

# VALIDATION OF A NEW SOCIAL WELL-BEING QUESTIONNAIRE

Bachelor thesis Psychology

Mental Health Promotion

Jacqueline Radzyk (s1171984)

Enschede,

Universiteit Twente

Attendants: Prof. Dr. Gerben Westerhof and Dr. Peter Meulenbeek

# Evaluation of a new Social Well-Being Questionnaire

**Author:**

Jacqueline Radzyk

Bachelor Psychology

s1171984

**First attendant:**

Dr. Gerben Westerhof

Department of Psychology, Health & Technology

University of Twente, Netherlands

**Second attendant:**

Dr. Peter Meulenbeek

Department of Psychology, Health & Technology

University of Twente, Netherlands

## **Abstract**

In the last few years there was an ongoing change in the field of psychology. Instead of exclusively focusing on mentally ill people, psychologists also want to promote mental health and well-being. One way to do so is establishing prevention programs that give support to people in capacity building. MOVISIE, the national institute for applicable knowledge, advice and solutions in social questions, gives trainings that are supposed to help people being an active member of society. In order to evaluate these trainings, MOVISIE closely works together with the University of Twente for developing a new questionnaire that measures social well-being. The aim of this study is to develop the questionnaire further and to evaluate it.

For the sake of evaluating the questionnaire, the construct of organizational participation is treated as an aspect of social participation and is used to calculate the concurrent validity of the questionnaire. Furthermore participants got the opportunity to rate the questionnaire and to make comments on the questionnaire. It is investigated whether different groups of people rate the questionnaire in another way. Therefore the population is subdivided into groups of gender, age and education. Through this ratings it is possible to improve the questionnaire and develop it further.

77 students and 106 participants that were acquired by MOVISIE filled in and rated the questionnaire. 40 comments were analyzed and categorized under the regard of the ease of use.

The results are that organizational participation and social well-being are only weak correlated to each other, in this questionnaire. Besides that, the questionnaire was rated as not too difficult to answer, clear and interesting. Nonetheless, it did not made the participants consider the topic of social well-being further. Major issues were faced in the structure of the questionnaire, the answer options, the structure of the questions, the definition of words and the length of the questionnaire.

## **Samenvatting**

In de laatste jaren was er een voortdurend verandering in het veld van de psychologie. In plaats van het focussen op mentaal zieke mensen gaan psychologen zich meer richten op het bevorderen van mentale gezondheid en welbevinden. Een mogelijkheid is preventie programma's te ontwikkelen, die ondersteuning geven vaardigheden zoals zelfhulp op te bouwen. MOVISIE, het landelijke kennisinstituut en adviesbureau voor toepasbare kennis, adviezen en oplossingen bij de aanpak van sociale vraagstukken, geeft trainingen die mensen helpen een actief lid van de maatschappij te zijn. Om deze trainingen te evalueren, werkt MOVISIE samen met de Universiteit Twente eraan een nieuwe vragenlijst te ontwikkelen, die sociaal welbevinden meet. Het doel van deze studie is dit vragenlijst verder te ontwikkelen en te evalueren.

Om de vragenlijst te evalueren, wordt het construct “organisatorische participatie” behandeld als een aspect van sociale participatie en gebruikt om de concurrente validiteit van de vragenlijst te bepalen. Verder hadden de participanten de mogelijkheid de vragenlijst te waarderen en middels commentaren zijn eigen mening over de vragenlijst te uiten. Het is onderzocht of verschillende groepen van mensen de vragenlijst op een andere manier beoordelen. Daarom werd de populaties ingedeeld in groepen van geslacht, leeftijd en educatie. Bovendien werden de commentaren gecategoriseerd en geanalyseerd m.b.t. de enkelvoudigheid van het invullen van de vragenlijst. Zomede is het mogelijk de vragenlijst te verbeteren en verder aan te passen.

