

CONTEMPORARY ECONOMICS

Quarterly of University of Finance and Management in Warsaw

**Volume 5 Issue 3
September 2011**

SPECIAL ISSUE

SOCIAL DIAGNOSIS 2011

OBJECTIVE AND SUBJECTIVE QUALITY OF LIFE IN POLAND

REPORT

Edited by

Janusz Czapiński

Tomasz Panek



HUMAN CAPITAL
NATIONAL COHESION STRATEGY



MINISTRY OF LABOUR
AND SOCIAL POLICY

EUROPEAN UNION
EUROPEAN
SOCIAL FUND



Warsaw: The Council for Social Monitoring

Warsaw, 2012

CONTEMPORARY ECONOMICS

ABSTRACTED/INDEXED:

- Cabell's Directories
- ECONIS
- EconStor
- GALE Science in Context
- Ministry of Science and Higher Education list of scored journals (rating score 9 pts)
- Research Papers in Economics (RePEc)
- SCOPUS
- The Central European Journal of Social Sciences and Humanities
- The International Bibliography of the Social Sciences (IBSS)/ProQuest
- Ulrichsweb

Contemporary Economics is published with the financial support of Polish Ministry of Science and Higher Education, in the frame of research supporting activity and programme INDEX PLUS.

Academic Board

Icek Ajzen (*USA*)
Damodaran Appukkuttan Nair (*India*)
Zenon Biniek (*Poland*)
Constantin A. Bob (*Romania*)
Wiesław Dębski (*Poland*)
Bruno S. Frey (*Switzerland*)
Masahiko Gemma (*Japan*)
Kjell Åge Gotvassli (*Norway*)
Adriana Grigorescu (*Romania*)
Zoran Ivanovic (*Croatia*)
Sten Jönsson (*Sweden*)
Victor Martinez Reyes (*USA*)
Ieva Meidute (*Lithuania*)
Fatmir Memaj (*Albania*)
Grażyna Rytelewska (*Poland*)
Shelby D. Hunt (*USA*)
Maria Sierpińska (*Poland*)
President of Academic Board
Miemie Struwig (*South Africa*)
Tadeusz Szumlicz (*Poland*)

Editorial Board

Witold Jakóbk
Henryk Król
Editor in Chief
Witold Małecki
Danuta Mliczewska
Deputy Editor in Chief
Włodzimierz Rembisz
Marcin Staniewski
Deputy Editorial Manager
Piotr Szczepankowski
Editorial Manager
Ryszard Wilczyński

Address of Editors:

CONTEMPORARY ECONOMICS

University of Finance and Management in Warsaw

01 – 030 Warsaw, 55 Pawia Str., room 211, phone: (22) 536 54 54

e-mail: editorial@ce.vizja.pl

www.ce.vizja.pl

Publisher:

Vizja Press & IT

01 – 029 Warsaw, 60 Dzielna Str.

phone/fax: (22) 536 54 68

e-mail: vizja@vizja.pl

www.vizja.net.pl

All articles published in the quarterly are subject to reviews

The opinions and conclusions contained herein represent the authors' personal views and do not necessarily reflect the official position of the Ministry of Labour and Social Policy.

The following publication was prepared as part of the *Social Diagnosis 2009-2013* system project realised by the Human Resources Development Fund (CRZL) and initiated by the Department of Economic Analyses and Forecasts (Ministry of Labour and Social Policy).

Translation and typesetting:

Contact Language Services Sp. J.

Proofreading:

1. Contact Language Services Sp. J.
2. Emil Tchorek

SBN 978-83-61638-30-8

The following publication was co-financed by the European Union within the framework of the European Social Fund.



EUROPEAN UNION
EUROPEAN
SOCIAL FUND



Free publication

Research project designed by

THE COUNCIL FOR SOCIAL MONITORING:

Dominik Batorski, Ph. D., University of Warsaw

Professor Janusz Czapiński, Ph. D., University of Warsaw and University of Finance and Management (chairman)

Professor Janusz Grzelak, Ph. D., University of Warsaw

Teresa Kamińska, M. Sc., PRO PUBLICO BONO Institute

Professor Irena E. Kotowska, Ph. D., Warsaw School of Economics

Wiesław Łagodziński, M. Sc., Central Statistical Office (secretary)

Professor Tomasz Panek, Ph. D., Warsaw School of Economics (vice-chairman)

Professor Antoni Sulek, Ph. D., University of Warsaw

Professor Tadeusz Szumlicz, Ph. D., Warsaw School of Economics

Authors of the report:

