“Change in the quality of life in different countries of the world: Assessment on the EQLS database”

AUTHORS	Eva Živčicová Tatiana Masárová Monika Gullerová

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Eva Živčicová (Slovakia), **Tatiana Masárová** (Slovakia), **Monika Gullerová** (Slovakia)

CHANGE IN THE QUALITY OF LIFE IN DIFFERENT COUNTRIES OF THE WORLD: ASSESSMENT ON THE EQLS DATABASE

Abstract

The European Quality of Life Survey (EQLS) is a tool that assesses quality of life across different aspects. Monitoring the quality-of-life indicators in times of crisis and post-crisis is crucial for human resource management as the quality-of-life indicators provide valuable insights into the well-being and needs of employees. The study aimed to examine the impact of social and economic changes on the selected quality of life areas of the EU population by analyzing data from the ESQL of 2016 and 2020. It was found that the average EU life satisfaction score went down. In 2020, the EU optimism average dropped when compared to 2016. According to 2020 survey data, EU citizens found coping with life's challenges harder than in 2016. The EU average regarding the difficulty of dealing with essential issues in life increased by 1.5% in 2020 compared to 2016. The time needed to get back to normality after some mishaps was also investigated. The EU average regarding subjective feelings of tension rose by 7.4%. In comparison to 2016, depression and downheartedness grew stronger across the EU nations and the EU average in 2020. The average value increased by 6.8%. The changes may provide insights into the effects of social and economic trends on people's well-being across Europe.

Keywords depression, health and mental well-being indicator, life satisfaction, optimism, subjective well-being indicator

JEL Classification H12, I30, I31

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Eva Živčicová, Ph.D., Faculty of Social and Economic Relations, A. Dubcek University in Trenčín, Slovakia. (Corresponding author)

Tatiana Masárová, Ph.D., Faculty of Social and Economic Relations, A. Dubcek University in Trenčín, Slovakia.

Monika Gullerová, Ph.D., Assistant Professor, Faculty of Social and Economic Relations, A. Dubček University in Trenčín, Slovakia.

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INTRODUCTION

Improving the population's quality of life forms the basis of the system of priorities in the mega- and macro-level strategic planning documents. In developing such documents, the analysis of the quality of life according to the relevant characteristics and indicators should be considered. In developed countries, research results on measuring the quality of life are used in developing state policy and making management decisions to ensure social cohesion. The European Quality of Life Survey (EQLS) has been an accepted instrument for tracking and analyzing the quality of life in EU nations. Performed in 2003, 2007, 2011, 2016, and 2020, the EQLS records the living standards of the EU population. Quality of life (QoL) covers individual well-being, public service quality, and the quality of society. It uses information to evaluate the quality of life-related trends under the EU nations' changing social and economic circumstances. Combining objective indicators with subjective measures has become a usual and accepted way of performing social investigations. Official statistics also include data on well-being and quality of life. A high demand for information about well-being and quality of life comes with developing policies to improve well-being. Sustainable growth in the quality of life can only be created through systemic management by the government, which is responsible for creating a stable social policy framework for the citizens.

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1. LITERATURE REVIEW

The European Union recognizes the importance of ensuring high-quality living conditions for all its citizens. It is committed to promoting social inclusion, protecting the environment, and promoting sustainable economic growth to improve the overall quality of life. The origins of establishing the quality of life can be traced back to political, socio-economic, ecological, humanistic, medical, and scientific reasons in the middle of the last century (Determann, 2007). Easterlin (2001), Hagerty et al. (2001), Layard (2007), Veenhoven (2009), Melnyk et al. (2022), Yevdokimov et al. (2022), Li and Yang (2023), and Pukeliene and Starkauskiene (2011) have analyzed the quality of life and its measurement. According to the World Health Organization (WHO Quality of Life Assessment Group, 1996), quality of life is described as a person's perception of their life situation in the context of the culture and value systems in which they live, as well as in relation to their goals, expectations, standards, and problems. Also, the quality of life can be defined as an individual's satisfaction with his life compared to his ideals. Quality of life assessment depends on the value system (Ruzevicius & Akranaviciute, 2007). The greatest impact on the quality of work-life has the nature of work, relationships with management and colleagues, environment, and workload (Ruzevicius & Valiukaite, 2017, p. 77). It was accepted to support the definition under which quality of life is perceived as a social and economic category.

Quality of life is a historically conditioned level of life processes under which an individual/society reproduces and develops their being in harmony with the principles of humanity (Laluha et al., 2005). Quality of life encompasses both objective and subjective aspects. Objective indices of quality of life relate to democracy and participation, economy, justice, health, education, and safety. Objective aspects are seen in terms of social sentiment. Subjective quality of life, on the other hand, reflects an individual's perceptions and feelings. Subjectively perceived quality of life refers to well-being, satisfaction, positive emotions, and happiness with one's life. The so-called soft data gained through opinion polls are used for measurement. Based on the research experience, it was accepted to claim that the essence of objectivity and subjectivity stems from a person's value system. The objective quality of life is derived from a person's own existence and does not change over time.

Human life represents the highest value in anyone's value system. The subjective theory of quality of life is derived from the state of being useful or beneficial for an individual (Masárová & Živčicová, 2012; Živčicová et al., 2017). Pacione (2003) considers an individual experience to be the critical factor in an individual's perception of a particular area of life. Thus, the subjective dimension (represented by the perception of the QoL conditions) can be understood as superior to the objective one. Quality of life is often used synonymously for happiness, well-being, and life satisfaction (Pukeliene & Starkauskiene, 2015). Subjective quality of life is mainly built on psychological approaches. Under these approaches, the concepts of subjective well-being, life satisfaction, happiness, or flow are defined. OECD Guidelines on Measuring Subjective Well-being claim the importance of using this data for international comparisons to find measures to improve subjective quality of life (Ana-Maria, 2015).

