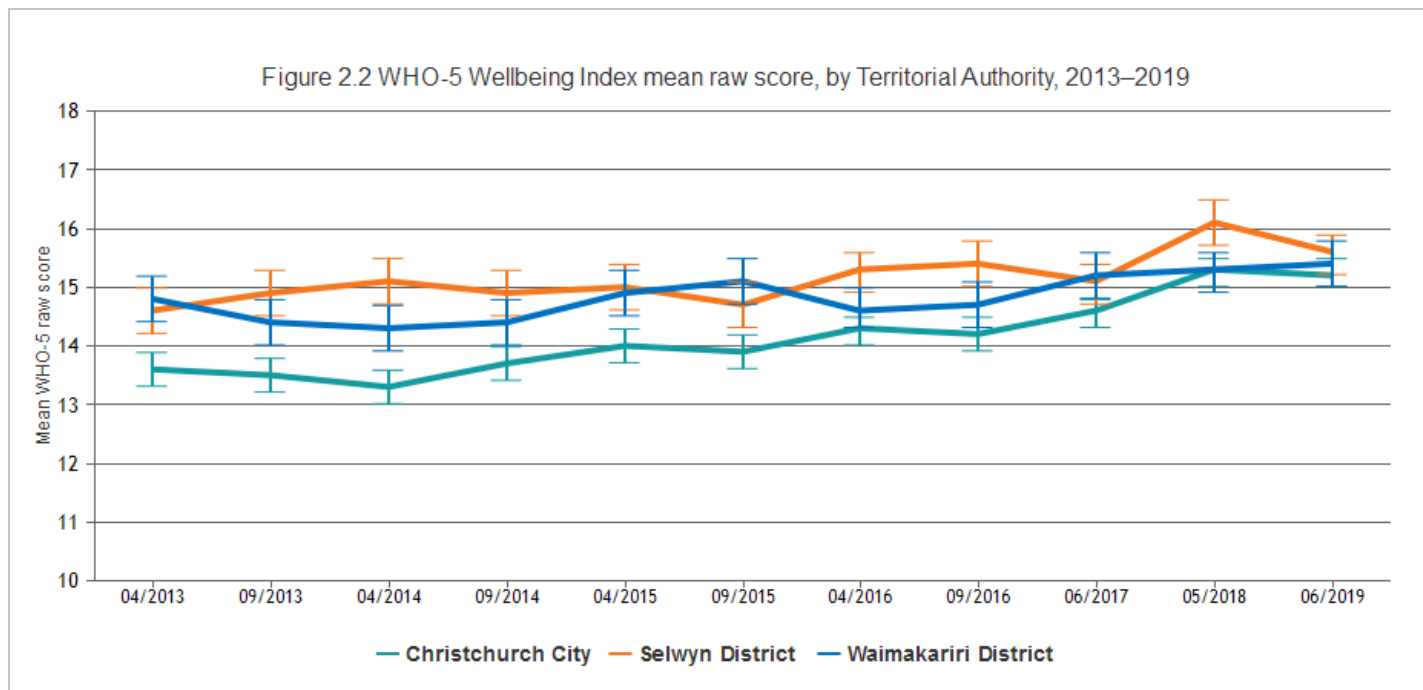
Emotional wellbeing is measured here using the five-question World Health Organization Wellbeing Index (WHO-5), which is a widely-used tool for assessing subjective wellbeing [12]. Respondents to the Canterbury Wellbeing Survey are asked to rate the extent to which each of five emotional wellbeing components (cheerful, calm and relaxed, active and vigorous, fresh and rested, and interest in daily life) has been present or absent in their lives over the previous two-week period.

This indicator presents the WHO-5 Wellbeing Index mean raw score for greater Christchurch respondents. The index is scored out of a maximum 25 points, with higher scores indicating better wellbeing.



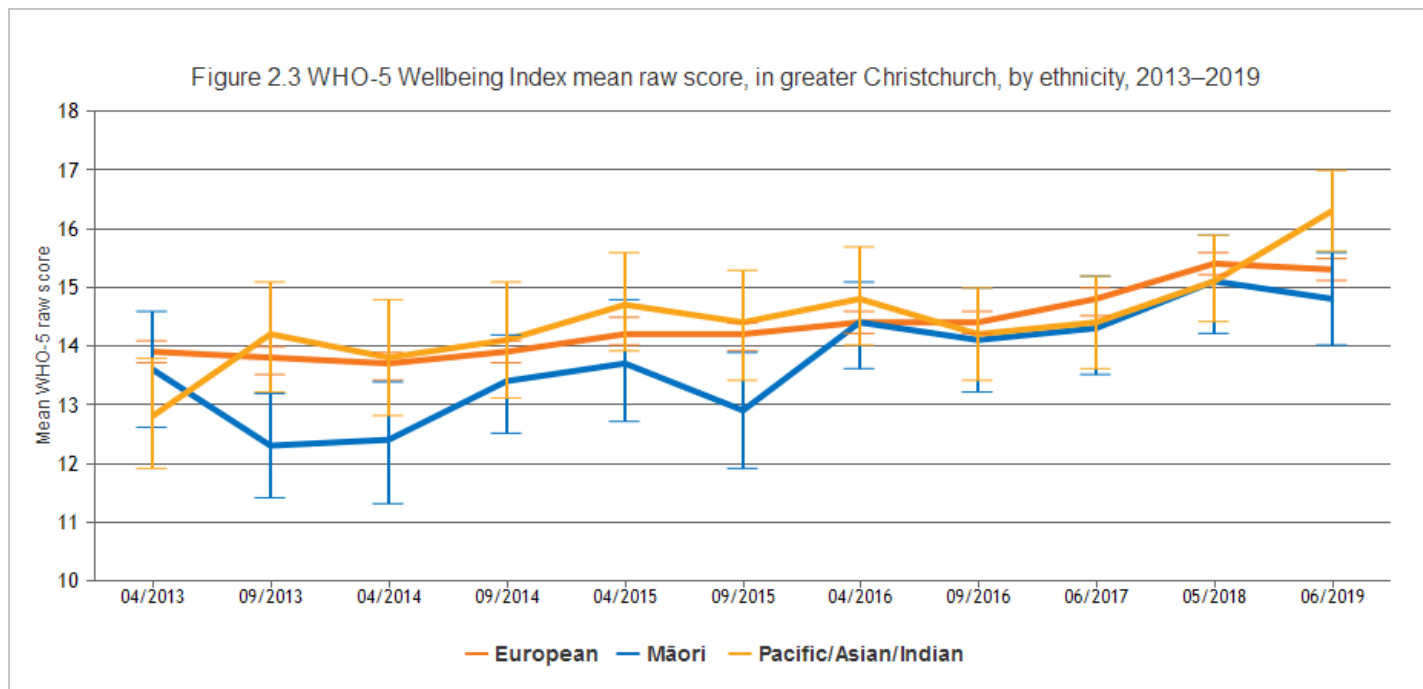
The figure shows that the emotional wellbeing of greater Christchurch residents (as measured by the WHO-5 Wellbeing Index) has improved overall over the last five years. After minor fluctuations between 2013 and 2015, the mean WHO-5 score increased to reach the highest levels yet recorded, 15.4 in May 2018 and 15.3 in June 2019 (the 2018 to 2019 difference is not statistically significant). This overall upward trend is statistically significant. While there is no pre-earthquake or New Zealand WHO-5 data available for comparison, a representative, population-based survey of adults in the UK [12] found a WHO-5 mean raw score of 14.7.

