ESPACIOS

REVISTA

The development of a personal well-being index –indicator of the life satisfaction

El desarrollo de un índice de bienestar personal –indicador de la satisfacción vital

YERMILOVA, Victoria V. 1; LOKTIONOVA, Yulia N. 2; SMIRNOV, Artem V. 3; SEREGINA, Tatiana N. 4 & PROKOPYEV, Alexey I. 5

Contents

ABSTRACT:

The research deals with the development of a personal well-being index (IPWB) as an integral subjective indicator of the satisfaction with the quality of life depending on social comfort factors. In the social sphere, a personal well-being index is represented in the form of a linear regression, where the influence of the following factors on the subjective indicator of life satisfaction is determined: questions related to the level of subjective social well-being; questions concerning satisfaction with personal relationship; questions related to the method of social orientation; questions concerning attribute styles; questions related to time perspectives.
Keywords: psychological well-being, subjective well-being, social sphere, factors of personal well-being, model of personal well-being index

RESUMEN:

La investigación aborda el desarrollo de un índice de bienestar personal (IPWB) como un indicador subjetivo integral de la satisfacción con la calidad de vida según los factores de comodidad social. En la esfera social, un índice de bienestar personal se representa en forma de regresión lineal, donde se determina la influencia de los siguientes factores en el indicador subjetivo de satisfacción con la vida: preguntas relacionadas con el nivel de bienestar social subjetivo; preguntas concernientes a la satisfacción con la relación personal; Cuestiones relacionadas con el método de orientación social. preguntas concernientes a los estilos de atributos; Preguntas relacionadas con las perspectivas de tiempo.
Palabras clave: Bienestar psicológico, bienestar subjetivo, esfera social, factores de bienestar personal, modelo de índice de bienestar personal.

1. Introduction

Modern civilization is characterized by the desire to improve the quality of life and well-being of the population. Thus, the World Health Organization study (Joint meeting of experts …,

2013) indicated that the concept of well-being has not been fully defined. There is a need for a quantitative assessment of personal well-being. This means that a personal well-being index should be developed. It is quite difficult to develop such an indicator due to the following reasons:

- the index should be applicable to the countries with different development levels (Western and developing countries), different cultures (USA, European countries and Asian countries) and different climates (for example, for the countries located on different continents);

- the index should be applicable to people of different ages, with different health conditions, as well as with different education levels;

- the index should be determined on the basis of objective indicators derived from the measurement;

- the concept of "well-being" is a short-term and changeable psychological state. It is difficult to evaluate it empirically, since the evaluation criteria must take into account a significant number of factors that have a various degree of importance for each individual person.

At the initial stage, "personal well-being" was considered as a holistic concept consisting of objective indicators of success, health, material well-being, as well as subjective indicators of the ideas about the individual's well-being (Bradburn, 1969). Modern researchers regard well-being in the context of individual groups of people in separate countries (Yiengprugsawan et al., 2010; Diener, 2012; International Wellbeing Group, 2013; Vaqué Crusellas, 2014; Tatarova & Kuchenkova, 2016; Weinberg et al., 2018).

In foreign psychology, well-being is widely determined by the concept of quality of life, which is a subjective assessment of life satisfaction. This concept correlates with the self-realization of an individual, as well as with his/her psychological health and well-being.

Thus, it is necessary to analyze the accumulated experience in theoretical aspect of well-being and its quantitative expression in the form of various indices (in particular, the well-being index) regarding the possibility of its empirical definition.

2. Literature review

A great number of methodologies and quantitative indicators for assessing personal well-being have been developed. The concept of psychological well-being can be regarded in the coordinate system of objective and subjective assessment.

Thus, the researchers E. L. Deci, R. M. Ryan (Deci & Ryan, 1985; Surjanti & Soejoto, 2018) hypothesized that psychological well-being is associated with such basic psychological needs as the need for autonomy (acceptance of one's behavior, values and desires), the need for competence (tendency to control the environment and effective activity), as well as quality relationship with other people. Based on this approach, C. Ryff scale, one of the most common modern methods, was developed (Ryff, 1995). The scale consists of six categories: autonomy, competence, personal growth, positive relations with others, purpose in life, self-acceptance.

The WHO-Five Well-being Index was developed for a WHO project to assess the quality of life of patients suffering from diabetes. The index has been improved and now it consists of five items instead of ten: positive mood (good spirit, relaxaton), vitality (being active, waking up fresh and rested), common interests (interest in things) (Bech et al., 1996).

