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Quality of life, well-being and wellness: Measuring subjective health for foods and other products

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ABSTRACT

This paper introduces the conceptualization and measurement of quality of life, well-being, and wellness. Wellness, quality of life and well-being refer to the positive, subjective state that is opposite to illness. Thus, wellness is not the just absence of disease and the absence of illness; it is a separate positive state. Quality of life, well-being, and wellness are often discussed and described in terms of a multidimensional model. The strongest dimensions are physical, social, emotional/psychological, intellectual, and spiritual. The measurement of these positive dimensions of health have produced literally thousands of different measures, but most of them have been developed in a clinical setting and have been applied to specific disease conditions. Many of the existing clinical measures of wellness, well-being, and quality of life are very long, often over 100 items, and not suited to consumer research. Measures of quality of life and of well-being have focused on overall functioning. Quality of life of measures have been developed by the World Health Organization (WHO) and translated in many languages. Subjective well being has been defined as the combination of positive-negative affect balance and satisfaction with life, and is measured with two standard measures of these attributes. Wellness has largely been measured in the fields of clinical and counseling psychology; one new product oriented measure is the WellSense™ Profile (King et al., 2015). Wellness, well-being, and quality of life can be important additions to the measures studied in consumer perception of food and other consumer products.

1. Introduction

The purpose of this paper is to inform the sensory and consumer research field on the definition, delineation, and measurement of wellness, wellbeing and quality of life. In recent years, health has become a major focus of, not only the traditional health fields such as nutrition, but also the more consumer-oriented parts of businesses, such as marketing and sensory/consumer research in support of product development. Health is seen as another means of separating products from the competition, and another means of making foods more attractive to consumers. Manufacturers want to promise, not only a good product, but also one that makes you feel better. In this switch from "being healthy" to "feeling better", we have entered the world of wellness, that is, the measurement of subjective health, as opposed to the more biological measurement of health. The biological measurement of health is usually expressed by results of laboratory tests on cholesterol, blood pressure, and other physical measures. But none of these measures tell us how people feel; that is the purpose of measuring wellness, wellbeing and quality of life, assigning a metric to how one feels, especially the positive dimension of how one feels. Thus, the concept of wellness applies to healthcare itself, to health products such as nutritional supplements and medications, and to regular (non-health) consumer products such as food and personal care products. For healthcare and for product industries, there is a need to ask how that product or service makes one feel. Increasingly, people in sensory and consumer research will be asked to contribute to measuring wellness and specifying the contributions of services or products to wellness (Meiselman, 2013). Professionals in sensory and consumer research have the right background to work with wellness, because the field traditionally deals with the measurement of subjective states.

It is worthwhile to further explore the following terms: disease, illness and health, wellness and wellbeing. Physicians have distinguished these and related concepts for some time. For example Eisenberg (1971) and Engel (1977) examined the growing interest, and distinction, between health and wellness. They noted that patients suffer illnesses caused by disease; physicians diagnose and treat diseases. Disease is what you see in a sick person when viewed from the outside. Illness is what one sees from the inside, from the experience of disease. Illness is the subjective experience of a poorer sense of being. Wellness, in these terms, is the opposite of illness; it is the positive subjective experience of wellbeing. It should also be clear that there is not a one-to-one correspondence

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between health and wellness; one can be healthy but feel not well, and one can feel well, but be unhealthy. Despite this, many approaches to measuring wellness focus on the physical dimension of health, as we will see in this review.

Well before the 1970s, organizations and professionals were addressing the issue of wellness. Most reviews of wellness identify a key beginning of wellness with the statement of the World Health Organization (World Health Organization, 1948): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" thus linking health with more than just the physical state of the body. Further the WHO included the individual's perspective of their own condition (or wellness), emphasizing the importance of subjective measurement in the study of wellness. Somewhat later, Dr. Halbert Dunn, a physician working in the U.S. government, published a book entitled *High Level Wellness* (Dunn, 1961) in which he defined wellness as "an integrated method of functioning which is oriented toward maximizing the potential of which an individual is capable."