## Breakdown by Territorial Authority



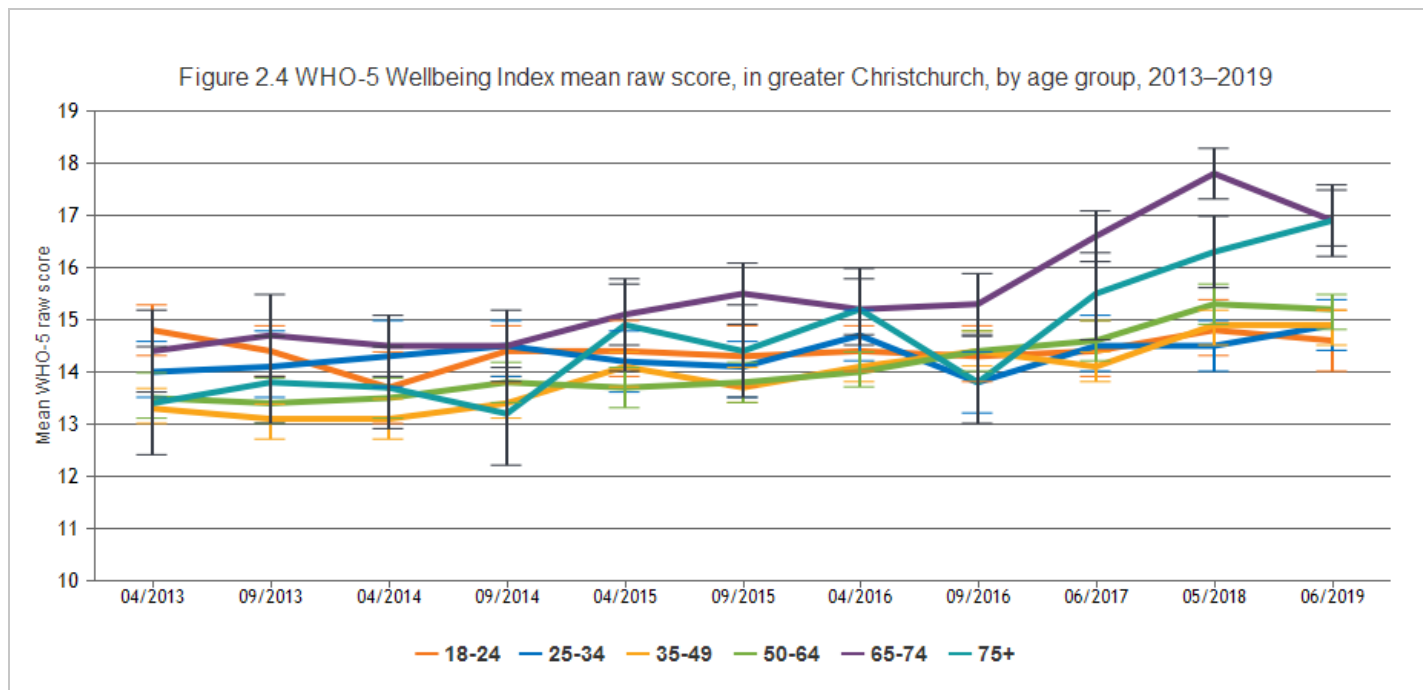
The figure shows that survey respondents living in Selwyn District have generally had the highest WHO-5 mean scores across the time-series from 2013 to 2018. While the WHO-5 mean scores for Selwyn and Waimakariri districts were statistically significantly higher than those for Christchurch City, from April 2013 to September 2015, there appears to have been convergence between the three districts' WHO-5 Wellbeing Index scores since early 2016.

## Breakdown by ethnicity



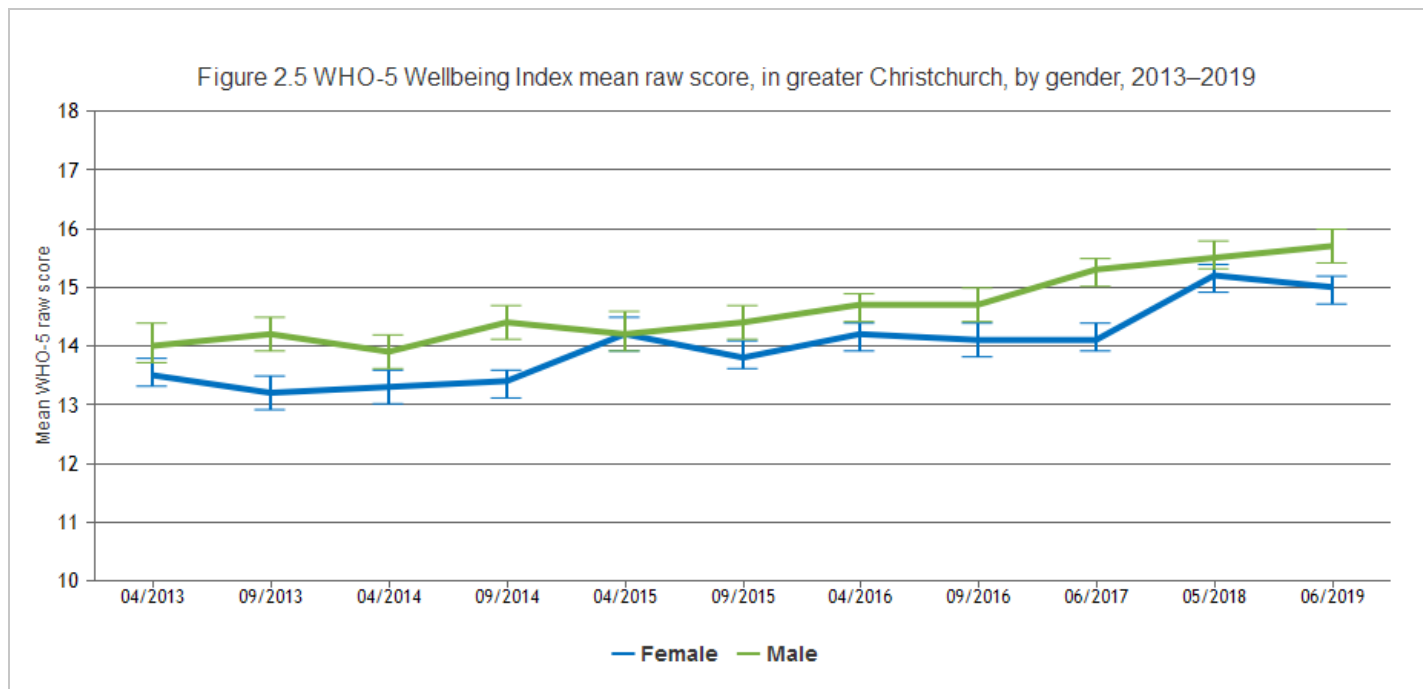
The figure shows similar WHO-5 Wellbeing Index scores for European respondents (15.3), Māori respondents (14.8), and Pacific/Asian/Indian respondents (16.3), in June 2019. While the WHO-5 Wellbeing Index scores were generally lower for Māori respondents compared with European and Pacific/Asian/Indian respondents from 2013 to 2016, the majority of these differences were not statistically significant.