S. Waterman in his work (2008) presents the realization of one's true potential, full and meaningful life as the criteria for assessing personal well-being. The ratio of eudomonic and hedonistic components in activity, self-expression, realization and satisfaction is considered in this concept. According to the researcher, the eudomonic way of life associated with difficult tasks makes it possible to obtain hedonistic satisfaction as a side effect.

D. Goldberg (1992) developed the General Health Questionnaire (the GHQ technique) to screen for well-being and emotional stability. In 1979, the technique was modernized and now it considers psychological well-being as an element of quality of life. It includes 28 questions (GHQ-28) divided into four subscales: somatic symptoms, anxiety and insomnia,

social dysfunction and severe depression.

In 1991, the World Health Organization created a project to assess the quality of life. An international methodology for assessing the quality of life of various populations was also developed within the framework of the project. The methodology considers the feelings of individuals in the context of their culture and system of values, personal goals, standards and interests (Skevington et al., 2004). The full version of the questionnaire consists of 100 questions while the shortened one includes 26 questions and analyses such domains as: physical health, psychological well-being, social relations and the environment.

Nowadays the California Psychological Inventory (CPI) is one of the most common questionnaires (Gough, 1987). It defines personal characteristics in terms of social behavior and consists of the following scales: sense of well-being, good impression and routine. The inventory is designed to determine the mutual validity of responses.

Later the researchers began to consider psychological well-being in the context of a subjective perception of one's own well-being.

Thus, in 1988 French scientists, Perrudet-Badoux, Mendelsohn and Chiche, developed a scale of subjective well-being to study the psychology of stress caused by a chronic disease and its effect on human health. The scale consisted of 17 questions on the emotional state, social behavior and some physical symptoms.

The Subjective Happiness Scale, developed by Lyubomirsky S., Lepper H. S. (1999), is a rapid test that measures subjective well-being. It consists of 4 items, each of which is rated on a 7-point scale.

"The Warwick Edinburgh Mental Well-being scale" is another technique to assess subjective well-being. This 14-item scale was designed to evaluate projects and programs that improve psychological well-being. This scale is characterized by high validity and covers a wide range of attributes of well-being, including affective-emotional, cognitive-evaluative and other attributes of psychological functioning (Failde et al., 2000).

Projective methods for assessing psychological well-being are represented by S. Rosenzweig's frustration tolerance test, Thematic Apperception Test, G.Rorschach inkblot test, Luscher test, Draw-a-Person Test, Draw a Non-Existent Animal Test, Incomplete Sentence Test, etc. These techniques are aimed at identifying the unconscious aspects of the personality that cannot be observed or determined by interviewing.

Domestic researchers have also developed methods for assessing personal well-being, taking into account the social sphere. Thus, I. Suvorova (2014) uses test techniques to assess the social structure of a person. It has been established that the frustration of basic social needs is a relevant reason to break the psychological links between a person and the social system. It also results in the breakdown of the social identity structure.

At the same time, domestic researchers also consider social well-being in the context of certain population groups, for example, the elderly (Pavlova et al., 2018), the youth (Babayan & Pashinina, 2016), people with chronic diseases (Kislyakov & Shmeleva, 2017) or the population of certain regions (Merzlyakova, 2009).

We have analyzed the following methods: Interpersonal Relationship Questionnaire by W. Schutz (abriged by A. A. Rukavishnikova, 1992) (Dukhnovsky, 2009), the methodology of "Adaptive Behavior Strategies" (N. N. Melnikova, 2004) (Stolyarenko, 2003), the methods of diagnosing the socio-psychological attitudes of the person (altruism - egoism, process - result) (A.F. Potemkina, 2003) (Mitina & Syrtsova, 2008), Satisfaction With Life Scale by E. Diener (abriged by E.M Osina, D.A. Leontieva, 2008) (Osin & Leontyev, 2008), Attributive styles test (L.N. Rudina, 2009) (Eksakusto, 2012), as well as the model of personal well-being developed by N. A. Baturin,. A. Bashkatov, N. V. Gafarov (2013).

We believe that social progress indices are promising:

- human development index (long and healthy life measured by life expectancy at birth; access to education measured by the adult literacy rate and total enrollment ratio; a decent standard of living measured by gross domestic product per capita (at purchasing power parity of US dollars);

- happy planet index (well-being, GDP per capita, life expectancy, civil freedoms, safety and security, stability of families, job security, level of corruption, as well as social trust expressed through magnanimity and generosity);

- prosperity index (economy, business environment, governance, education, health, safety and security, personal freedom, social capital);

- quality-of-life index (health, family life, social life, material well-being, political stability and security, climate and geography, job security, political and civil freedoms, gender equality);

- better life index - well-being in terms of material conditions (housing, income, work) and quality of life (society, education, environment, civil rights, health, life satisfaction, safety and work/life balance);

- social progress index (nutrition, access to basic health care, housing, access to water, electricity and sanitation facilities, personal security; access to basic knowledge and literacy rates, access to information and communication tools, health care, environmental sustainability; the level of personal and civil freedoms, rights and opportunities to make decisions and realize potential).