Several studies indicate a positive relationship between mental health and happiness (Senasu & Singhapakdi, 2018). Despite the significant role that traditional indicators of mental health play, there have been significant efforts to combine clinical definitions of mental health with measures of subjective, psychological, and social well-being (Burns, 2020; Marsh et al., 2020; Nguyen, 2021). Psychological aspects are those looking at the quality of life from a person's point of view and dealing with the subjective assessment of quality of life. Psychologists focus on things that create and influence well-being. Under this process, they established a cognitive and an emotional dimension. The cognitive one refers to a rational assessment of one's life. That is, whether individuals are satisfied with the life they are leading or whether they feel happy and fulfilled in their partnership. The satisfaction with life scale (Diener et al., 1985) has been the dominant measure of life satisfaction (Margolis et al., 2019).

The emotional dimension examines which types of emotions and feelings are predominant in mental processes and whether they are positive or negative (Hnilicová, 2005). Emotions are subjective and cannot be perceived directly and assessed by others. They can be measured and observed only when they are expressed through behaviors. Emotions initially labeled as negative when first experienced can become positive later (Sanli et al., 2019, p. 6). The belief

that happiness is about achieving a virtuous lifestyle and that happiness should be actively pursued is significantly linked to subjective well-being (Joshanloo et al., 2017). The most frequent equivalent for subjective quality of life is well-being. Well-being represents a certain totality of a person's cognitive and affective reactions to their life conditions. According to Andraško (2016), subjective well-being and mood and emotions also include satisfaction with life. The concept of well-being was first defined by Dunn (1959), who pointed to the physical and spiritual dimensions of well-being and linked well-being with maximizing an individual's potential (Jaskeviciute et al., 2021; Burlan et al., 2021; Teo & Divakar, 2022; Moroz et al., 2022; Shankar et al., 2022).

Previous research on mental health and quality of life has shown that religiosity/spirituality is positively related to measures of well-being and personality factors (Yoo et al., 2022; Sang, 2021). The results revealed that social well-being predicted increases in subsequent subjective well-being, whereas subjective well-being did not prospectively predict social well-being (Joshanloo et al., 2017). Subjective well-being is conceptualized through two broad dimensions: psychological well-being and life satisfaction (Banerjee & Kundu, 2020, p. 1). Subjective well-being encompasses the existence of positive affect and satisfaction and the lack of negative affect (Joshanloo et al., 2018). Yardley and Rice's (1991) review of factor analytic studies of subjective well-being found that three dimensions recurred across studies by different researchers. These three dimensions are negative affect, positive affect, and satisfaction with life. Some of the most common mental health problems are negative feelings such as depression, anxiety, and stress (Rao & Ramesh, 2015). Stress reaction models have indicated that the results of conflict-related stress are associated with depression and depression symptoms (Wang & Peng, 2017, p. 396).

Some research suggests that psychological and behavioral factors are associated with mental health and well-being (Yıldırım & Özaslan, 2022). Other results showed that general mental health was positively correlated with subjective well-being, independence, interdependence, tradition, and prudence and negatively correlated with power, risk avoidance, and intolerance of ambiguity (Kokkinos et al., 2021). Citizens entrust the government with taking care of their well-being. There is a divergence between government and citizen-perceived notions of well-being. This divergence largely arises because bureaucratic policymaking is rooted in measuring public policy outcomes of citizen well-being in objective indicators that underemphasize the importance of subjective well-being (Tay, 2013, p. 71).

Optimism was established to be a powerful positive predictor of subjective well-being and general functioning (Carver et al., 2010; Daukantaité & Žukauskiené, 2012). Thus, quality of life, well-being, and happiness are considered synonyms. Happiness is a subjective assessment of one's life (Touburg & Veenhoven, 2015; Islam et al., 2023). Perceptions of happiness refer to people's beliefs and perceptions about the nature and experience of happiness (Wong & Yuen, 2023). The literature on well-being and quality of life addresses happiness since it has been connected to mental and physical health, longevity, and mortality (Boehm & Kubzansky, 2012). There is astonishingly a shortage of research that addresses how people rate the importance of happiness or the effect of the relative importance they place on happiness on their ability to experience happiness or other outcomes (Burns & Crisp, 2022).

Eurofound (Ahrendt et al., 2018, 2020) data are used in the empirical part of this paper. Eurofound experts define quality of life as people's opportunities to use their full potential and achieve their own ambitions. The conceptual background for the European Quality of Life Surveys is based on a multidimensional approach while incorporating individual and societal perspectives and combining objective and subjective indicators. The report has three major thematic parts: quality of life, quality of public services, and quality of society. Quality of life mainly addresses subjective well-being, health, and aspects of an individual's situation. The quality of public services includes health care, long-term care, childcare, schools, and local services. The quality of society deals with social insecurity, perception of social tension, social alienation, trust in people and institutions, and community participation and involvement. Regarding the contents, the survey refers to life domains that match with an array of policy areas and programs conducted by the institutions of the European Union.

The study aims to examine the impact of social and economic changes on the selected quality of life areas of the EU population by analyzing data from the

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European Quality of Life Survey of 2016 and 2020 (Ahrendt et al., 2018, 2020). To achieve the goal, the following hypotheses were formulated:

H1: There is a decline in average EU life satisfaction due to the pandemic in all countries under study.

H2: There is a declining optimism of the EU population about the future due to the pandemic.

H3: EU citizens find it harder to cope with the challenges of life brought about by the pandemic with a higher EU average value.

H4: Coping time takes longer than in previous years for EU citizens with an increased EU average value.

H5: There is an increased average value related to the perception of tension in all EU countries.

H6: The average EU depression and downheartedness value is higher than in previous years.

