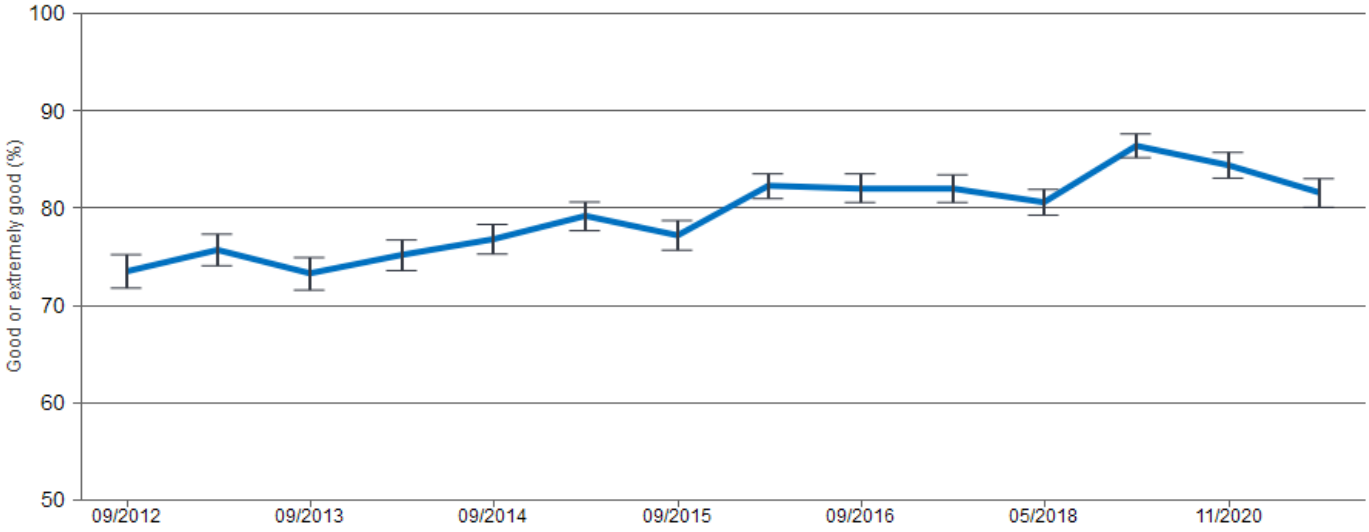
Subjective Wellbeing: Quality of life

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].

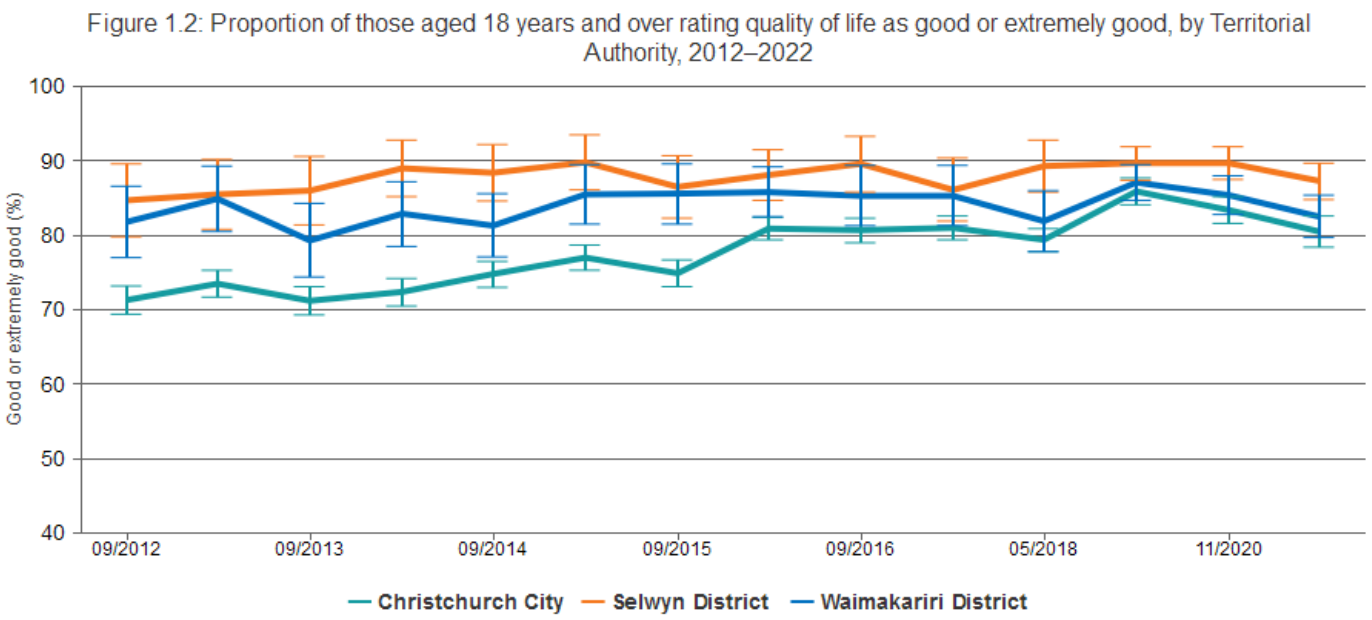
This indicator presents the proportion of those 18 years and over indicating that their overall quality of life was good or extremely good, as reported in the Canterbury Wellbeing Survey.