## Breakdown by age



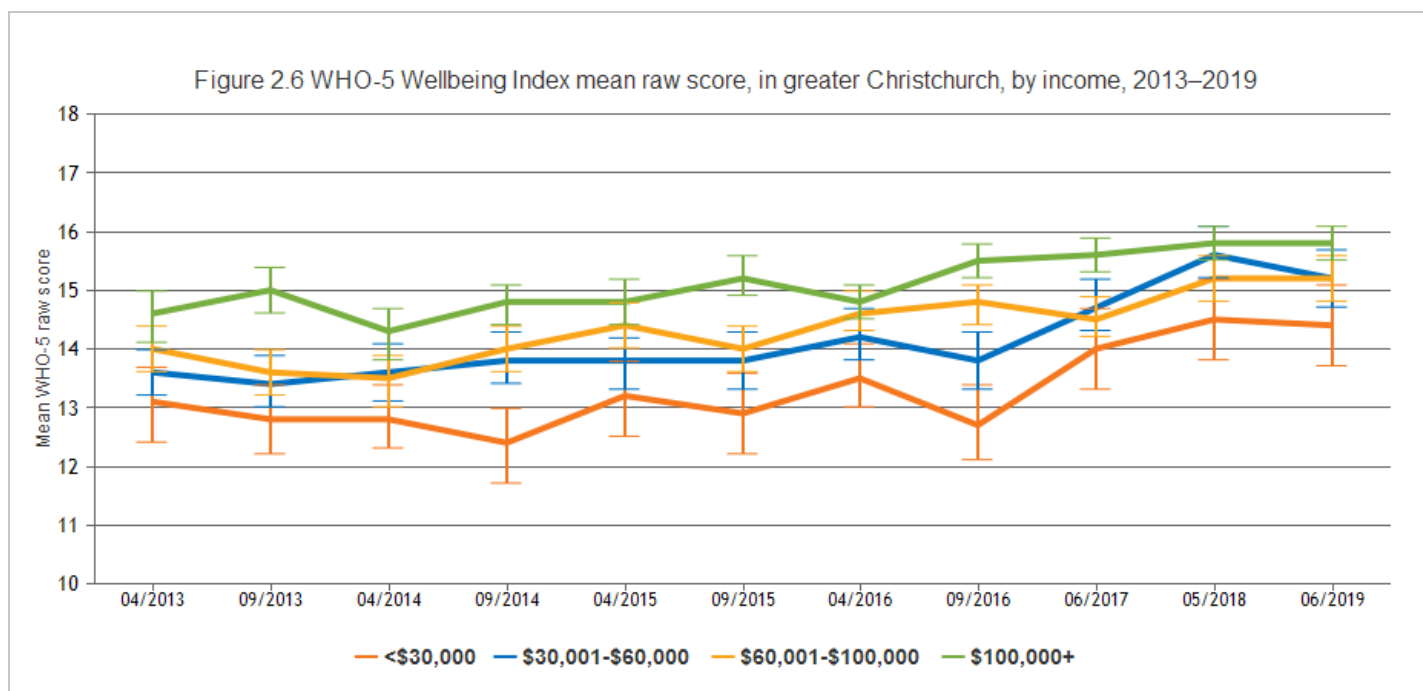
The figure shows a pattern of generally similar WHO-5 Wellbeing Index mean scores for the age groups 18 to 24 years, 25 to 34 years, 35 to 49 years, and 50 to 64 years, over the period 2013 to 2019. For the 65 to 74 years, and 75 and over age group, a different pattern is seen. Both of these oldest age groups have had significantly higher mean WHO-5 scores than all other age groups in 2018 and 2019.

## Breakdown by gender



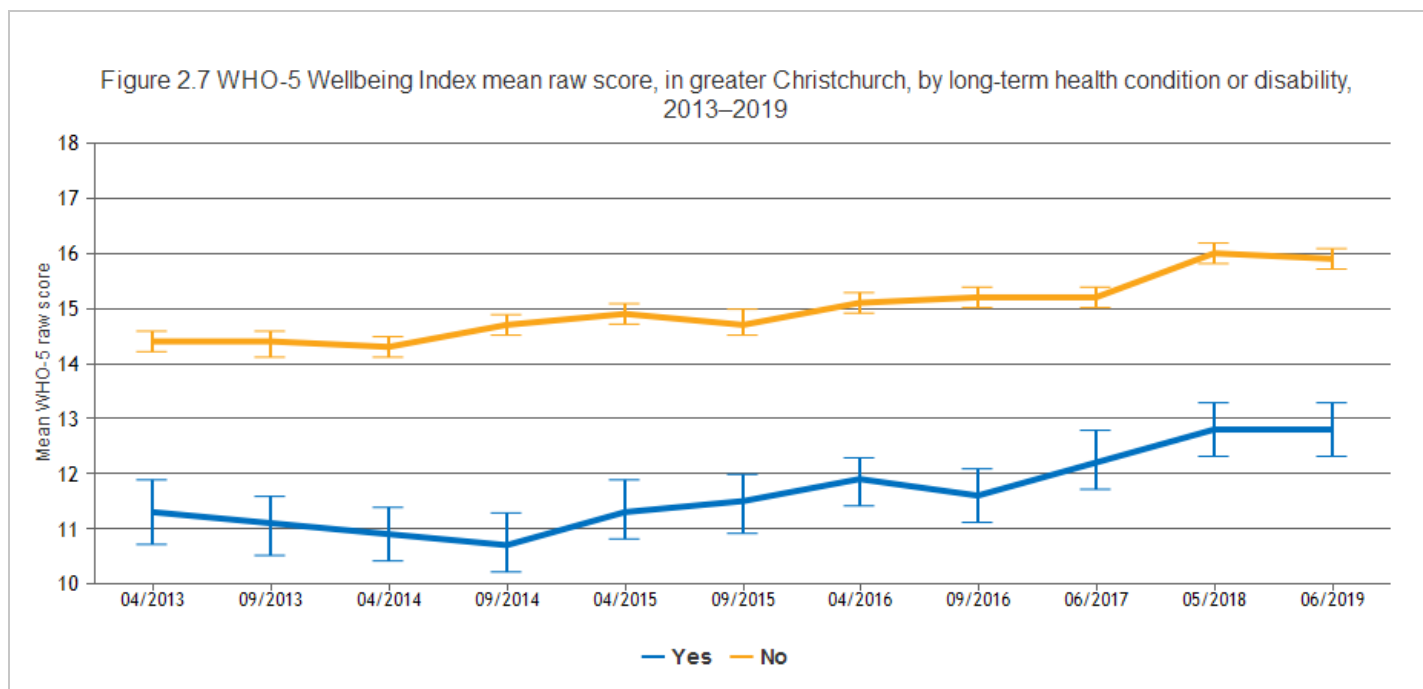
The figure shows a pattern of higher WHO-5 Wellbeing Index mean scores for male respondents compared with female respondents, over the period from 2012 to 2019 (statistically significant differences are evident at the 09/2013, 09/2014, 09/2016, 06/2017, and 06/2019 time-points).