2. METHOD

Eurofound (Ahrendt et al., 2020) conducted an extensive online survey in 2020, examining the economic and social impacts of the COVID-19 pandemic across European countries. The survey provided insights into the far-reaching implications of the pandemic on various aspects of society. The purpose of the Living, Working, and COVID-19 survey was to investigate the impact of the pandemic on the well-being, work and telework, and financial situation of Europeans. The questionnaire includes a range of question items about people from different age groups and in different life situations. Most question items are based on the European Quality of Life Survey (EQLS) and Eurofound's European Working Conditions Survey (EWCS). At the same time, some of them are new or have been taken from other sources, such as the EU Statistics on Income and Living Conditions (EU-SILC). The paper utilized the Eurofound data, specifically the 2016 and 2020 EQLS (Ahrendt et al., 2018, 2020). Due to the vast size of the main areas and research database, only relevant quality of life indicators under subjective well-being/physical and mental health were analyzed.

The following four statements from EQLS were used to assess the subjective well-being indicator:

1. How satisfied are you with your life these days?
2. Optimism about one's own future.
3. I find it difficult to deal with important problems that come up in my life.
4. When things go wrong in my life, it generally takes me a long time to get back to normal.

Related to health and mental well-being indicator, two statements from EQLS were looked at:

1. I have felt particularly tense.
2. I have felt downhearted and depressed.

The data for the analysis were sourced from Eurofound's databases for 2016 and 2020 (Ahrendt et al., 2018, 2020). The target population for European Quality of Life Surveys is individuals aged 18 and above residing in the EU countries. The sample size for the survey is a minimum of 1,000 conducted interviews per country. The net sample size for each country can be found in the fieldwork overview. The paper analyzed four EQLS statements under subjective well-being and two EQLS statements under health and mental well-being.

The following methods have been applied to achieve the research goal: analysis, synthesis, generalization, and comparison to determine the assessed quality of life across different aspects in EU countries.

3. RESULTS

The data on life satisfaction in the EU are given in Table 1 and Figure 1. The following question was asked to uncover subjective life satisfaction: How satisfied are you with your life these days? The response scale options were 1 (dissatisfied) to 10 (extremely dissatisfied).

Table 1. How satisfied are you with your life these days?

COUNTRY	2016	2020	DIFFERENCE
Latvia	6.3	6.6	+0.3
Czechia	6.5	6.3	–0.2
Greece	5.3	5.1	–0.2
Estonia	6.7	6.4	–0.3
Bulgaria	5.6	5.2	–0.4
Romania	6.5	6.1	–0.4
Lithuania	6.5	6	–0.5
Germany	7.3	6.7	–0.6
Italy	6.6	6	–0.6
The Netherlands	7.7	7.1	–0.6
Hungary	6.5	5.8	–0.7
Slovakia	6.4	5.7	–0.7
Croatia	6.3	5.5	–0.8
Cyprus	6.5	5.7	–0.8
Denmark	8.2	7.4	–0.8
Finland	8.1	7.3	–0.8
Slovenia	6.9	6.1	–0.8
Spain	7	6.2	–0.8
Total (EU27)	7.1	6.3	–0.8
Austria	7.9	7	–0.9
Belgium	7.3	6.4	–0.9
Portugal	6.9	5.8	–0.9
Luxembourg	7.9	6.9	–1.0
Poland	7.2	6.1	–1.1
Ireland	7.7	6.5	–1.2
Sweden	7.9	6.7	–1.2
France	7.2	5.9	–1.3
Malta	7.6	6.1	–1.5

The average life satisfaction score in the EU fell by 0.8 percentage points, with Malta experiencing the largest decline (by 1.5 percentage points). COVID-19 had a significant influence on a sociological survey. Although scientists have warned about the inevitability of the pandemic, society was not ready for it: the virus became widespread, hospitals were crowded, mortality increased, enterprises were closed, education declined, jobs were lost, restrictions on the population, etc. Only Latvia was the exception, as its score increased by 0.3 percentage points. Given the above results, H1 is rejected.

Regarding H2, respondents' answers were obtained by summing the percentage responses on a strongly agree and agree response scale. The data are given in Table 2 and Figure 2.

Table 2. Optimism about one's own future

COUNTRY	2016	2020	DIFFERENCE
Greece	31	31.4	+0.4
Czechia	60	58.6	–1.4
Slovakia	52	49.2	–2.8
Finland	81	74.9	–6.1
Cyprus	55	46.8	–8.2
Lithuania	63	54.2	–8.8
Bulgaria	58	48.9	–9.1
Italy	47	36.8	–10.2
Croatia	55	42	–13
Romania	63	49.7	–13.3

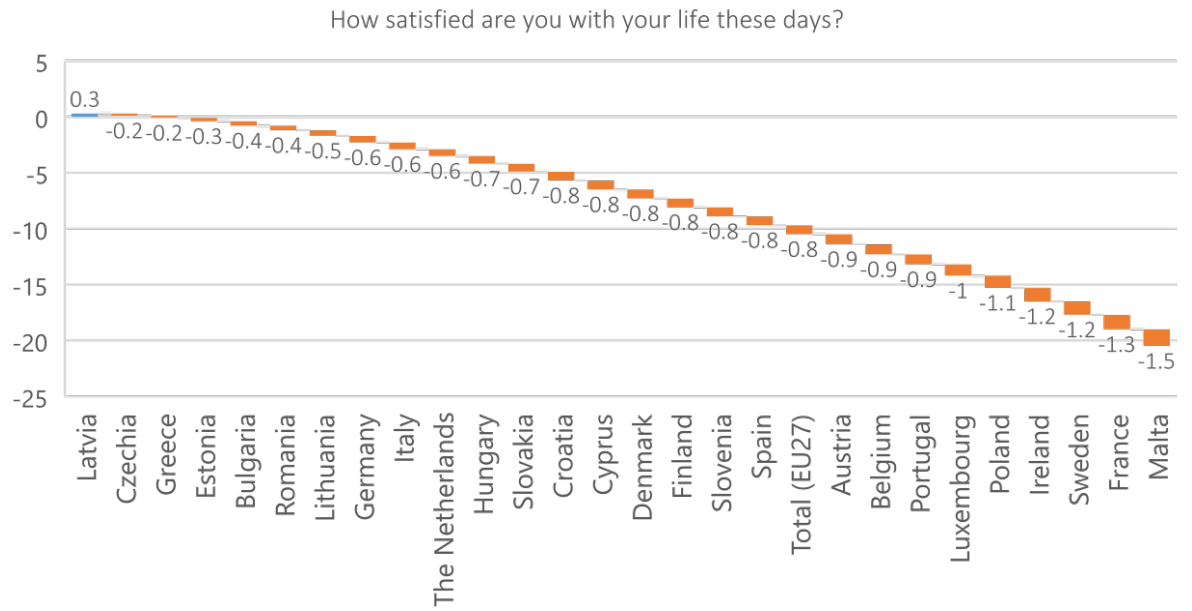

Figure 1. How satisfied are you with your life these days?