Figure 1.1: Proportion of those aged 18 years and over rating quality of life as good or extremely good, in greater Christchurch, 2012–2022



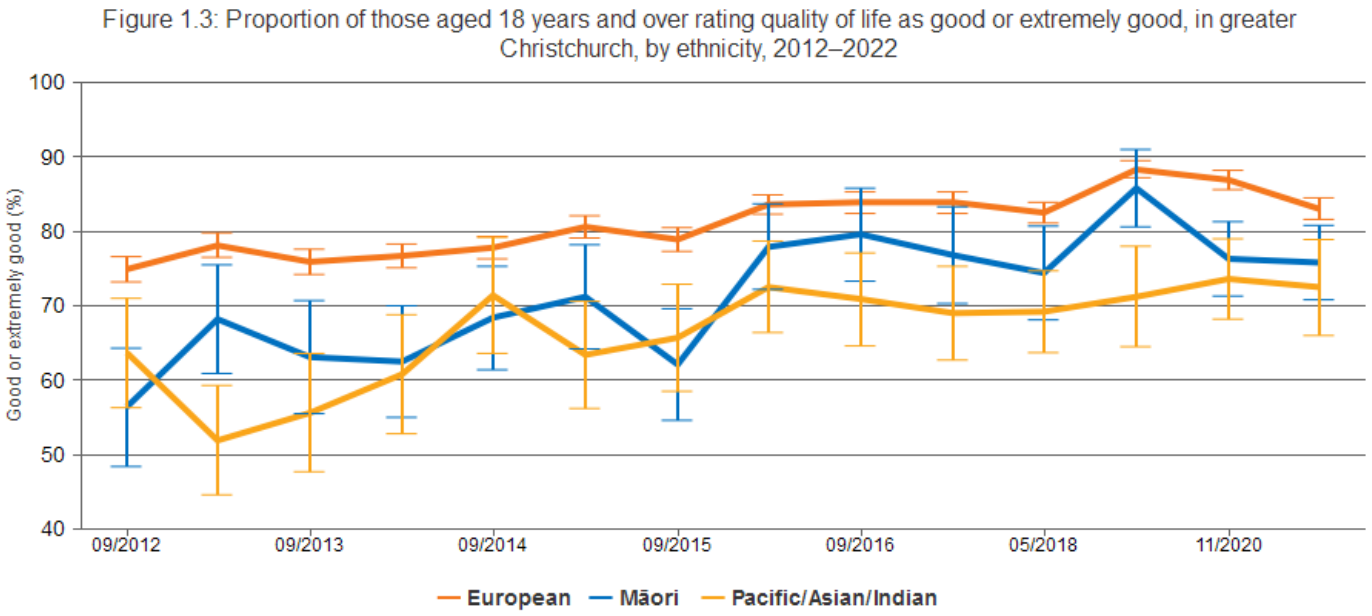
The figure shows an overall increase in self-reported quality of life (proportion of those rating their quality of life as good or extremely good) for greater Christchurch, between 2012 (73.5%) and 2022 (81.6%). The 2022 result is not statistically significantly different from the 2020 result, although, taken together, the 2020/2022 results show the first statistically significant decline in self-reported quality of life (compared with 2019) since the start of the time series in 2012. The general pattern of decline between 2019 and 2022 follows a period of incremental gains over the preceding six years.