The literature review allowed us to conclude that in the assessment of personal well-being in the social sphere, the problem of integral indices of social well-being, where each factor has a different role, has not sufficiently been developed.

The purpose of our research is to summarize domestic and foreign methods of assessing personal well-being and developing an index of personal well-being as the confirmation of social satisfaction as a sphere of life.

3. Research methods

We conducted a survey in order to develop a model of the well-being index. The survey involved 348 people (150 male and 198 female), whose median age was 33.4 years (dispersion 10.3 years) and 35.1 years (dispersion 12.4 years old). The sample consisted of the respondents with different levels of education, married (39.7%) and single (60.3%), representatives of various professions and social groups (students, pensioners, military, theater workers, educationalists and medical professionals). The respondents rated their health as generally satisfactory. Thus, we can be sure in the homogeneity of the sample in terms of "health" and evaluate only social well-being.

The participants were randomly selected from the people living in St. Petersburg and suburban villages of the region. Table 1 summarizes the respondent data.

Table 1
Respondent data

Indicator	Male	Female
Number	150	198
Part of the sample	43%	47%
Mean age	33,4 (dispersion 10,3 years)	35,1 (dispersion 12,4 years)
Maximum age		
Minimum age		
Married	42%	47%
For the whole sample	39,7	

Educational level		
Higher education	70%	78%
Incomplete technical education	15%	5%
Secondary technical education	15%	7%
Employment		
Unemployed	5%	11%
Pensioner (disabled)	12%	5%
Maternity leave		20%
Employed	83%	64%
Subjectivehealthassessment		
Good	50%	48%
Satisfactory	38%	42%
Poor	12%	10%
Subjective income assessment		
High	25%	30%
Medium	60%	40%
Low	15%	30%

The respondents were asked questions that can be combined into the following domains:

- subjective social well-being: social visibility, social distance, social status, volunteer activities;

- relationship quality: family relationship, relationships with friends, relationships with colleagues, social relations;

- social orientation: the realization of social inclusion, broad connections, number of dependents;

- psychological well-being: anxiety, autonomy, expertise, personal growth, life goals;

- attributive styles and temporal perspectives: the frequency of failures and success, the breadth of failures and success.

Table 2 shows the range of answer options for each domain.

Table 2
Answer options for each domain

Indicator	Description
Subjective social well-being	

Social visibility	Scale from 0 to 5, where 0 means "no social contacts" and 5 – "media person".
Social distance	Scale from 0 to 5, where 0 means "no social contacts" and 5 – "a lot of social contacts".
Social status	Scale from 0 to 5, where 0 means "no social status" and 5 – "high social status".
Volunteer activity	Scale from 0 to 5, where 0 means "do not accept this activity" and 5 – "active volunteer".
Relationship quality	
family relationship, relationships with friends, relationships with colleagues, social relations	Scale from 0 to 5, where 0 means "not satisfied at all" and 5 – "absolutely satisfied".
Social orientation	
Social inclusion	Scale from 0 to 5, where 0 means "not realized" and 5 – "fully realized".
Broad connections	Scale from 0 to 5, where 0 means "no social connections" and 5 – "extensive social connections".
Number of dependents	Scale from 0 to 5, where 0 means "no dependents" and 1-5 – "number of dependents".
Psychological well-being	
Anxiety	Scale from 5 to 0, where 5 means "high level of anxiety" and 0 – "no anxiety".
Autonomy	Scale from 5 to 0, where 5 means "dependent" and 0 – "independent".
Expertise	Scale from 0 to 5, where 0 means "competent" and 5 – "not competent".
Personal growth	Scale from 0 to 5, where 0 means "lack of possibilities for personal growth" and 5 – "achieved the highest expertise potential".
Life goals	Scale from 0 to 5, where 0 means "lack of possibilities to realize goals" and 5 –

	"constant goal-setting".
Attributive styles and temporal perspectives	
Failure frequency	Scale from 5 to 0, where 5 means "constant failures" and 5 – "do not have any serious failures in the past". .
Success frequency	Scale from 0 to 5, where 0 means "do not have any relevant successful experience in the past" and 5 – "successful person".
Breadth of failure	Scale from 5 to 0, where 5 means "I am a complete failure" and 0 – "do not pay attention to failures".
Breadth of success	Scale from 0 to 5, where 0 means "not successful" and 5 – "quite successful".
Negative past experience	Scale from 5 to 0, where 5 means "have relevant negative past experience (for example, record of conviction)" and 0 – "no negative past experience".
Assessment of your social well-being	Scale from 0 to 10, where 0 means "no satisfaction at all" and 10 – "completely satisfied".