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Table 2 (cont.). Optimism about one's own future

COUNTRY	2016	2020	DIFFERENCE
Latvia	69	55.1	–13.9
Estonia	73	59	–14
Denmark	84	69.8	–14.2
Austria	73	58.6	–14.4
Slovenia	66	51.6	–14.4
Hungary	59	44.1	–14.9
Portugal	54	38.9	–15.1
Germany	68	52.8	–15.2
Malta	72	56.8	–15.2
Sweden	85	67.9	–17.1
Luxembourg	77	59.4	–17.6
Total (EU27)	64	45.1	–18.9
The Netherlands	74	54.2	–19.8
Ireland	81	59.3	–21.7
Belgium	62	39.7	–22.3
Spain	66	41.2	–24.8
France	59	33.6	–25.4
Poland	71	40.9	–30.1

The level of optimism during COVID-19 was influenced by gender, employment and field of employment, age, marital status, lockdown measures, education level, etc. According to Table 2 and Figure 2, optimism about the future was experienced by less than half of the population (45%), unlike 64% in EQL 2016. Citizens of Poland, France, Spain, Belgium, Ireland, and the Netherlands are the least optimistic about their future, with levels lower than the European average. The EU optimism average fell by 18.9%. However, Greece is where optimism about the future increased by 0.4%. Thus, H2 is not confirmed.

The answers to the statement "I find it difficult to deal with important problems that come up in my life" were used to test H3. The values were obtained by summing the responses (strongly agree, agree) on a percentage scale. The results are listed in Table 3 and Figure 3.

Table 3. I find it difficult to deal with important problems that come up in my life

COUNTRY	2016	2020	DIFFERENCE
Cyprus	31.4	20.2	–11.2
Czechia	28.3	20.1	–8.2
Bulgaria	33.9	27.6	–6.3
Romania	36.1	31.5	–4.6
Greece	37.5	33.8	–3.7
Lithuania	25.9	22.3	–3.6
Croatia	24.8	27.8	–3.0
Italy	21.5	19.8	–1.7
Slovenia	27.2	26.9	–0.3
Hungary	26.6	26.5	–0.1
Ireland	22.2	22.1	–0.1
Spain	23.1	23.4	0.3
Belgium	23.6	24.7	1.1
Total (EU27)	22	23.5	1.5

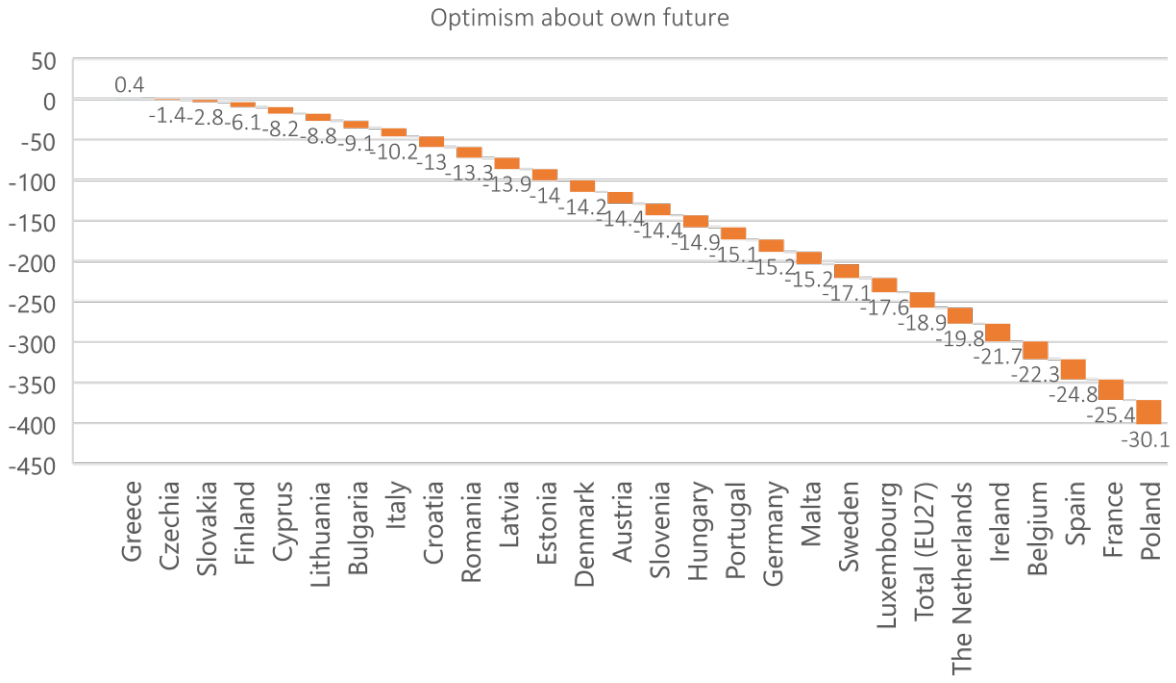

Figure 2. Optimism about own future

Table 3 (cont.). I find it difficult to deal with important problems that come up in my life