Breakdown by Territorial Authority



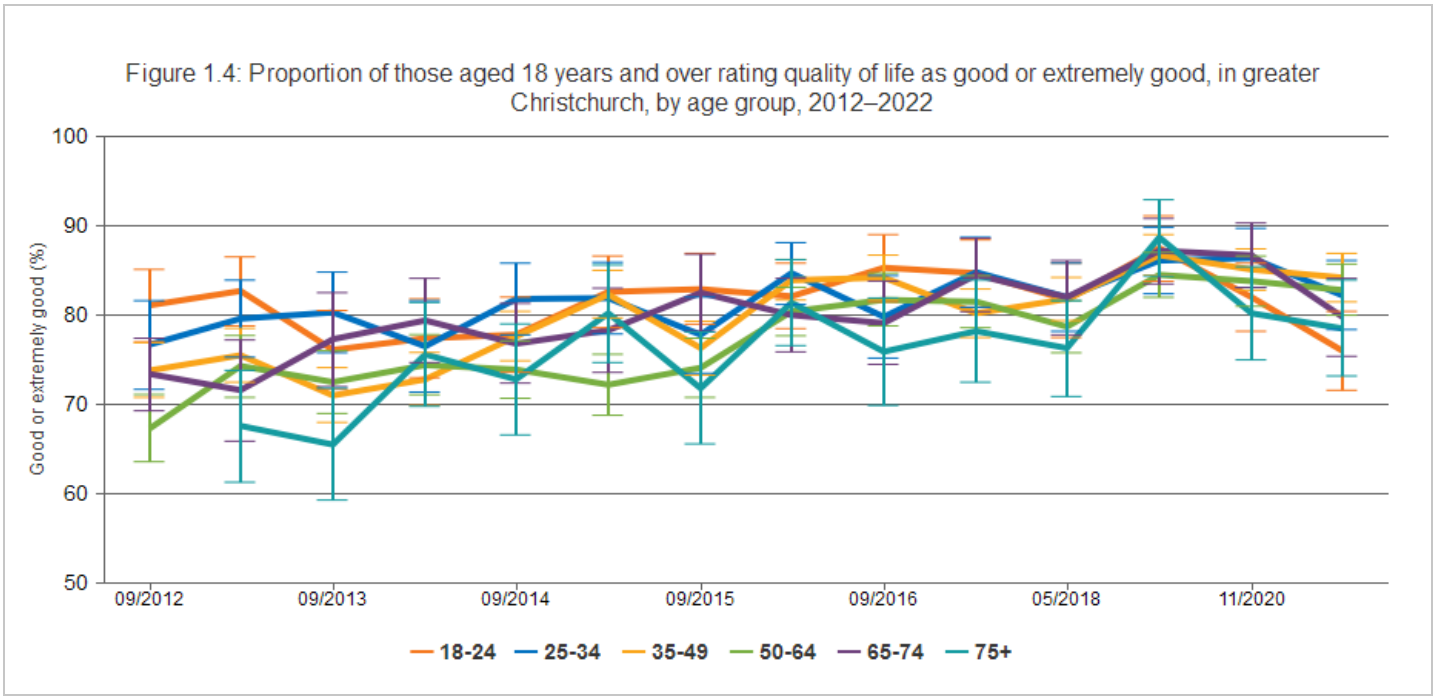
The figure shows that in the earlier years of the time-series, levels of overall quality of life (proportion of those rating quality of life as good or extremely good) were generally lower in Christchurch City, compared with Selwyn District and Waimakariri District (statistically significantly lower for Christchurch City compared with Selwyn District, 2012–2018 and 2020–2022; although similar to Waimakariri District from April 2016). However, there appears to be a pattern of convergence between the districts over the last six years (largely due to steadily increasing levels of overall quality of life for Christchurch City respondents). Note that these data are influenced by the different socioeconomic profiles of the three Territorial Authorities, with socioeconomic position being an important factor for quality of life.