## Breakdown by income



The figure shows a positive relationship between income and emotional wellbeing (WHO-5 Wellbeing Index mean scores) for greater Christchurch, with higher income groups having higher emotional wellbeing. The differences shown between the highest income group (\$100,000+ annual household income) and the lowest income group (<\$30,000) have been statistically significant at all time-points (for 2019, mean WHO-5 scores 15.8 and 14.4, respectively). The differences between the middle income groups are not statistically significant.

## Breakdown by disability



The figure shows that respondents with a disability or long-term health condition, had lower WHO-5 Wellbeing Index mean scores compared with respondents without a disability or long-term health condition, across the time-series from 2013 to 2019 (for 2019, mean WHO-5 score 12.8 and 15.9, respectively). While mean scores for both groups appear to show an overall upward trend, the difference between the two groups is both substantial and statistically significant throughout the time-series.

## Data Sources

Source: Canterbury District Health Board.

**Survey/data set:** Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website [www.cph.co.nz/your-health/wellbeing-survey/](http://www.cph.co.nz/your-health/wellbeing-survey/)

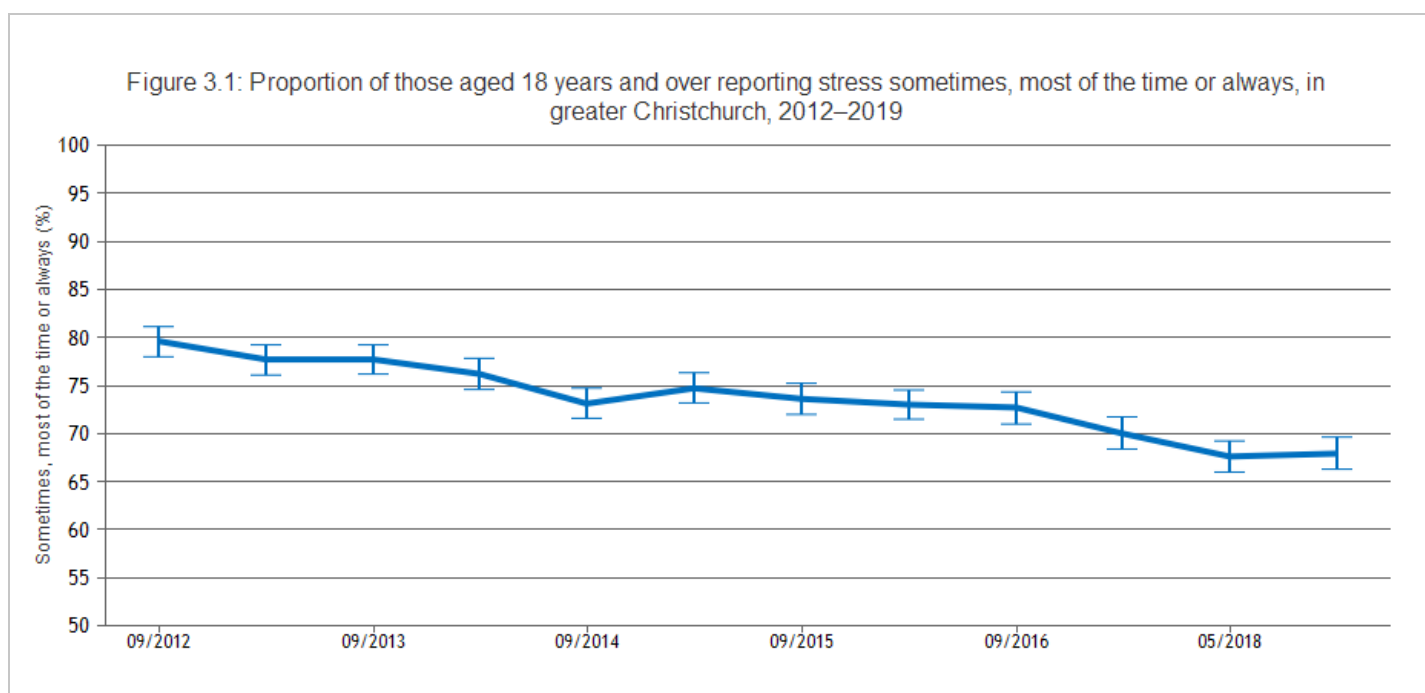
**Source data frequency:** Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

# STRESS

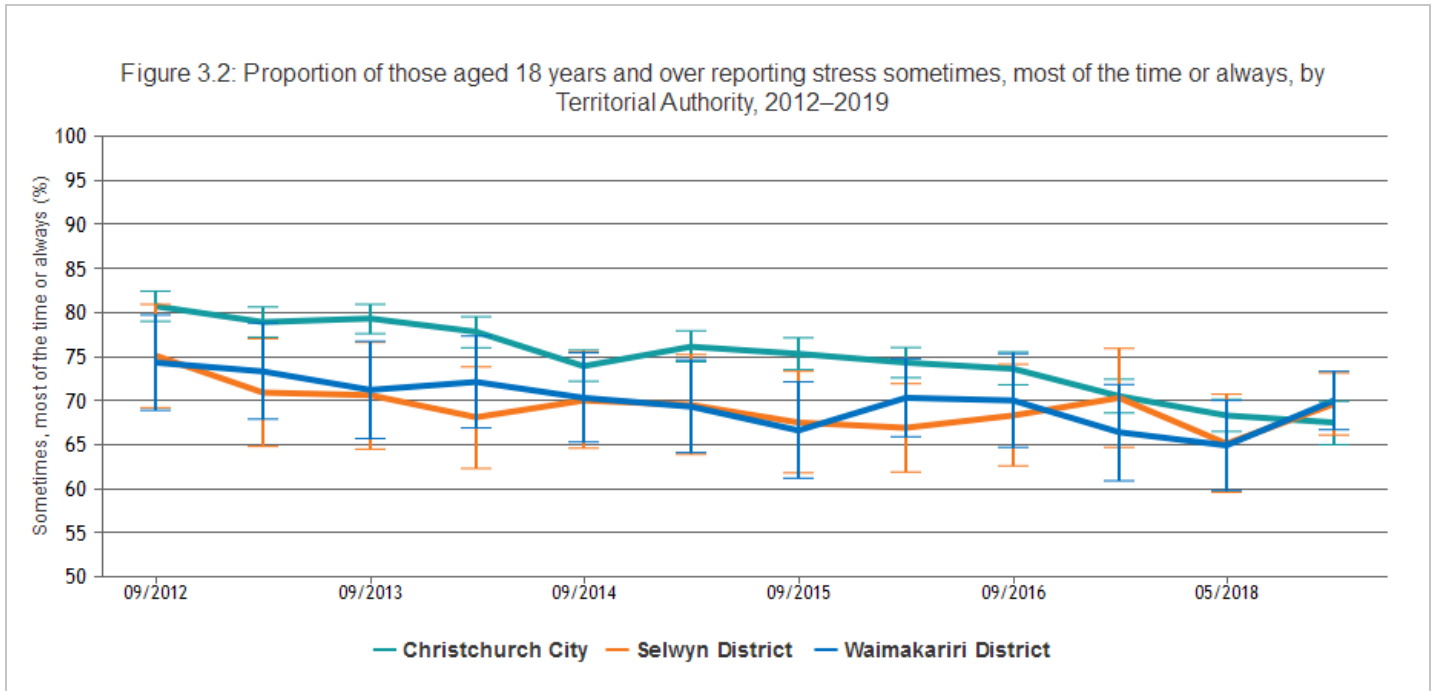
Stress is the non-specific response that a person might experience when faced with a demand for change (a stressor) [13]. While stress can stimulate positive responses, studies of the effects of stress on health are usually concerned with the negative influence stress can have on how people feel emotionally, mentally, and physically, and also how stress influences health behaviours. Long-term stress can increase the risk of poor health and wellbeing [14,15] and is associated with conditions like: high blood pressure, heart disease, obesity and diabetes, and depression or anxiety [16, 17]. Stress may influence wellbeing through direct biological responses, or indirectly through unhealthy behaviours such as smoking, lack of exercise, or excessive alcohol consumption. Self-reported stress has been measured in the Canterbury Wellbeing Survey [11,17] since 2012, using a single question [18].