For the purpose of creating results we converted all data into cross-tabulations and filtered the results for all respondent groups with the help of comparative analysis.

4. Results

Based on the survey results we built a linear regression model for the subjective assessment of social well-being (the question is *What is your personal assessment of social well-being?*) taking into account the level of subjective well-being, satisfaction with relationship, social orientation, temporal perspectives, attributive styles.

The summarized results of the respondents' answers are presented in Table 3.

Table 3
Summarized results of the respondents' answers

Indicator	Male	Female
Subjective social well-being (SSWB)		
Social visibility	4	3
Social distance	2	4
Social status	3	4

Volunteer activity	2	4
Relationship quality (RQ)		
family relationship	3	4
relationships with friends	4	2,5
relationships with colleagues	2,5	2,5
social relations	2	2,5
Social orientation (SO)		
Social inclusion	3	2,5
Broad connections	4	3
Number of dependents	2	0,5
Psychological well-being (PWB)		
Anxiety	1	2,5
Autonomy	3	2,5
Expertise	3	2
Personal growth	3	2
Life goals	3	1,5
Attributive styles and temporal perspectives (ASTP)		
Failure frequency	-1,5	-1
Success frequency	2	2,5
Breadth of failure	-0,5	-0,5
Breadth of success	2	1,5
Negative past experience	-1	-0,5
Assessment of your social well-being	7	7,5

Fig. 1 and Fig. 2 show the mean scores of the respondents' answers.

In general, the mean scores of men and women are similar.

The purpose of our research is to develop a social well-being index of social well-being with due regard to individual indicators in the form of a linear regression. Based on the obtained empirical data we can suggest the following:

for men:

PSWBI = 1.8 + 0.11 * ASTP + 0.25 * PWB + 0.14 * SO + 0.54 * RQ + 0.34 * SSWB

for women:

PSWBI = 1.6 + 0.15 * ASTP + 0.31 * PWB + 0.22 * SO + 0.59 * RQ + 0.35 * SSWB.

For both dependencies, the correlation coefficient was close to 0.9. This makes it possible to prove the adequacy of the constructed model.

According to the obtained results, we can see that women are more satisfied with their social life than men: 7.5 versus 7 points.

At the same time, for both men and women, the subjective social well-being has the same importance. Thus, satisfaction with personal relationship, primarily family relationship, is a priority for both men and women in determining subjective social well-being (SSWB). The next factors affecting one's own assessment are social visibility, social status and volunteer activity. At the same time, women are characterized by more active participation in volunteer activities.