Breakdown by ethnicity



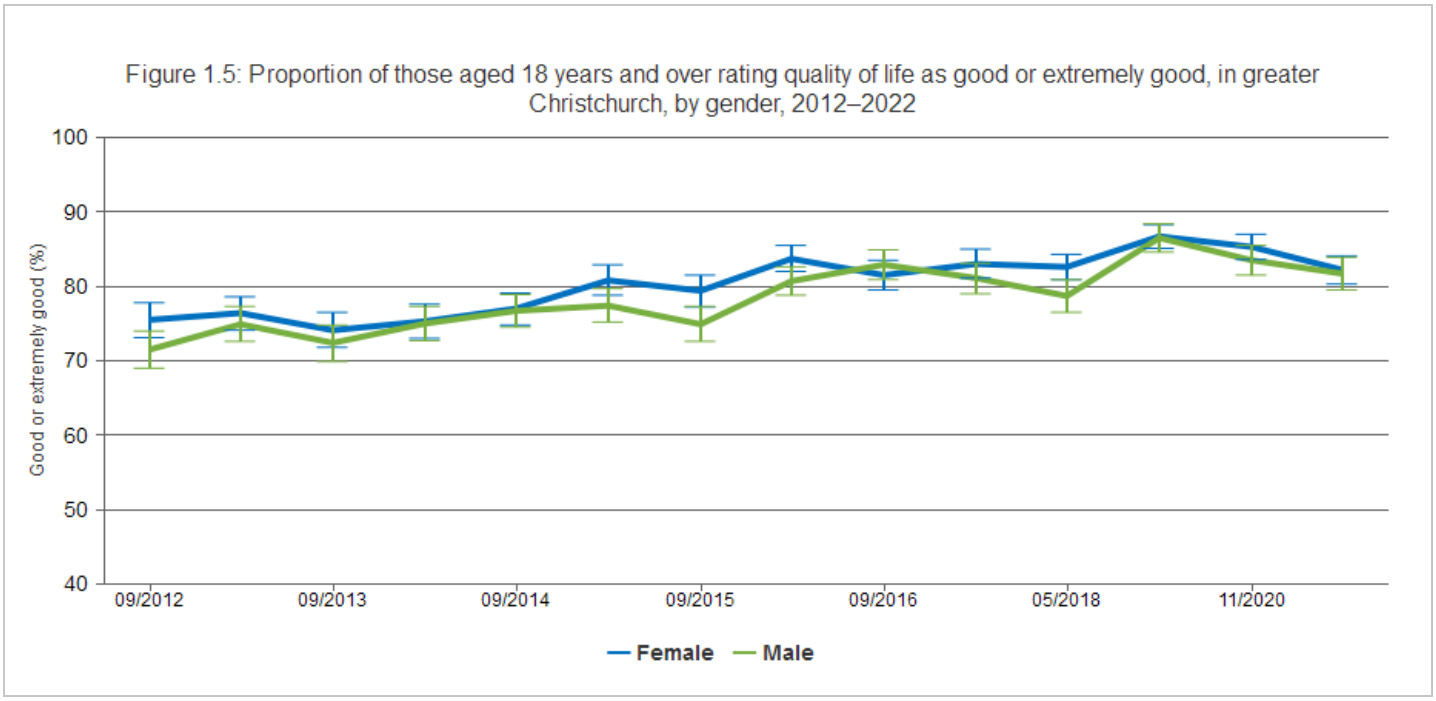
The figure shows that levels of overall quality of life (proportion of those rating their quality of life as good or extremely good) have generally been higher for European respondents, compared with Māori and Pacific/Asian/Indian respondents. This difference has been statistically significant for much of the time-series presented. In 2022, 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 (European, 83.0% compared with Pacific/Asian/Indian, 72.5%) and for Māori respondents, 75.8%). While there is some variability in the results for Māori (due to smaller absolute numbers in the survey sample) there appears to be an overall pattern of convergence of the proportion for Māori and European respondents over the last eight years (less so for Pacific/Asian/Indian respondents).