This indicator presents the proportion of those aged 18 years and over indicating that they experienced stress that has had a negative effect sometimes, most of the time or always in the past 12 months, as reported in the Canterbury Wellbeing Survey 2012 to 2019.



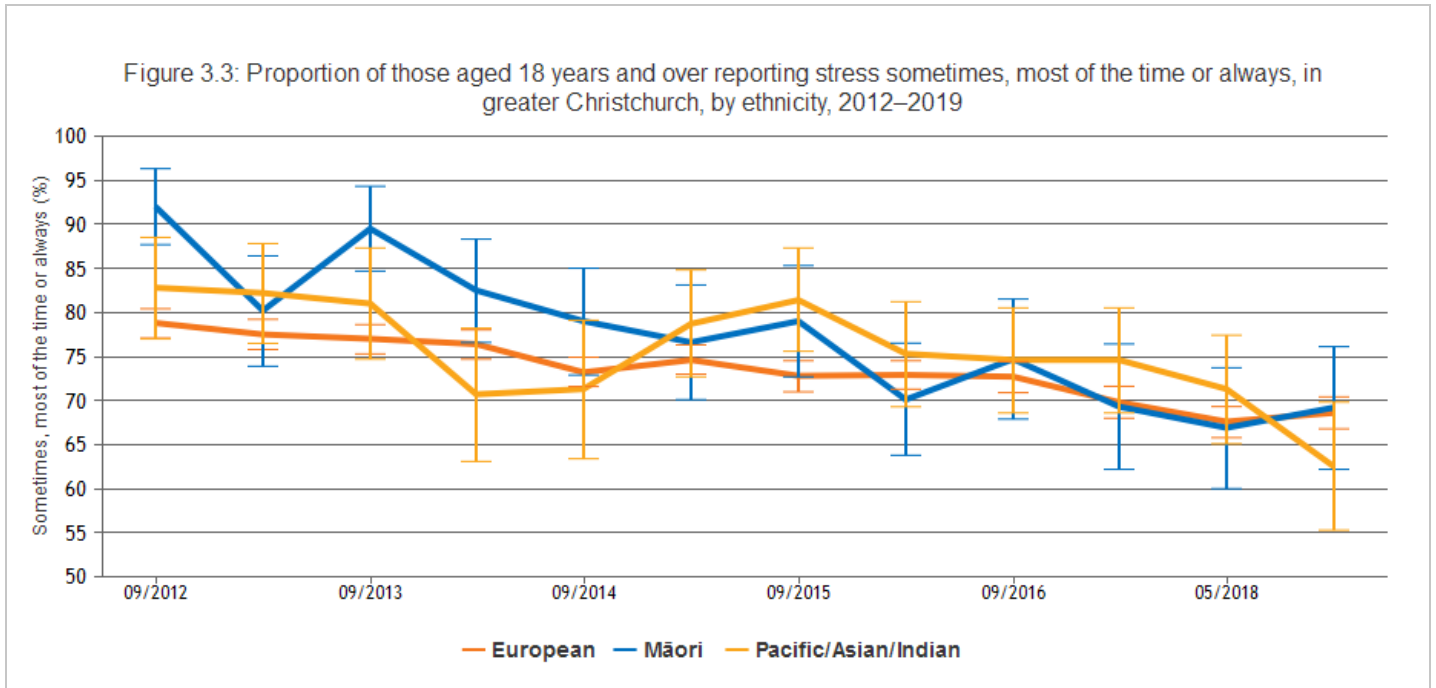
The figure shows an overall gradual decline in the proportion of respondents in greater Christchurch experiencing stress sometimes, most of the time or always, since the 2012 baseline. The 2019 result is statistically significantly lower than all other years prior to 2017. The overall trend of reduction in the proportion of respondents experiencing stress sometimes, most of the time or always is statistically significant; dropping from 79.6 percent of respondents in 2012, to 67.9 percent in 2019. The proportion is effectively unchanged between 2018 and 2019 (67.6% and 67.9%, respectively).