COUNTRY	2016	2020	DIFFERENCE
Luxembourg	18.7	20.5	1.8
Germany	20.6	22.6	2.0
Poland	18.3	20.6	2.3
Austria	14.7	17.2	2.5
Malta	21.3	24	2.7
The Netherlands	17.5	20.8	3.3
France	20.6	24.4	3.8
Latvia	26.2	30	4.2
Estonia	22.9	27.6	4.7
Denmark	17.5	22.3	4.8
Portugal	18.3	23.2	4.9
Finland	18.4	25.2	6.8
Slovakia	20.9	28.7	7.8
Sweden	23.5	33.8	10.3

Since COVID-19 was a significant and real problem, the direct or indirect impact on respondents, their relatives, or acquaintances is reflected in their answers. After all, someone could never face the terrible impact of the pandemic, while other people could lose their jobs, get sick, or lose someone close or familiar. The political view of this survey makes it possible to determine the level of society's resistance to stressful situations in a crisis period and to identify categories of people who may need additional support in the future. As seen in Table 3, the EU average increased by 1.5%. Thus, EU citizens are finding it harder to cope with life's challenges than they did in 2016. The results also indicate that some countries did deal with difficulties more successfully, such as Cyprus, Czechia, Bulgaria, Romania, Greece, Lithuania, Croatia, Slovenia, Hungary, and Ireland. H3 is confirmed as there was a 1.5% increase in feelings of difficulty.

Regarding H4, the values were obtained by summing the responses (strongly agree, agree) on a percentage scale (Table 4 and Figure 4).

Table 4. When things go wrong in my life, it generally takes me a long time to get back to normal

COUNTRY	2016	2020	DIFFERENCE
Greece	37	30	–7.0
Cyprus	31	26.4	–4.6
Czechia	25	20.7	–4.3
Austria	15	11	–4.0
Belgium	24	20.8	–3.2
Ireland	24	21.6	–2.4
Germany	20	17.9	–2.1
Bulgaria	37	35.3	–1.7
France	29	28	–1.0
Italy	26	25.2	–0.8
Luxembourg	22	21.2	–0.8
Romania	33	32.5	–0.5
Total (EU27)	24	23.9	–0.1
Lithuania	28	27.9	–0.1
Spain	23	23.2	0.2
Latvia	28	28.5	0.5

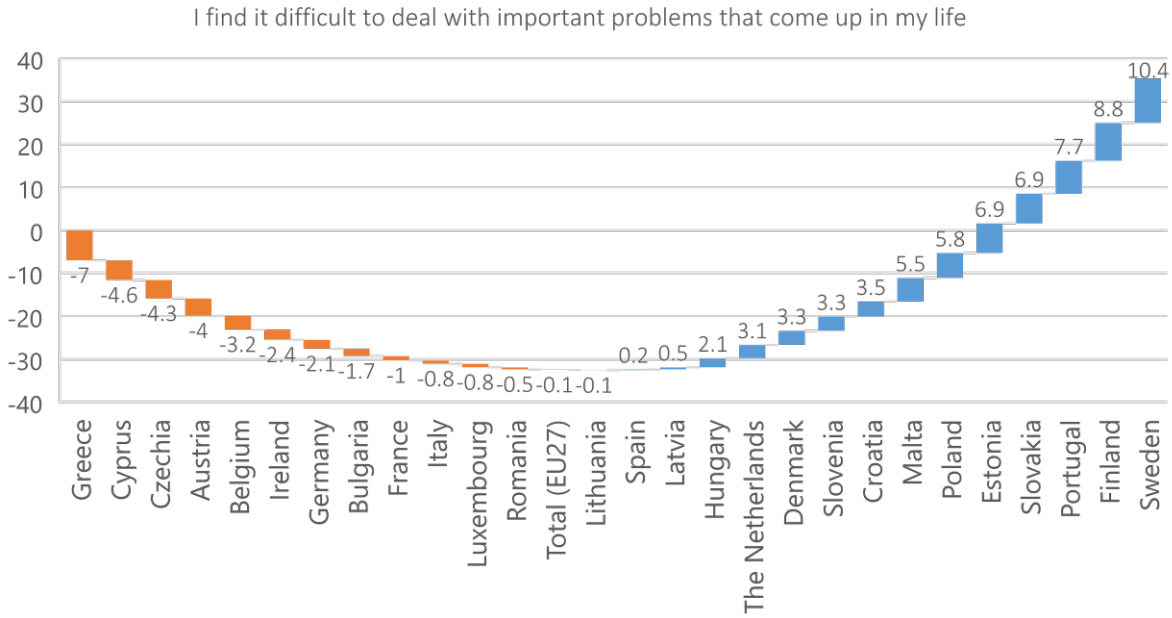

Figure 3. I find it difficult to deal with important problems that come up in my life

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Table 4 (cont.). When things go wrong in my life, it generally takes me a long time to get back to normal

COUNTRY	2016	2020	DIFFERENCE
Hungary	27	29.1	2.1
The Netherlands	13	16.1	3.1
Denmark	14	17.3	3.3
Slovenia	24	27.3	3.3
Croatia	23	26.5	3.5
Malta	24	29.5	5.5
Poland	21	26.8	5.8
Estonia	24	30.9	6.9
Slovakia	18	24.9	6.9
Portugal	19	26.7	7.7
Finland	14	22.8	8.8
Sweden	14	24.4	10.4

As seen in Table 4 and in Figure 4, the EU average for the statement "When things go wrong in my life, it generally takes me a long time to get back to normal" is 0.1% lower. The results do not confirm H4.

Mostly worried about the things going wrong in their lives and the time needed to get back on track were the respondents in Sweden (+10.4%), Finland, Portugal, Slovakia, and Estonia. On the contrary, a common belief in a quick return to normality was expressed by citizens of Greece (decline by 7%), Cyprus, and Czechia.

The age of the respondents has a significant influence on the results of the survey. According to data from the Eurofound EQLS survey (Ahrendt et al., 2020), at the peak of the pandemic in April 2020, young people (aged 18-34) rated their life satisfaction no higher than those aged 35-49 (6.2 on a scale of 1 to 10), and slightly lower than in people over 50 years old (6.4).

