

SOCIAL DIAGNOSIS 2013

OBJECTIVE AND SUBJECTIVE QUALITY OF LIFE IN POLAND

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WARUNKI I JAKOŚĆ ŻYCIA POLAKÓW

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1. Introduction

Janusz Czapiński

1.1. Aims and general project assumptions

Our project is a comprehensive attempt at complementing diagnosis based on institutional indicators with comprehensive data on households and the attitudes, state of mind and behaviours of their dwellers; 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 the 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 also multi-disciplinary in nature. This 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, insurance specialist and statisticians.

In line with the original idea, *Social Diagnosis* research takes the form of a panel study – we return to the same households and individuals every few years. The first wave took place in 2000 and the next three years later. The next five readings took place every second year. The study is always conducted in March in order to remove seasonal effects. From 2009 the wave was extended into April due to the marked increase in sample size.

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

Social Diagnosis focuses on discovering more fundamental facts, behaviours, attitudes and experiences; it is not just an ordinary descriptive opinion poll, it is a scientific project. This is not only because 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 follow from 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, addressed to the “universal” reader, any theoretical background is of necessity extremely limited. Instead we seek to reveal what Polish society is like 24 years after system change, 13 years after the first study within the project and 9 years after Poland's accession to the European Union.

We hope that the project results will provide useful information to politicians and social and local government workers responsible for preparing, implementing and adjusting the reforms that affect the conditions of citizens' lives. 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 the future or difficulties 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 wrong.

The differences between the present study and the previous concern sample size and thematic scope, reflected in the content of questionnaires (see Annex 1). The sample of households was extended from the original 3005 in 2000 to 12,355 in 2013 (with a resulting increase in the sample of individual

respondents from 6625 to 26,307). 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 of the situation of households and their individual members. The social factors it considers may be divided into three general categories:

- household demographic and social structure,

- household living conditions in terms of 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 household demographic and social structure 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 like 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 biological family type) and other criteria. The analysis and description refer to the living conditions of households and the quality of life of individual citizens in relation to social change that defines the global context and the general principles regulating 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, we were interested to see which categories of households and citizens are able to cope with the new circumstances and take advantage of system transformation and which social groups are unable to do so, objectively or subjectively experiencing failure.

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 entity type examined and the method of measurement. The examined entity is the household for living conditions, while for the quality of life, we considered its individual members. Living conditions were measured by direct interview with one best-informed household representative. 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,

- household material affluence, including modern communication technology equipment (mobile phone, computer, internet access),

- housing conditions,

- social assistance received by the household,

- children's education,

- cultural participation and leisure,

- use of health care system services,

- the household's and its members' labour market situation,

- poverty, unemployment, disability and other aspects of social exclusion.

Individual respondents' quality of life and lifestyle indicators included:

- general psychological well-being (including the will to live, sense of happiness, satisfaction with life, symptoms of mental depression),

- satisfaction with particular areas and aspects of life,

- subjective assessment of material standard of living,

¹ This distinction is not entirely sharp or disjunctive. We also used the scales of subjective assessments when describing 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).

various types of life stress (including the Kafkaesque administrative stress related to contacts with public administration, health-related stress, parental stress, financial stress, work-related stress, environmental stress, marital stress and random stressful occurrences such as assault, burglary, arrest, loss of money),

somatic symptoms (a measure of distress, treated as a general measure of health condition),

strategies for dealing with stress,

use of the health service,

personal finance (including personal income and trust in financial institutions),

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, internet, mobile phone,

situation on the labour market and professional career,

unemployment, disability and other aspects of social exclusion,

causes of low birth-rates in Poland,

activity and life-quality of the elderly,

political identification and activity.