## Breakdown by Territorial Authority



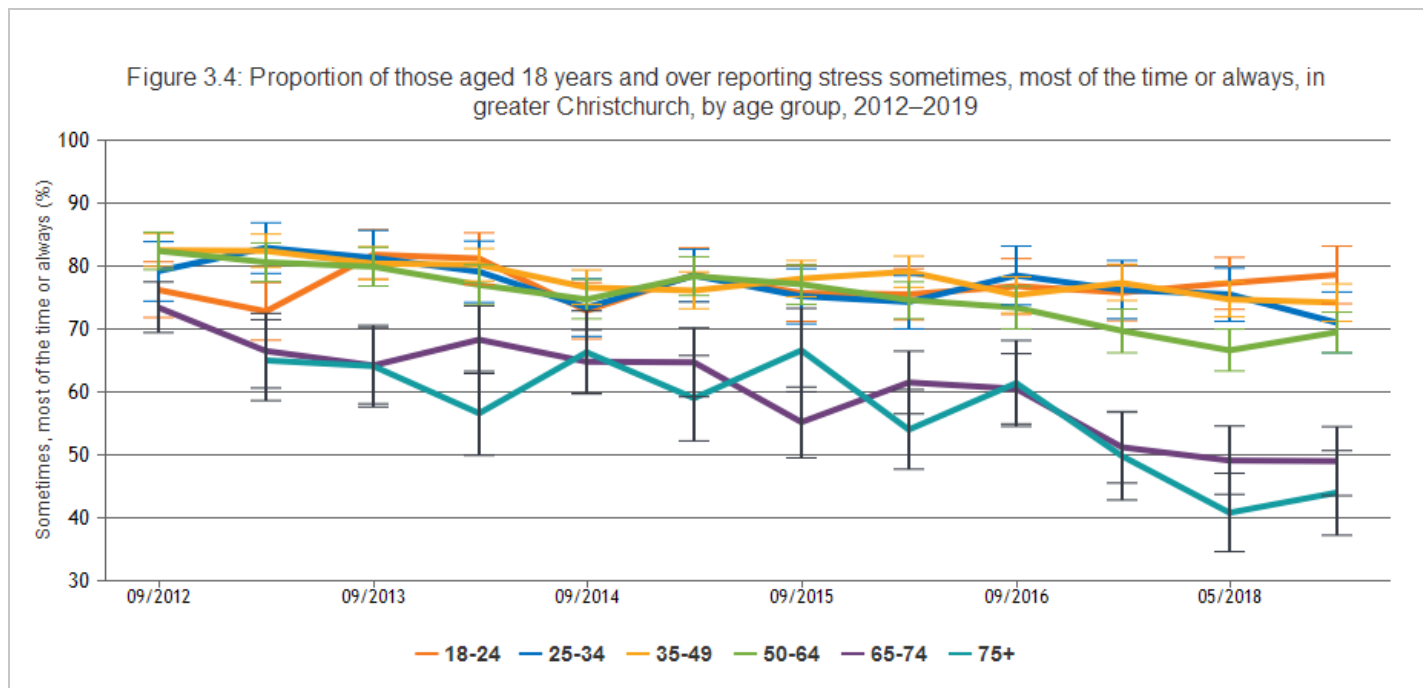
The figure shows that the proportion of respondents reporting stress sometimes, most of the time, or always, for Selwyn District, Waimakariri District, and Christchurch City residents was not statistically significantly different in 2019 (69.6%, 70%, and 67.5%, respectively). While respondents from Selwyn District and Waimakariri District appear to have reported a lower frequency of stress overall between 2012 and 2018, these differences are mostly not statistically significant.

## Breakdown by ethnicity



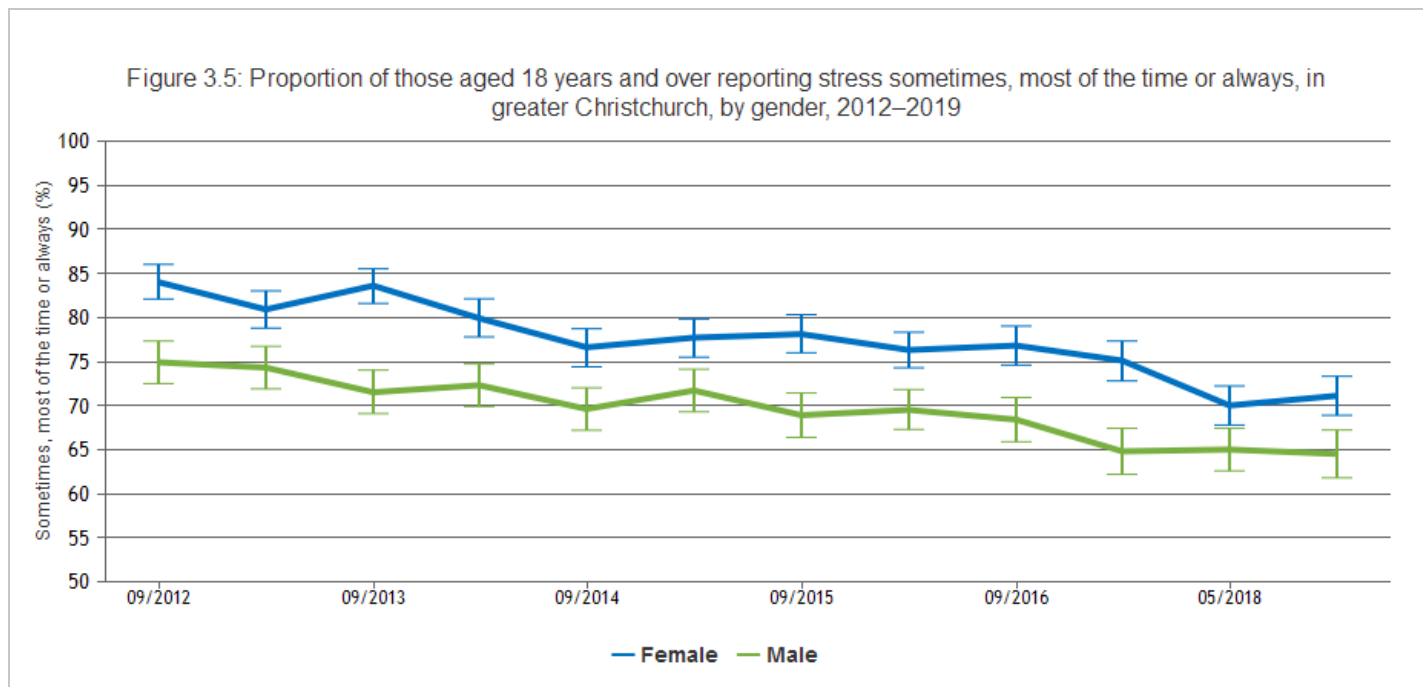
The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (68.6%, 69.2%, and 62.5%, respectively, in 2019). While European respondents appear to have reported a slightly lower frequency of stress, overall, compared with Māori and Pacific/Asian/Indian respondents, between 2012 and 2017, these differences are not statistically significant (with the exception of European compared with Māori, for the two time-points, 09/2012 and 09/2013).

## Breakdown by age



The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, by age group. The figure shows a clear pattern of less frequent self-reported stress for respondents aged 65 to 74 years, and 75 years and over. For these two age groups, the proportion reporting stress at least sometimes has averaged approximately 10 percentage points less than for all of the other age groups, for the period from 2013 to 2019. These differences are statistically significant at almost all time-points in the series.