Young people aged 18-34 are also less likely to see themselves as resilient in times of crisis, with 28% agreeing with the statement "I find it difficult to deal with important issues in my life" and 26% agreeing that "When in my life something goes wrong, it usually takes me a long time to get back to normal". Comparative figures for people over 35 years old were 21% and 23%, respectively.

To check H5, respondents could select their answers on a scale indicating the frequency of tension occurrence. Percentage responses (all, most of the time) are given in Table 5 and Figure 5.

Table 5. I have felt particularly tense

COUNTRY	2016	2020	DIFFERENCE
Cyprus	21	16.3	–4.7
Austria	15	13.5	–1.5
Denmark	7	6.1	–0.9
Latvia	10	9.1	–0.9
Belgium	16	16.9	0.9
Luxembourg	15	16.7	1.7
The Netherlands	9	12.1	3.1
Sweden	10	13.4	3.4
Greece	19	22.5	3.5
Slovenia	7	10.8	3.8
Finland	3	7.1	4.1
Malta	12	16.8	4.8

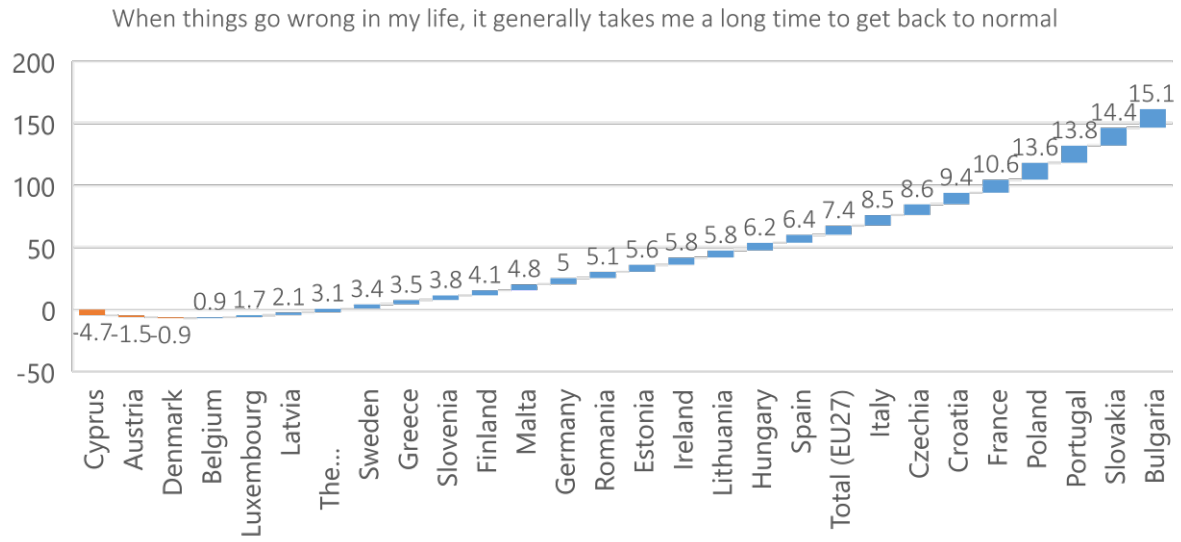

Figure 4. When things go wrong in my life, it generally takes me a long time to get back to normal

Table 5 (cont.). I have felt particularly tense

COUNTRY	2016	2020	DIFFERENCE
Germany	13	18	5.0
Romania	14	19.1	5.1
Estonia	9	14.6	5.6
Ireland	7	12.8	5.8
Lithuania	13	18.8	5.8
Hungary	11	17.2	6.2
Spain	11	17.4	6.4
Total (EU27)	11	18.4	7.4
Italy	11	19.5	8.5
Czechia	4	12.6	8.6
Croatia	6	15.4	9.4
France	13	23.6	10.6
Poland	6	19.6	13.6
Portugal	4	17.8	13.8
Bulgaria	16	30.1	14.1
Slovakia	5	19.4	14.4

The pandemic has increased feelings of loneliness and anxiety, with 18% of respondents saying they felt particularly stressed most of the time. In the 2016 EQLS report (Ahrendt et al., 2018), this indicator was 11%, respectively. As seen in Table 5 and Figure 5, the EU average regarding subjective feelings of tension rose by 7.4%. There is no increase in tension in respondents across the EU countries. The following countries, paradoxically, show a decrease in the feelings of tension in the pandemic year of 2020: Cyprus, Austria, Denmark, and Latvia. Thus, H5 is rejected.

Table 6. I have felt downhearted and depressed

COUNTRY	2016	2020	DIFFERENCE
Austria	6	7.1	1.1
Latvia	7	8.2	1.2
Cyprus	11	12.8	1.8
Malta	7	9.5	2.5
Slovenia	4	6.5	2.5
Belgium	8	10.6	2.6
Hungary	9	12.2	3.2
Finland	2	5.8	3.8
Czechia	4	7.9	3.9
Spain	7	11.2	4.2
The Netherlands	4	8.7	4.7
Ireland	4	8.9	4.9
Sweden	3	7.9	4.9
Greece	15	20.1	5.1
Luxembourg	6	11.2	5.2
Denmark	2	7.4	5.4
Germany	6	11.7	5.7
Romania	9	14.7	5.7
Lithuania	7	13.5	6.5
Total (EU27)	6	12.8	6.8
Italy	6	13	7.0
Croatia	4	11.3	7.3
Estonia	4	11.4	7.4
Portugal	4	11.4	7.4
Slovakia	3	11.5	8.5
France	6	15.8	9.8
Bulgaria	12	22.8	10.8
Poland	5	17.9	12.9

The following factors influenced the degree of influence of downhearted and depression dur-