Fig. 1
Comparative diagram of mean
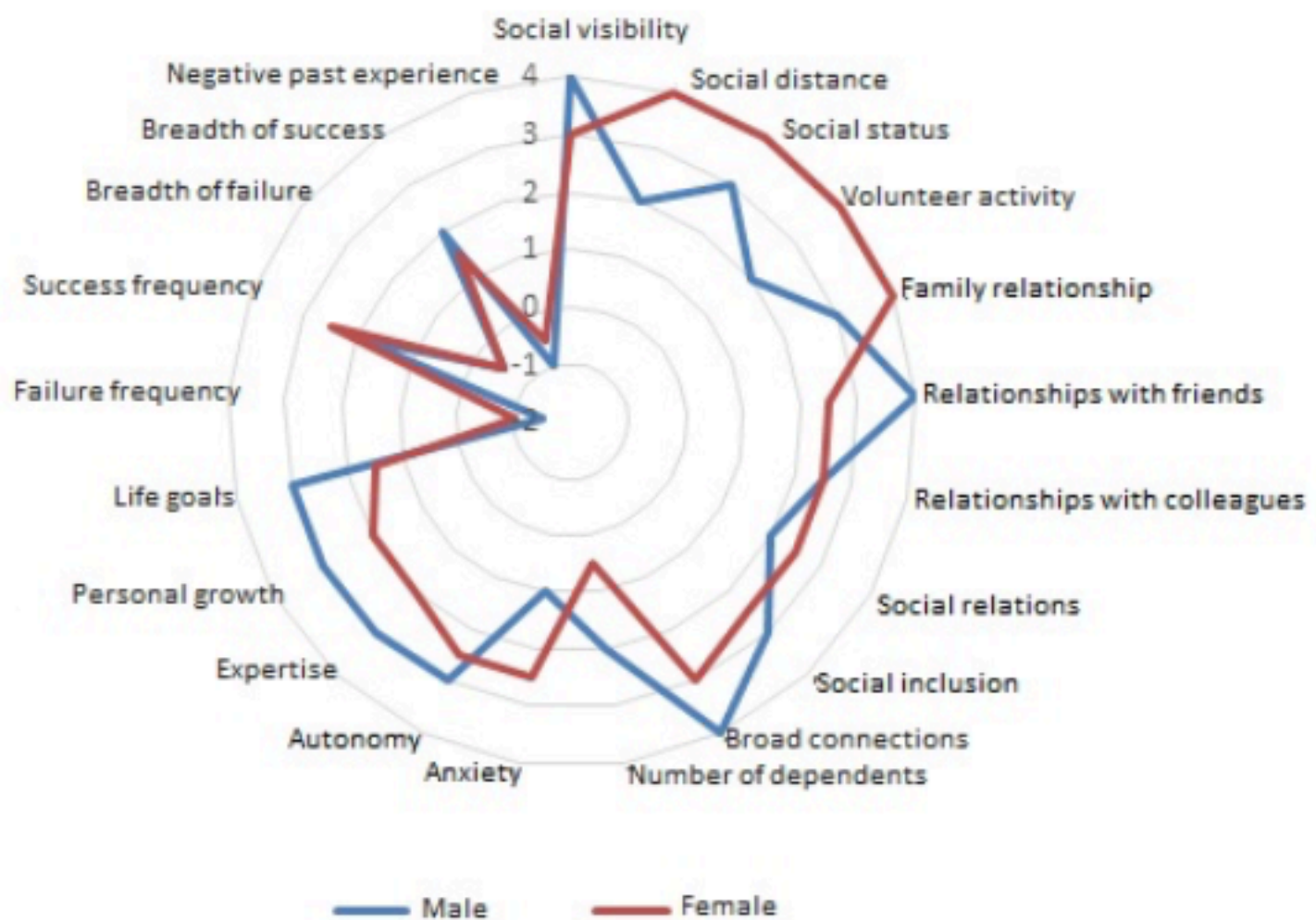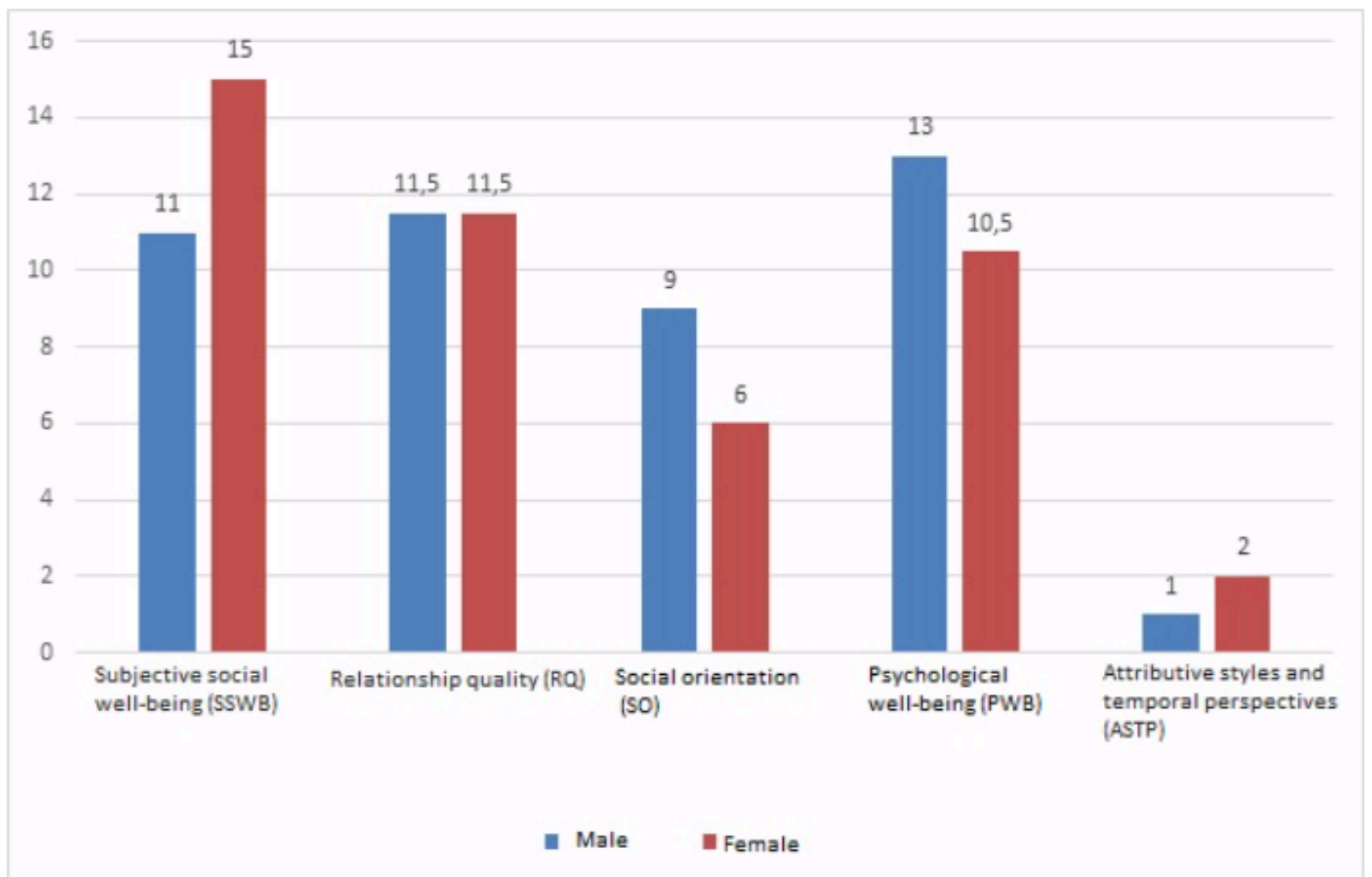scores of men and women