Dominik Batorski

Piotr Białowolski

Janusz Czapiński

Izabela Grabowska

Irena E. Kotowska

Tomasz Panek

Paweł Strzelecki

Antoni Sulek

Tadeusz Szumlicz

Dorota Węziak-Białowolska

Main sponsors of the project

Ministry of Labour and Social Policy

National Bank of Poland

Other sponsors

University of Finance and Management in Warsaw

Ministry of Science and Higher Education

Telekomunikacja Polska SA

Centertel

Bank Zachodni WBK

BRE Bank SA

Chief Sanitary Inspector

Media sponsorship

The  weekly

Radio TOK FM

Research carried out by: the Polish Statistical Association

Organisational and financial project management: Office for Statistical Analyses and Research of the Polish Statistical Association and the University of Finance and Management in Warsaw

Interviewers: Central Statistical Office

Result tables (Annexes 1, 2, 3 and 4) prepared by: Tomasz Jerzyński, Janusz Czapiński and Elżbieta Panek

Copyright © 2011 by the Council for Social Monitoring

Although financed from both private and public resources– the current edition from the Human Capital Operational Programme (from ESF funds), a research grant from the Ministry of Science and Higher Education and funds from the National Bank of Poland – the *Social Diagnosis* study is an entirely public undertaking. The complete set of tables with response distribution* and a database of cumulated data from six waves (of 2000, 2003, 2005, 2007, 2009, and 2011) is available free of charge at the website www.diagnoza.com.

* In all sets of response distribution tables, the order of variables from the questionnaires has been preserved.

1. INTRODUCTION

Janusz Czapiński

1.1. The aim and general assumptions of the project

There are two ways to describe the living conditions and quality of life of a society, its potential for development, directions of change, threats and challenges. One is based on institutional indicators – macroeconomic (the GDP or inflation rate) and macro-social (e.g. registered unemployment rate, number of physicians per 100,000 inhabitants, infant mortality, gross enrolment ratio or voter turnout in parliamentary elections). The other makes recourse to citizens' opinions and behaviours. Neither is fully accurate, reliable or sufficient. The fact that people are ever more affluent when the GDP is increasing does not necessarily mean that this makes them ever more satisfied or inclined towards civil behaviour. The registered unemployment rate does not necessarily reflect the actual proportion of people left jobless against their will. These two methods of describing society should be treated as complementary; they should complement and correct one another. This is the only way in which politicians and economic agents, as well as all citizens, may obtain an answer to two important questions: what the situation is like and why it is not better - that is, a diagnosis that is relatively complete and reliable. And a good diagnosis is essential for effective therapy, for wise reforms that would generate a minimum of social costs.

Our project is an attempt at complementing diagnosis based on institutional indicators with comprehensive data concerning households as well as the attitudes, state of mind and behaviours of those that constitute them; it is a diagnosis of Poles' living conditions and quality of life as they report it themselves. We therefore study households and all their available members aged 16 and above with the aid of two separate questionnaires.

The comprehensive character of our project means that a single study takes into account all the important aspects of life of individual households and their members – both economic (income, material affluence, savings, loans) and non-economic (e.g. education, medical treatment, ways of tackling problems, stress, psychological well-being, lifestyle, pathological behaviour, cultural participation, use of modern communication technologies, and many others). In this sense, the project is multi-disciplinary in nature. This also reflects the composition of the *Council for Social Monitoring*, i.e. of the main authors of the report and the team of experts invited by the *Council*. These bodies comprise economists, demographers, psychologists, sociologists, an insurance specialist and statisticians.

In line with the original idea, research within the *Social Diagnosis* is a panel study – we return to the same households and individuals every few years. The first wave took place in 2000, the next three years later. The subsequent four waves took place every second year. The study is always conducted in March, which is meant to remove seasonal effects. In 2009 and 2011, the wave was extended into April due to sample size.

Not only does this report show Polish society as it is today, but it also enables us to track its changes over the past twelve years, almost from the very beginning of the process of transition if we take into account the earlier studies of the quality of life in Poland (Czapiński, 1998), similarly extended over a longer period of time.

Social Diagnosis focuses not just on studying fleeting opinions, but rather on discovering more fundamental facts, behaviours, attitudes and experiences; it is not just an ordinary descriptive opinion poll, it is a scientific project. And this is not only because of the fact that the authors include scientists, university employees and professors. The deciding factor is the professional technique based on the research experience of the members of the *Council for Social Monitoring* and the team of experts, and – above all – the theoretical context of the particular thematic modules. A majority of variables taken into account in the project follow from the scientifically grounded knowledge of the phenomena under consideration, rather than from intuition, common observations or sponsors' commission. Apart from describing Polish society, an important goal of the *Diagnosis* is to verify scientific hypotheses. In this report, meant for the "universal" reader, theoretical background is of necessity extremely limited. An answer to the open question comes to the fore: what is Polish society like 22 years after system change, 12 years after the first study within the project, and 7 years after the accession of Poland to the European Union?