Breakdown by age



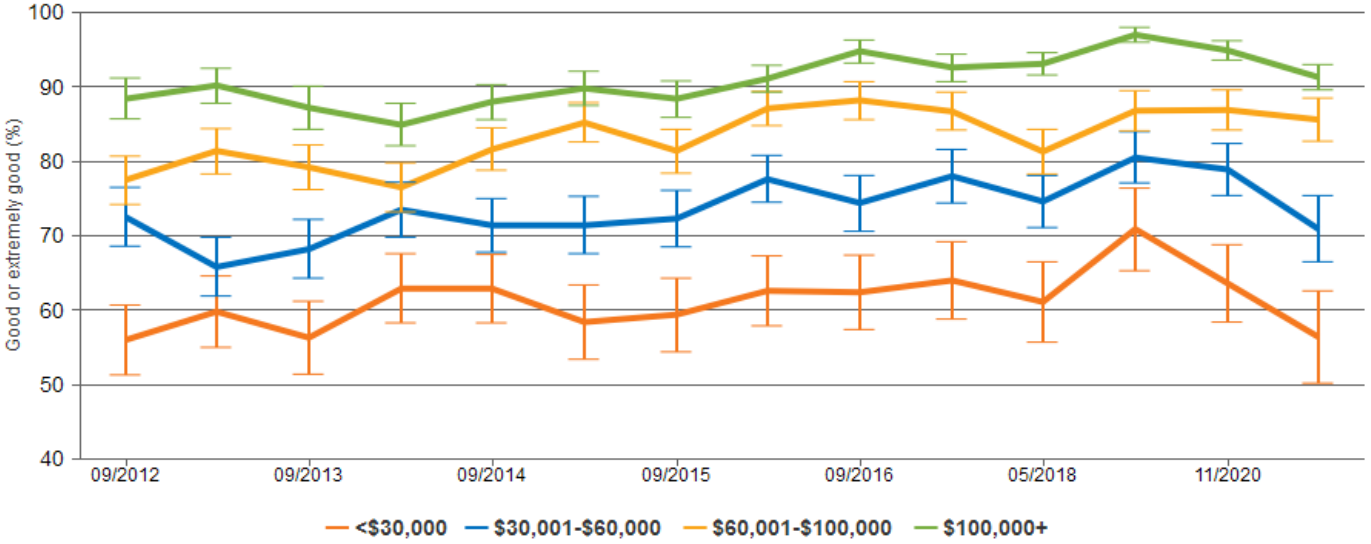
The figure shows a pattern of converging overall quality of life (proportion of those rating their quality of life as good or extremely good) for the age groups over the time-series. While there have been some statistically significant differences between young people and the older age groups, at some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

Breakdown by gender



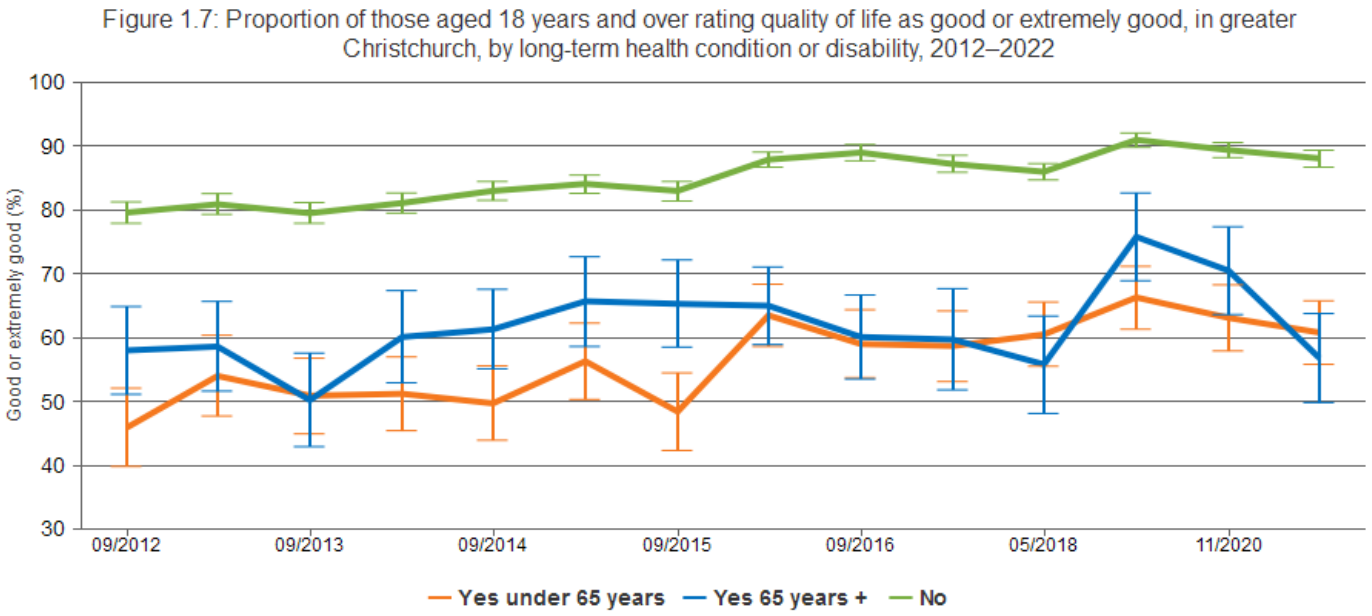
The figure shows a pattern of generally similar overall quality of life (proportion of those rating their quality of life as good or extremely good) for female and male respondents, over the period 2012 to 2022 (no significant differences at any time-point).