- - - - -

Fig. 2
Comparative diagram of mean scores on all domains

In general, the respondents can be characterized by trusting relationship with others. They understand that human relationships are built on mutual concessions; they are quite independent and able to control their behavior, create the conditions and circumstances necessary to meet personal needs and achieve goals. The respondents also strive for personal growth and set their future goals.

It can be noted that the vast majority of respondents showed the above average indicators of psychological well-being. Men gave their social well-being 7 points and women – 7.5 points out of 10. The above average indicators were also observed in "relationship quality" (65%); "autonomy" (45.0%); "relationship with family, friends, colleagues" (53.0%); "personal growth" (65.0%); "life goals" (53.0%). In general, this may indicate a positive attitude of the respondents, their satisfaction with their social life and a high level of motivation to achieve goals.

Psychological well-being indicators are closely related to the indicators of social orientation (life goals, the process of life, life effectiveness) and, especially, with the personality hardiness. Personality hardiness is important for maintaining health, optimal efficiency and activity level in stressful situations.

About 55.0% of the respondents showed the above average result on the "volunteer activity" scale. But women turned out to be more willing volunteers.

Unfortunately, most respondents are not quite sure that they can enjoy their own activities and feel safe.

At the same time, a significant part of the respondents is not confident in their abilities to achieve their goals.

However, personal autonomy, which is the ability to determine one's own positions, is very important in the psychological well-being structure.

Since the concept of personal autonomy is associated with a "Positive" image of a person, its manifestations are connected with personal growth. Therefore, it can be a characteristic of a person able to independently control and regulate his/her own life.

5. Discussion

The purpose of our research was to determine the factors affecting the subjective personal well-being index. The subjectivity of the index, as well as the factors influencing it make it impossible to determine a generalized indicator for several countries, social groups, etc.

Different authors considered the influence of individual factors on personal well-being on the generalized indicator. For example, in the works where developing countries were considered (provinces of Turkey, Brazil, China, etc.) it was shown that living conditions have the greatest influence on the analyzed indicator. In the study (Unlu & Aktas, 2017), the so-called happiness index was determined based on housing, working conditions, availability of savings, overall health, education, safety, access to social infrastructure, social life, etc. It was found that housing, savings and access to social infrastructure have the greatest impact on life satisfaction. In (Sarriera et al., 2014), the "spiritual development" influence on life satisfaction was considered for the first time. But it was statistically proved that material factors are more important for the analyzed sample.