We hope that the results of the project will provide useful information to politicians, social and local government activists responsible for preparing, implementing and adjusting the reforms that change citizens' living conditions. We would also like to provide the public with reliable information about their everyday life and the changes they are subject to, as the notions individuals may have about their situation as compared to the situation of other people generally tend to be based on selective observations,

stereotypes or theses broadcast by the media, not infrequently false or exaggerated (e.g. those about the deteriorating mental health of society, about a total paralysis of health care services, about retirees and the elderly in general as the social group most adversely affected by the process of transition in economic terms, to name but a few examples). We all deserve a relatively accurate, comprehensive and objective diagnosis of the main sources of our problems in life, of the sense of mental discomfort, uncertainty of tomorrow or difficulties with adapting to new circumstances, as well as a demonstration of the advantages brought about by subsequent system changes, the educational boom and lifestyle changes. Private diagnoses are all too often illusory, defensive, simplified, and generally speaking – erroneous.

The differences between the present study and the previous concern sample size and thematic scope, reflected in the content of surveys (see Annex 1). The sample of households was extended from the original 3005 in 2000 to 12 387 in 2011 (with a resulting increase in the sample of individual respondents from 6625 to 26 453). Several thematic modules were altered in the questionnaires in subsequent study waves (*cf.* questionnaires at www.diagnoza.com).

1.2. Research issues

The project covers a range of aspects related to the situation of households and their individual members. The social factors it takes into account may be divided into three general categories:

- the demographic and social structure of households,
- household living conditions related to their material situation, access to health care services, culture and leisure, education and modern communication technologies,
- quality of life, lifestyle and citizens' individual characteristics.

Indicators that describe the demographic and social structure of households are not analysed separately in this report; they are only used for stratifying the groups of households and population to allow comparison of living conditions and quality of life across various social categories defined by gender, age, education, place of residence, social and professional status, main source of income, marital status, household type (established on the basis of the number of families and the type of the biological family) and other criteria. The analysis and description pertain properly to the living conditions of households and the quality of life of individual citizens in relation to social change, which defines the global context and the general principles that regulate the functioning of society. One of the major problems and questions that accompany any programme of social change is the distribution of the costs and benefits that arise from their implementation for particular social groups along a varied time horizon. Also in this study we were interested to see which categories of households and citizens are able to cope with the new circumstances and take advantage of system transformations, and which social groups are unable to do so and objectively or subjectively experience failures.

Within the project, the division of social indicators into living conditions and the quality of life roughly corresponds to the distinction between the *objective description* of the living circumstances (conditions) and their psychological significance as expressed by the respondent's *subjective assessment* (the quality of life)¹. This substantial distinction is roughly matched by the type of the entity examined and the method of measurement. For living conditions, the examined entity is the household, while for the quality of life – its individual members. Living conditions were measured using the method of direct interview with one representative of the household (best-informed about its situation). The quality of life was measured using a self-completion questionnaire to be filled in by the respondent, i.e. by all available members of the examined households aged 16 and above.

The measurement of household living conditions included:

- household income and income management,
- nutrition,
- material affluence of the household, including modern communication technology equipment (mobile phone, computer, Internet access),
- housing conditions,
- social assistance the household takes advantage of,
- education of children,
- cultural participation and leisure,
- use of health care system services,
- the situation of the household and its members in the labour market,
- poverty, unemployment, disability and other aspects of social exclusion.

The indicators of the quality of life and lifestyle of individual respondents included:

- general psychological well-being (including the will to live, a sense of happiness, satisfaction with life, symptoms of mental depression),
- satisfaction with particular areas and aspects of life,
- subjective assessment of the material standard of life,
- various types of stress in life (including the Kafkaesque administrative stress related to liaison with public administration, health-related stress, parental stress, financial stress, work-related stress, environmental stress, marital stress, random stressful occurrences such as assault, burglary, arrest),
- somatic symptoms (a measure of distress, treated as a general measure of the health condition),
- strategies for dealing with stress,

¹ This distinction is not entirely sharp or disjunctive. We also used the scales of subjective assessments when describing the living conditions, and in the part devoted to the quality of life we asked not just about assessments, but also about behaviours (e.g. smoking, alcohol abuse) and objective events (e.g. arrest, death of a loved one, home renovation).

- use of the health care system,
- personal finance (including personal income and trust in financial institutions),
- the system of values, lifestyle and individual behaviours and habits (including smoking, alcohol abuse, drug use, religious practices),
- social attitudes and behaviours, including social capital,
- social support,
- civil attitudes and behaviour,
- use of modern communication technologies – computer, the Internet, mobile phone,
- situation on the labour market and professional career,
- unemployment, disability and other aspects of social exclusion.