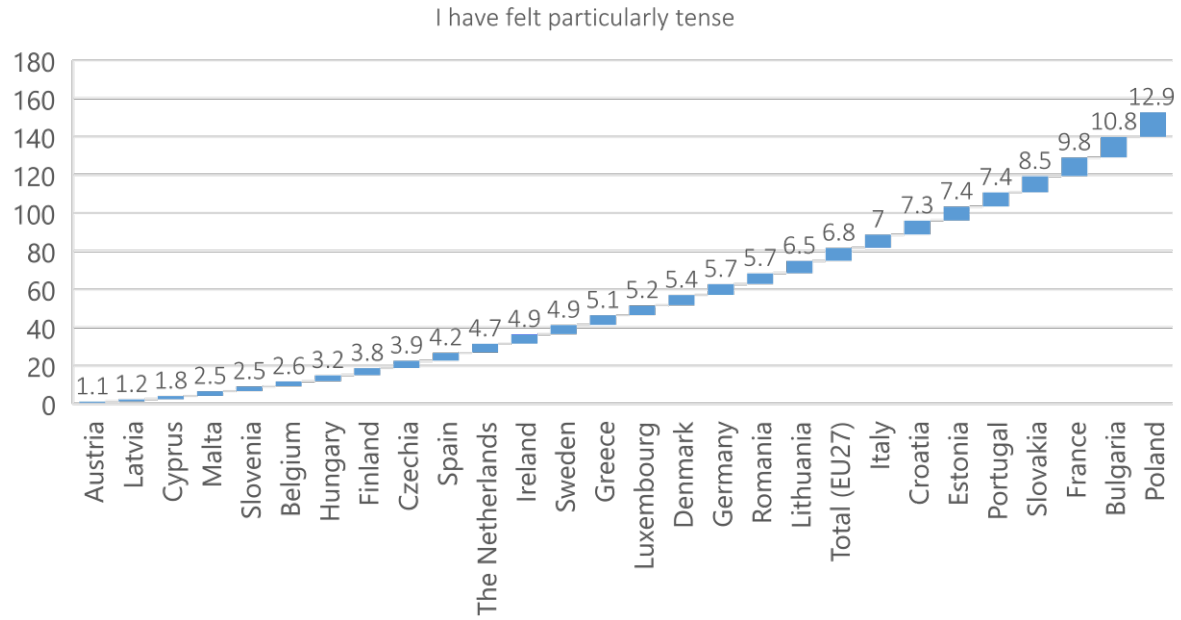

Figure 5. I have felt particularly tense

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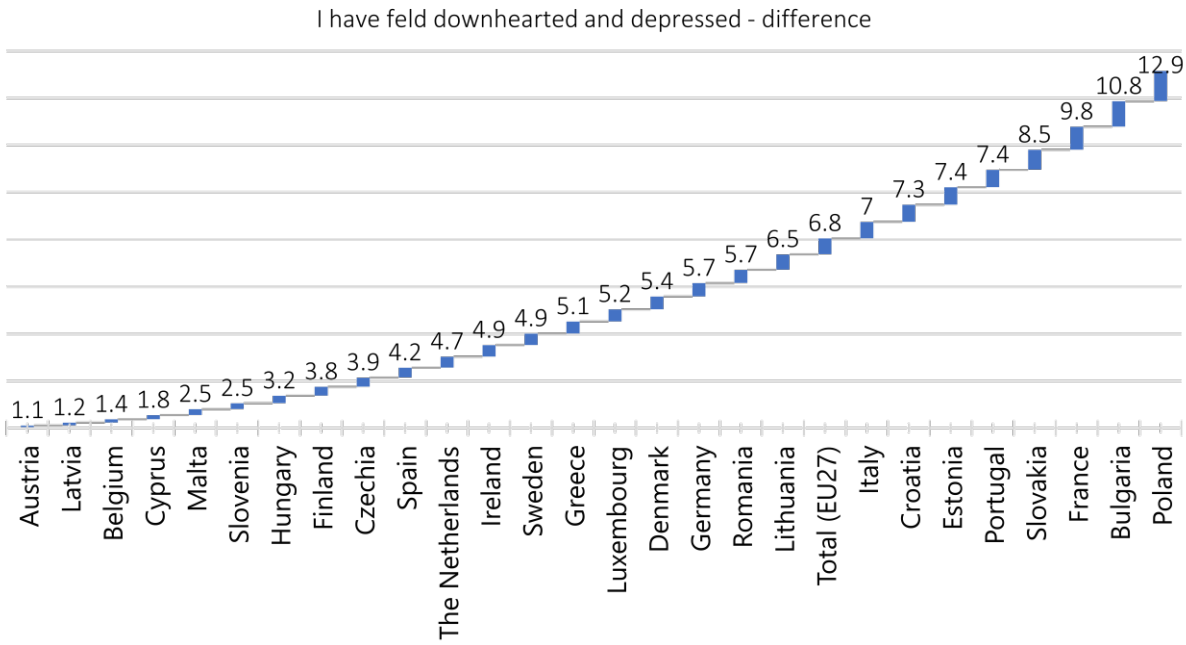

Figure 6. I have felt downhearted and depressed

ing the pandemic: age, gender, employment, and financial insecurity. As seen in Table 6 and Figure 6, feelings of depression grew stronger across the EU nations and the EU average. The average value rose from 6.00% to 12.8%, an increase of 6.8%. The most significant increases were in Poland, Bulgaria, France, and Slovakia, whereas increases of less than 2% were found in Austria, Latvia, and Cyprus. Thus, H6 is confirmed.

4. DISCUSSION

Many analyses, papers, and studies assess the conditions of life under the COVID-19 pandemic and its impact on various economic, social, and personal indicators. In principle, meta-analyses report the adverse effects of the pandemic on the quality of life in the EU countries. Analyses focused on the selected indicators of subjective quality of life, namely subjective and mental well-being. The results cannot be interpreted in a clear-cut way; thus, a thorough examination of indicators is needed to better grasp the issue. Additional factors such as gender, age, occupation, and physical health status (healthy subjects) should also be examined. In the study, macroeconomic factors are not examined.