Our research takes into account the influence of material factors, but we still pay more attention to non-material factors, such as family relationship, social activity, social inclusion, etc. This is explained by the level of the country's development and the availability of material goods. The conducted research corresponds to the studies conducted in developed countries (Harrington et al., 2015), where non-material factors (for example, personal growth) are statistically significant factors affecting subjective well-being.

6. Conclusions

Based on the above mentioned information, we can conclude that psychological well-being plays an important role in the personality development. It is an integral part of the formation of motivation for self-realization. Psychological well-being is ensured by the interaction of temperament, basic personality structures and positive personality traits. The features of temperament and personality have a direct impact on the manifestation of characterological positivity. They also indirectly affect the level of subjective well-being through characterological positivity.

The respondents can be characterized by trusting relationship with others. They understand that human relationships are built on mutual concessions; they are quite independent and able to control their behavior, create the conditions and circumstances necessary to meet personal needs and achieve goals. The respondents also strive for personal growth and set their future goals.

It can be noted that the vast majority of respondents showed the above average indicators of psychological well-being. Men gave their social well-being 7 points and women – 7.5 points out of 10. The above average indicators were also observed in "relationship quality" (65%); "autonomy" (45.0%); "relationship with family, friends, colleagues" (53.0%); "personal growth" (65.0%); "life goals" (53.0%). In general, this may indicate a positive attitude of the respondents, their satisfaction with their social life and a high level of motivation to achieve goals.

Psychological well-being indicators are closely related to the indicators of social orientation (life goals, the process of life, life effectiveness) and, especially, with the personality hardiness.

Our research takes into account the influence of material factors, but we still pay more attention to non-material factors, such as family relationship, social activity, social inclusion, etc. This is explained by the level of the country's development and the availability of material goods.

Psychological well-being can be defined as an integral indicator of person's orientation onto the implementation of the main components of positive functioning, as well as the implementation degree of this orientation. It is subjectively expressed in the feeling of happiness, satisfaction with oneself and one's own life. As an integral personal characteristic, psychological well-being exists in dynamics and therefore is a motivational indicator of a person. The manifestation of this indicator depends on reality, structure, integrity (consistency) of the past, present and future, as well as the human relationship system and

life perspective, including goals, plans, values and aspirations.

Bibliographic references

Babayan, I.V., Pashinina, E.I. (2016). Youth Social well-being in the socio-economic conditions of modernization. *News Bulletin of Saratov University. New series. Series: Sociology. Political science, 1*, 15.

Baturin, N. A., Bashkatov, A., Gafarova, N. V. (2013). T he theoretical model of personal well-being. *Bulletin of the South Ural State University. Series "Psychology". Circulation 6*(4), 4-14.

Bech, P., Gudex, C., Johansen, K. S. (1996). The WHO (Ten) well-being index: validation in diabetes. *Psychotherapy and Psychosomatics, 65*(4), 183-190.

Bradburn, N. M. (1969). *The Structure of Psychological Well-Being*, 332
http://www.norc.org/PDFs/publications/BradburnN_Struc_Psych_Well_Being.pdf

Deci, E. L., Ryan, R. M. (1985). The general causality orientations scale: Self-determination in personality. *Journal of research in personality, 19*(2), 109-134.

Diener, E. (2012). New findings and future directions for subjective well-being research. *The American psychologist, 67*(8), 590–-597.

Dukhnovsky, S. V. (2009). *Diagnostics of interpersonal relations. Psychological workshop.* SPb.: Speech, 141.

Eksakusto, T. V. (2012). *TAS - the test of attributive styles (L.M. Rudina)*. Positive thinking training. Correction between happiness and well-being. Rostov-on-Don: Phoenix, 169–178.

Failde, I., Ramos, I., Fernandez-Palacin, F. (2000). Comparison between the GHQ-28 and SF-36 (MH 1–5) for the assessment of the mental health in patients with ischaemic heart disease. *European journal of epidemiology, 16*(4), 311-316.

Goldberg, D. (1992). *General Health Questionnaire (GHQ-12)*. Windsor, UK: NFER-Nelson.

Gough, H. G. (1987). *The California Psychological Inventory. Administrator's Guide.* Palo Alto, CA: Consulting Psychologists Press, Inc.

Harrington, J.R., Boski, P., Gelfand, M.J. (2015). Culture and National Well-Being: Should Societies Emphasize Freedom or Constraint? *PLoS ONE, 10*(6), e0127173.