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 2022, almost all (91.3%) of those respondents from the $100,000+ income group rated their quality of life as good or extremely good, compared with 56.4 percent of those from the <$30,000 income group (a large and statistically significant difference). The year-to-year differences in overall quality of life for the period 2019 to 2022 are generally not statistically significant, except for the $100,000+ group (down from 94.9% in 2020 to 91.3% in 2022). Additionally, the lowest income group's quality of life appears to have declined notably (for the <$30,000 group, 70.9% 2019 to 56.4% 2022).

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 (both for the under- and over-65 groups), compared with those without a long-term health condition or disability, from 2012 to 2022. The substantial differences between the without a long-term health condition or disability group and each of the long-term health condition or disability groups have been persistent and statistically significant for all time-points in the series.

For 2022, the proportion of respondents rating their quality of life as good or extremely good was 60.8 percent for those aged under 65 years with a long-term health condition or disability, 56.8 percent for those aged 65 years and over with a long-term health condition or disability, and 88.1 percent for those without.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury.
Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/
Source data frequency: Annually.

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

REFERENCES

This is the full reference list for **Subjective Wellbeing**.

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 (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 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.

5 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.

6 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.

7 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.

8 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.

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 nocuous agents. *Nature* 138.

14 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.

15 Selye H (1976) *Stress in health and disease*. Stoneham MA: Butterworth-Heinemann.

16 World Health Organization (2013) *Guidelines for the management of conditions specifically related to stress*. Geneva: WHO.

17 CDHB (2020) *Canterbury Wellbeing Survey, 2020: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.

18 *The Quality of Life Project. Report prepared by Nielsen for the Auckland, Wellington, Christchurch, and Dunedin City Councils and partnering agencies.* Available from: www.qualityoflifeproject.govt.nz/survey.htm.

19 Vaishnavi S, Connor K, Davidson JRT (2007) An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. *Psychiatry research* 152: 293-297.

20 Windle G, Bennett KM, Noyes J (2011) A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes* 9: 8.

21 Davidson JRT (2020) Connor-Davidson Resilience Scale (CDRISC) Manual. Unpublished.

22 Connor KM, Davidson JR (2003) Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC).

23 Windle G (2011) What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology* 21: 152-169.

24 Bonanno G (2004) Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist* 59: 20-28.

25 Richardson GE (2002) The metatheory of resilience and resiliency. *Journal of Clinical Psychology* 58: 307-321.

26 Richardson GE, Neiger BL, Jensen S, Kumpfer KL (1990) The Resiliency Model. *Health Education* 21: 33-39.

27 Statistics New Zealand (2016) *New Zealand General Social Survey 2016*. Wellington: Statistics New Zealand.

28 Families Commission (2013) *Families and whānau Status report: Towards measuring the wellbeing of families and whānau*. Wellington: Families Commission.

29 Wollny I, Apps J, Henricson C (2010) *Can government measure family wellbeing?* London: Family and Parenting Institute. Available from: https://www.familyandparenting.org/Resources/ FPI/Documents/CanGovernmentMeasureFamilyWellbeing.pdf.

30 Cotterell G, von Randow M, Wheldon M (2008) *Measuring Changes in Family and Whānau Wellbeing Using Census Data, 1981–2006: A preliminary analysis*. Wellington: Statistics New Zealand.

31 Baker K (2016) *The Whānau Rangatiratanga Frameworks: Approaching whānau wellbeing from within Te Ao Māori*. Wellington: Social Policy Evaluation and Research Unit.

32 Fletcher M (2007) Issues in developing a conceptual framework for 'family wellbeing'. National Family Wellbeing Symposium, Canberra, 20–21 June 2007.

33 Statistics New Zealand (2006) *International developments in family statistics*. Wellington: Statistics New Zealand.

34 Statistics New Zealand (2007) *Review of official family statistics. Consultation Paper*. New Zealand: Wellington.

35 Statistics New Zealand (2013) *Te Kupenga 2013: A survey of Māori well-being questionnaire*. Wellington: Statistics New Zealand.

36 Statistics New Zealand (2018) *New Zealand General Social Survey 2018 data dictionary (version 29)*. Statistics New Zealand.