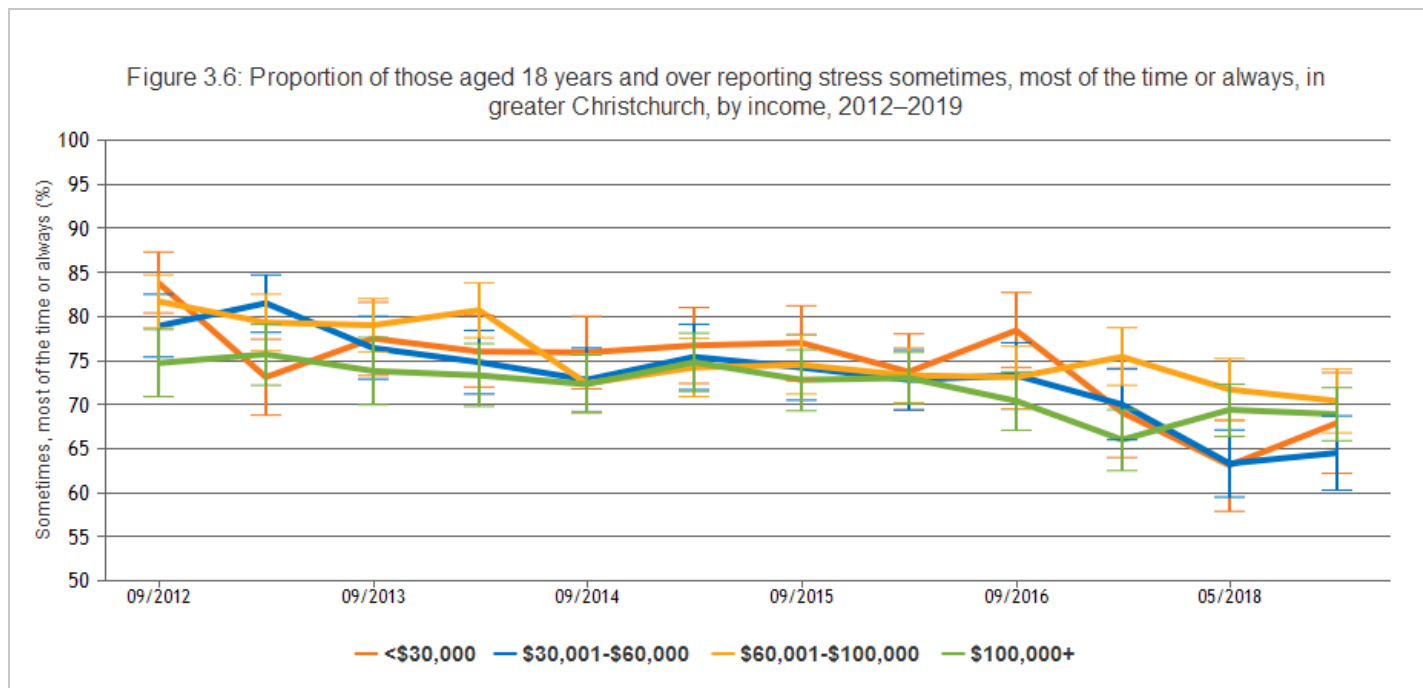
## Breakdown by gender



The figure shows a clear pattern of a lower proportion of male respondents experiencing stress at least sometimes, compared with female respondents, throughout the time-series. For male respondents, the proportion experiencing stress at least sometimes has been approximately 5 percentage points below that of female respondents, across all years in the time-series (64.5% and 71.1% respectively, in 2019). The difference is statistically significant at all time-points.

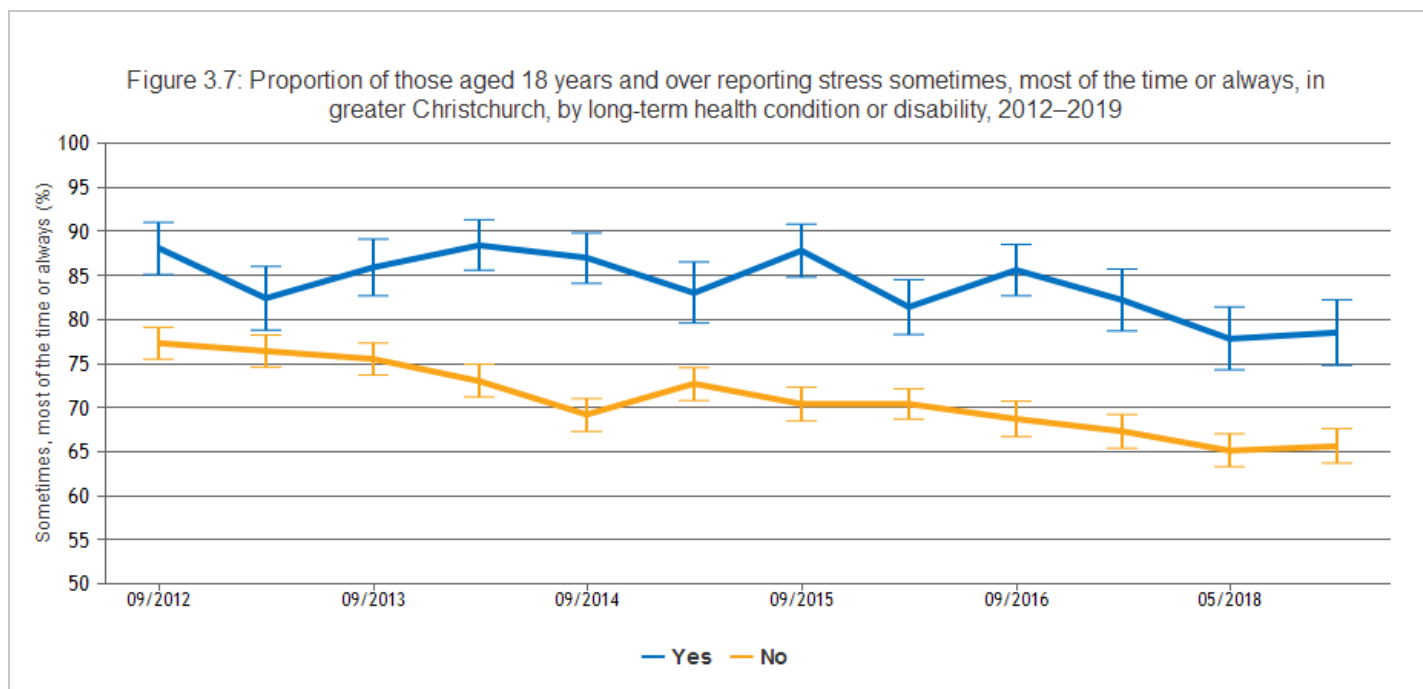


## Breakdown by income



The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for the annual household income groups <\$30,000; \$30,000 to \$60,000; \$60,000 to \$100,000; \$100,000+; for the years from 2012 to 2019. No statistically significant differences are evident in the proportion experiencing stress at least sometimes across the different income groups (with the exception of the <\$30,000 income group having a higher proportion compared with the \$100,000+ income group, at two time-points; 09/2012 and 09/2016).

## Breakdown by disability



The figure shows that a consistently larger proportion of respondents with a long-term health condition or disability reported experiencing stress sometimes, most of the time, or always, compared with those respondents without a long-term health condition or disability. The difference has averaged approximately ten percentage points across the time-series, from 2012 to 2019, and is statistically significant at all time-points.

## Data Sources

Source: Canterbury District Health Board.