International Wellbeing Group (2013). *Personal Wellbeing Index: 5th Edition.* Melbourne: Australian Centre on Quality of Life, Deakin University.
http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/index.php

Joint meeting of experts on targets and indicators for health and well-being in Health 2020 Copenhagen, Denmark (2013)
http://www.euro.who.int/__data/assets/pdf_file/0005/197312/e96819r.pdf

Kislyakov, P. A., Shmeleva, E. A. (2017). Psychological well-being of a family raising a child with intellectual disabilities. *Education and Science, 19* (1).

Lyubomirsky, S., Lepper, H. S. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research, 46* (2), 137–155.

Merzlyakova, I.V. (2009). *Social well-being of the region's population: methodology and research methods:* monograph. Transbaykal State University. Chita: Transbaykal Humanitarian and Pedagogical State University, 154-171.

Mitina, O. V., Syrtsova, A. (2008). A temporal perspective survey F. Zimbardo (ZTPI): results of a psychometric analysis of the Russian version. *The Bulletin of Moscow University. Series 14. Psychology, 4*, 67–89.

Osin, E.N., Leontyev, D.A. (2008). *Approbation of the Russian-language versions of the scales for the express assessment of subjective well-being*. Materials of the III All-Russian Sociological Congress.

Pavlova, I., Monastyrny, E., Gumennikov, I., Barysheva, G. (2018). Russian index of the elderly population well-being: principles and conceptual framework. *The Journal of Social*

Policy Studies, 16 (1), 23-36.

Ryff, C. (1995). The stryctyre ofpsyhological well-being revisited. *Journal of Personaliti and Sociol Psychology, 69*, 719–727.

Sarriera, J. C., Casas, F., Alfaro, J., Bedin, L., Strelhow, M. R. W., Abs, D., ... Oyarzún, D. (2014). Psychometric properties of the personal wellbeing index in Brazilian and Chilean adolescents including spirituality and religion. *Psicologia: Reflexão e Crítica, 27*(4), 710-719.

Skevington, S. M., Lotfy, M., O'Connell, K. A. (2004). The World Health Organization's WHOQOLBREF quality of life assessment: Psychometric properties and results of the international field trial a Report from the WHOQOL Group. *Quality of Life Res, 13*, 299–310.

Stolyarenko, L. D. (2003). *The Diagnostic Methods of the socio-psychological attitudes of the individual in the need-motivational sphere O. F. Potemkina*. Ed. 4th, revised. – Rostov-on-Don: Phoenix, 521– 527.

Surjanti, J., Soejoto, A. (2018). The Impact of Procedural Justice (PJ), Distributive Justice (DJ) and Ethical Climate (EC) on Continuous Professional Development (CPD): The Role of Work Related Stress (WRS) Mediation. *Journal of Entrepreneurship Education.*

Suvorova, I. (2014). *The Social Identity and the Attitudes to Social Reality. Collection of Scientific Papers: Social Relations, Transformation and Trust*. United Kingdom: Conventry University.

Tatarova, G. G., Kuchenkova, A.V. (2016). Indicators of subjective well-being as characteristics for typology building. *Sociological studies, 10*, 21-32.

Vaqué Crusellas, C. (2014). Personal Well-being Index: Preschool Children. *Encyclopedia of Quality of Life and Well-Being Research,* 4763-4766.

Waterman, A. S., Schwartz, S. J., Conti, R. (2008). The implications of two conceptions of happiness (hedonic enjoyment and eudaimonia) for the understanding of intrinsic motivation. *Journal of Happiness Studies, 9*(1), 41–79.

Weinberg, M. K., Seton, C., Cameron, N. (2018). The Measurement of Subjective Wellbeing: Item-Order Effects in the Personal Wellbeing Index—Adult. *Journal of Happiness Studies, 19*(1), 315-332.

Unlu, H., Aktas, S. (2017). Beta Regression for the Indicator Values of Well-Being Index for Provinces in Turkey. *Journal of EngineeringTechnology and AppliedSciences, 2* (2), 101-111.

Yiengprugsawan, V., Seubsman, S. A., Khamman, S., Lim, L. Y., Sleigh, A. C., Thai Cohort Study Team (2010). Personal wellbeing index in a national cohort of 87,134 Thai adults. *Social Indicators Research, 98*(2), 201-215.

1. Lesgaft National State University of Physical Education, Sport and Health, Saint-Petersburg, Russia, victoria.yermilova@bk.ru

2. Russian state social university, Moscow, Russia

3. St Petersburg University, Saint-Petersburg, Russia

4. Financial University under the Government of the Russian Federation, Moscow, Russia

5. Plekhanov Russian University of Economics, Moscow, Russia

[Index]

[In case you find any errors on this site, please send e-mail to webmaster]