What followed the above early work was a great deal of additional work with wellness. This was especially true in the clinical fields, like Counseling Psychology. Roscoe (2009) published a review of wellness work within Counseling, citing the most common conclusions:

1. "First, most authors incorporated the idea that wellness is not just absence of illness as first outlined by the World Health Organization's definition of wellness" (Roscoe, 2009, p. 218). This is important because some people continue to equate physical health with health; they estimate wellness by asking about physical health.
2. "Second, wellness is described in terms of various factors that interact in a complex, integrated, and synergistic fashion.... In other words, the dynamic interaction of the dimensions causes the sum of the dimensions to be greater than the whole" (Roscoe, 2009, p. 218).
3. "Third, most authors outlined the necessity of balance or dynamic equilibrium among dimensions" (Roscoe, 2009, p. 218).
4. "Fourth, several models define wellness as the movement toward higher levels of wellness or optimal functioning " (Roscoe, 2009, p. 218)
5. Fifth, "wellness is viewed as being a continuum, not as an end state" (Roscoe, 2009, p. 218)

Roscoe (2009) reviews the important developments of wellness within counseling, some of which we will review below, and he concludes that there has been a lack of consensus on the definition of wellness. The lack of clear definitions of wellness and related concepts will follow us through this review.

Another general review was provided by the government of British Columbia, Canada, which undertook a broad review and study of wellness, including the definition of wellness. This report was drafted initially in 2007 as an internal background paper to support *The BC Atlas of Wellness* (Miller & Foster, 2010) by reviewing the literature related to defining wellness. A second edition of the report was issued in 2011 (Foster, Keller, McKee, & Ostry, 2011). These reports can be downloaded from the University of Victoria website (www.geog.uvic.ca/wellness). Miller and Foster (2010) noted that "...the literature does not definitively separate 'health', 'well-being' and 'wellness' but rather applies them collectively to various aspects of human development, practice and experience both from an internal and an external perspective." Foster et al. (2011) go on to point out the shift towards a more positive view of health, as contrasted with the strictly disease oriented view: "...the last half century has seen a shift to view health from a more positive perspective. It has also seen health used interchangeably with well-being and wellness (Miller & Foster, 2010; cited in Edmunds, 2010), which are holistic in nature,..." But they also point out the lack of distinction among wellness terms, noting the existence of many additional terms beyond wellness, including wellbeing, life satisfaction, quality of life, human development, flourishing, and happiness. We will deal with many of these terms and their measurement in this review.

Overall, the field of wellness, wellbeing and quality of life is huge, with many different areas of expertise and focus. The scale of this research is demonstrated by a recent review of the wellness literature from the perspective of Integrative Medicine (Hunter & Leeder, 2013). This review also reflects the clinical focus of most wellness research. The review sought to identify the best patient-reported questionnaires to measure outcomes in integrative medicine clinics, resulting in identification of ten databases and over 4000 questionnaires. The review process yielded 71 questionnaires that met the inclusion criteria, but only 18 measured wellness and health beyond the absence of disease.

Hunter and Leeder (2013) decided to retain many questionnaires which did not strictly meet the criteria of cost, inadequate information about psychometric data, and lack of clear evidence of a multidimensional model of wellness including physical, emotional, intellectual, spiritual, social, occupational dimensions. Other limitations with existing wellness questionnaires were measurement bias due to the subjective aspects of physical health, and the use of health behavior and lifestyle outcomes to assess wellness. Thus, Hunter and Leeder (2013) present compelling evidence that there are many wellness methods, especially questionnaires, but most are designed for specific clinical uses. Some of the wellness questionnaires reviewed will be included under Wellness below.

2. Dimensions of wellness

As Roscoe (2009) noted in reviewing wellness, the concept of wellness is usually discussed in terms of different dimensions. That is, wellness is rarely seen as an entity by itself; it is usually seen as composed of different dimensions. And similar division into dimensions is often applied to wellbeing (Bell, Cunningham, Caspi, Meek, & Ferro, 2004). Roscoe (2009) and Miller and Foster (2010) identified 10 dimensions of wellness within 20 published wellness models. In developing their wellness questionnaire, King et al. (2015) counted the frequency of occurrence of each dimension: *physical* ($n = 19$), *emotional/psychological* (19), *social* (19), *spiritual* (18), *intellectual* (16), *occupational* (12), *environmental* (12), *cultural* (7), *economic* (4) and *climate* (1).

The definition of each of the wellness dimensions has been discussed by Roscoe (2009) and by Foster et al. (2011):

- **Physical** wellness is probably the most common and the strongest dimension in most studies of wellness (Foster et al., 2011); physical wellness involves physical activity, nutrition, lifestyle (Roscoe, 2009) as well as self-care, and vitality or longevity. Physical wellness incorporates such things as diet, whether an individual has access to healthy food, whether they are a healthy weight, or whether their consumption of fat, salt, and sugar are at healthy levels. Readers will notice the strong bias toward physical health in these issues related to physical wellness.
- **social** wellness involves interaction with others and the interdependence of all people (Foster et al., 2011; Roscoe, 2009); some authors also consider relationships with the community and with nature. Issues in social wellness include social support networks (social, emotional, and informational), and how connected they feel to their family, friends, and community.