**Survey/data set:** Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website [www.cph.co.nz/your-health/wellbeing-survey/](http://www.cph.co.nz/your-health/wellbeing-survey/)

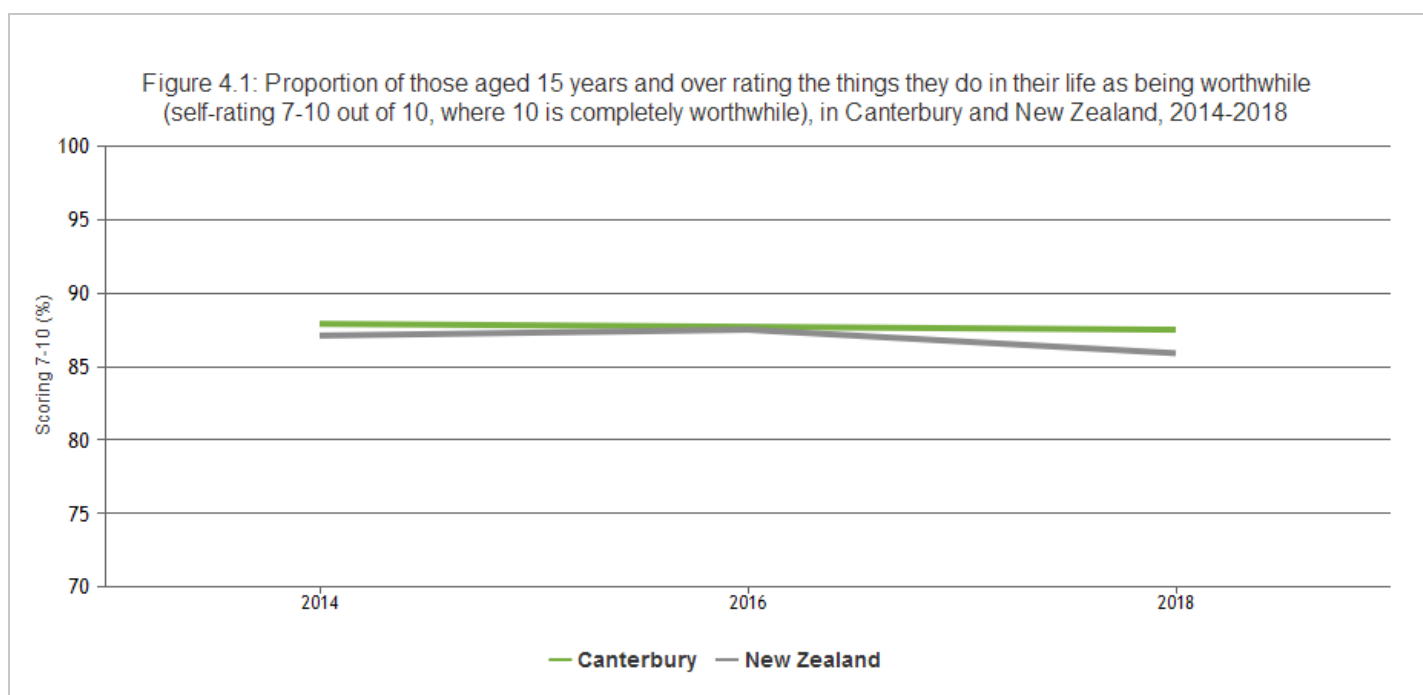
**Source data frequency:** Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

## SENSE OF PURPOSE

Sense of purpose is a self-reported measure that reflects whether people feel they have a sense of purpose or meaning in life. The sense of purpose question in the New Zealand General Social Survey (introduced in 2014) [19] asks respondents 'to what extent do you feel the things you do in your life are worthwhile?' using a zero to ten scale, where zero is not at all worthwhile and ten is completely worthwhile.

This indicator presents the proportion of those respondents to the New Zealand General Social Survey who rated the extent to which they feel the things they do in their life are worthwhile at seven or above on a zero to ten scale.



The figure shows that a similar proportion of Canterbury respondents selected a self-rating of 7-10 for the things they do in their life being worthwhile in the 2014, 2016, and 2018 New Zealand General Social Surveys (87.9%, 87.7%, and 87.5%). There was no appreciable difference between the proportion for Canterbury respondents and the proportion for New Zealand overall. The proportion scoring 7-10 for life worthwhile for New Zealand overall has remained relatively stable between 2014 and 2018.

### Data Sources

**Source:** Statistics New Zealand.

**Survey/data set:** New Zealand General Social Survey to 2018. Access publicly available data from the Statistics New Zealand website <https://www.stats.govt.nz/information-releases/wellbeing-statistics-2018>

**Source data frequency:** Every 2 years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

## REFERENCES

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- 1 Aked J, Marks N, Cordon C, Thompson S (2008) *Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people's well-being*. London: New Economics Foundation.
- 2 Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D, et al. (2009) New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research* 39: 247-266.
- 3 UK Government (2010) *Confident communities, brighter futures: a framework for developing wellbeing*. UK Government: Department of Health and New Horizons.
- 4 Bidwell S (2011) *Long term planning for recovery after disasters: ensuring health in all policies (HiAP)*. Community and Public Health for Healthy Christchurch. 4–5 p.
- 5 Beaglehole B, Mulder RT, Frampton CM, Boden JM, Newton-Howes G, et al. (2018) Psychological distress and psychiatric disorder after natural disasters: systematic review and meta-analysis. *The British Journal of Psychiatry*: 1-7.
- 6 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.
- 7 Lock S, Rubin GJ, Murray V, Rogers MB, Amlot R, et al. (2012) Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011. *PLoS Curr* 4.
- 8 Bonanno GA, Diminich ED (2013) Annual Research Review: Positive adjustment to adversity -Trajectories of minimal-impact resilience and emergent resilience. *Journal of child psychology and psychiatry, and allied disciplines* 54: 378-401.
- 9 Ramanathan CS, Dutta S, editors (2013) *Governance, Development and Social Work*. London: Routledge Publishers (Taylor and Francis Group).
- 10 Bowling A (2001) *Measuring Disease. A Review of Disease-specific Quality of Life Measurement Scales*. Buckingham: Open University Press.
- 11 CERA (2012) *CERA Wellbeing Survey 2012 Report, prepared by AC Nielsen for the Canterbury Earthquake Recovery Authority*. AC Nielsen and the Canterbury Earthquake Recovery Authority.
- 12 Topp CW, Ostergaard SD, Sondergaard S, Bech P (2015) The WHO-5 Well-Being Index: a systematic review of the literature. *Psychother Psychosom* 84: 167-176.
- 13 Selye H (1936) A syndrome produced by diverse noxious agents. *Nature* 138.
- 14 Selye H (1976) *Stress in health and disease*. Stoneham MA: Butterworth.
- 15 Chandola T, Britton A, Brunner E, Hemingway H, Malik M, et al. (2008) Work stress and coronary heart disease: what are the mechanisms? *European Heart Journal* 29: 640-648.
- 16 World Health Organization (2013) *Guidelines for the management of conditions specifically related to stress*. Geneva: WHO.
- 17 Canterbury DHB (2019) *Canterbury Wellbeing Survey, June 2019: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 18 [www.qualityoflifeproject.govt.nz/survey.htm](http://www.qualityoflifeproject.govt.nz/survey.htm).
- 19 Statistics New Zealand (2016) *New Zealand General Social Survey 2016*. Wellington; Statistics New Zealand.

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> **Community and Public Health wellbeing and resilience information**

'There is no health without mental health'. This webpage contains links to statistics and resources about mental health and wellbeing.