Why is there a need for a deeper and more in-depth data analysis? First, satisfaction with the national strategic management of the pandemic should be explored, such as the meaningfulness, justification, and predictability of government-imposed measures or the reliability of health and social services. When it comes to these aspects, EU countries vary dramatically, and some indicators suggest that the source of concern regarding the future lies at the level of macro-social factors. Moreover, several studies suggest that gender may be a significant factor in assessing quality of life, implying that women are more likely to be depressed and anxious than men. The youth's mental health was particularly hit over the pandemic in the context of fully closed schools, job market disruption, and interruption of mental health services in educational institutions and workplaces. Meanwhile, survey data from 12 OECD countries from April 2020 to December 2020 suggest that rates of anxiety and depression among 15- to 24-year-olds are higher than for older age cohorts (41.2% depression and 38.9% anxiety, compared to 27.9% and 26.0% for 25- to 64-year-olds and 14.9% and 14.7% for those aged 65 and over) (Tulsa SEED Study, 2020). Other findings confirm the need for more detailed analyses.

Some population groups were more affected by the pandemic than others: women, those living in

a household with children under 18, young people, and those working part-time. Life satisfaction among young people fell more than in any other age group in 2020, while there is some evidence that life satisfaction among those aged 65 and over has improved. One theory suggests that older people felt somewhat healthier during the pandemic: those lucky enough not to have contracted COVID-19 (The Economist, 2021). 36% of males aged 60 and over and 42% of females of the same age claimed to have a health issue in 2020, compared with 46% of men and 51% of women in 2017–19 (Helliwell et al., 2021). Further evidence from the United States has shown that older people may cope better with prolonged stressful situations than younger cohorts (Carstensen et al., 2020; Carey, 2021).

There are too many questions and not enough answers that would go beyond the limits of description to provide causal explanations. Therefore, further research in this area is required. When assessing the quality of life of individuals and society, it is necessary to consider many factors, not just the standard of living. At the macro and micro levels, health, education, personal working, and leisure activities, room for political and civic engagement, the impact of government actions on people's life, interpersonal relations and social contacts; economic and physical security or insecurity, and the quality of the environment need to be assessed. Recently, there have been facing disruptions in the public health system, real wage cuts, rising unemployment; failure to tackle the issues related to long-term unemployment; decline of employment protection; unsystematic social service policies regarding the elderly; uncoordinated action between the state and local authorities regarding social policy; and the disruption of social dialogue at the corporate level. The government must make every effort to ensure that the majority of the population supports the fundamental measures adopted. Before putting them in place, there must be an open and professional debate to achieve socio-political consensus. Representatives of social partners have an essential role to play in the whole process, as they link macro-level decisions with corporate-level decisions. This is what the purpose of an effective social dialogue is. The dialogue must lead to increased employee coverage by collective agreements. Governments can achieve higher levels of social cohesion by getting public spending right. Public budgets need to be strengthened to manage the creation, retention, and growth of human capital. The results of the EU's quality of life surveys can help rebalance the EU countries' economic and social development objectives. According to Masárová et al. (2022), the economic development of countries is closely connected to human resources development.

CONCLUSION

The purpose of the study was to compare selected quality of life indicators during the pandemic with those of the previous period, namely in 2016 and 2020. Four subjective well-being indicators were examined: life satisfaction, optimism, coping with life difficulties, and coping time. Of the stated hypotheses, one saying that the EU citizens will find it harder to cope with the challenges of life brought on by the pandemic was confirmed. The respective EU average value increased by 1.5%. The remaining hypotheses were not confirmed. One assumed a decline in the average EU life satisfaction during the pandemic in all the countries studied. Lower optimism about the future of the EU population during the pandemic was assumed.

An increase in tension was predicted in the EU average across the EU nations. The results show that the EU average increased by 7.4%, and a decrease in the feelings of tension in the pandemic year of 2020 was recorded in Cyprus, Austria, Denmark, and Latvia. The average EU depression value was assumed to be higher in 2020 than in 2016. The feelings of depression grew stronger across the EU nations, and the EU average rose by 7.4%. To sum up, the assumptions concerning the indicators of mental and emotional processes and of coping with life situations were confirmed. The EU population felt uncertain when coping with the pandemic and found the new circumstances difficult. Life satisfaction increased in Latvia, and optimistic prospects for the future grew stronger in Greece. EU residents also believed in shorter coping time.

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The societal, social, and political environments impact coping with the pandemic. Crisis and change management, clarity, and predictability of measures and/or constraints play their role in assessing subjective well-being. In this respect, it is believed that the assumptions were not confirmed. However, it is crucial to turn to crisis management at both the societal and sectoral levels. For the sustainable development of society and the growth in the quality of life in the EU, it is necessary to conduct high-quality sociological research to identify social stratification and development trends. In the third decade of the 21st century, the Slovak business environment will primarily be based on industrial relations of high quality. Therefore, labor law, which is based on the Constitution of the Slovak Republic, has been and will have to be one of the priority components of the Slovak legislation. A balanced relationship between employees and employers forms the precondition for sustainable increases in employees' quality of life.

The sustainable development of society and the resulting increase in the quality of life of employees necessitate the current rules of social dialogue to be amended to make it functional at the level of regions, sectors, enterprises, and organizations in particular.

AUTHOR CONTRIBUTIONS

Conceptualization: Monika Gullerová.
Data curation: Eva Živčicová, Monika Gullerová.
Formal analysis: Tatiana Masárová, Monika Gullerová.
Funding acquisition: Eva Živčicová.
Investigation: Tatiana Masárová.
Methodology: Eva Živčicová.
Project administration: Tatiana Masárová.
Resources: Tatiana Masárová.
Supervision: Monika Gullerová.
Writing – original draft: Eva Živčicová.
Writing – review & editing: Eva Živčicová, Tatiana Masárová, Monika Gullerová.

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