77 studenten en 106 participanten wie zijn geworven door MOVISIE hebben de vragenlijst ingevuld en geëvalueerd. 40 commentaren worden geanalyseerd en gecategoriseerd m.b.t. de enkelvoudigheid van het invullen van de vragenlijst

De resultaten zijn dat organisatorische participatie en sociaal welbevinden alleen zwak correleren. Bovendien wordt de vragenlijst als niet te moeilijk te beantwoorden, duidelijk en interessant beoordeelt. Echter heeft de vragenlijst de participanten niet aan het denken gezet. Voornamelijk hadden de respondenten problemen met de structuur van de vragenlijst, de antwoord mogelijkheden, de structuur van de vragen, de definitie van woorden en de lengte van de vragenlijst.

## **Preface**

This thesis is written as a part of the requirements for a Dutch Bachelor's Degree in psychology. It contains work done from February to June 2014. The supervisor on the project has been Prof. Dr. Gerben Westerhof. The thesis has been made solely by the author; much of the text, however, is based on the research of others, and I have done my best to provide references to these sources.

The aim of this study was to develop a new questionnaire that assesses social well-being and to test it for reliability and usefulness. On the basis of comments and rating questions it is examined where major problems were faced in the questionnaire.

Since this thesis is written as the final thesis of the bachelor's degree in *psychology*, the text is primarily aimed at teachers of *psychology* at the University of Twente and pupils attending the courses there, but I hope it will be of interest for other people as well.

I would like to thank my supervisors Prof. Dr. Gerben Westerhof and Dr. Peter Meulenbeek for the collaboration and support they have given in the last few month.

Special thanks to my parents and my uncle, who constantly supported me through my whole study and who I always can count on.

Jacqueline Radzyk

Enschede

June 2014

# Table of Content

Abstract.....	3
Samenvatting.....	4
Preface.....	5
1 Introduction.....	8
1.1 Definition of Mental Health.....	9
1.2 Definition of Social Well-Being.....	11
1.3 Definition and Relevance of Social Exclusion.....	12
1.4 Developing a Questionnaire for Measuring Social Well-Being.....	15
2 Method.....	16
2.1 The Procedure.....	16
2.2 Respondents.....	18
2.3 Instruments.....	20
2.3.1 The Social Well-Being Questionnaire.....	20
2.3.2 Organizational Participation.....	21
2.3.3 Evaluation of the Questionnaire.....	22
2.4 Analysis.....	23
3 Results.....	25
3.1 Relation of Organizational Participation and Social Well-Being.....	25
3.2 Evaluations.....	26
3.2.1 Gender.....	27
3.2.2 Age.....	28
3.2.3 Education.....	29
3.3 Comments.....	30
4 Discussion.....	33
4.1 Weaknesses, Strengths and Recommendations For Future Studies.....	36

5 References.....	38
6 Appendix.....	40

# 1 Introduction

When thinking about the work of psychologists, people often have the idea that psychologists have to do with mentally ill people and that they can see into their clients' minds. However, this is not the case. In the last few years a shift in the field of psychology took place.

Psychologists do not exclusively focus on mental illness and their treatment. As positive psychology, and the notion that health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (World Health Organization, 2010), emerged in the recent years, the question comes up, which conclusions of science can be used for making people happier (Ahern, Kiehl, Sole, Byers, 2006). So not only tests that classify mental illness need to be developed, but also tests that focus on mentally healthy people. This is what this study aims at doing: Developing a new questionnaire that measures a positive aspect of mental health, social well-being.

To start from the beginning, one must explain why this questionnaire focuses on social well-being. It is assumed that the construct of well-being is interconnected with mental health. This seems obvious: If a person feels well, this person is less likely to develop mental problems (this point is discussed more in detail in §1.1). Because well-being seems to be a striking factor in improving mental health, it needs to be examined what can enhance well-being in general.

So what defines well-being? According to the World Health Organization (2004), well-being can be subdivided into three aspects: psychological well-being, emotional well-being and social well-being. This study specifies in greater detail the aspect of social well-being. It is assumed that enhancing social well-being also enhances well-being in general.

The identification of the dimensions of social well-being provides useful advice for prevention services and social policy making in the mental healthcare. Thereby good prevention programs can be established. For instance, if social participation would be beneficial to social well-being, it would be necessary that interventions are directed towards improving the social situation of the clients. Care workers and nurses could be trained to support the vulnerable people in social problems. Thereby the clients' (social) well-being could be enhanced.



Enhancing social well-being is what MOVISIE, the national institute for applicable knowledge, advice and solutions in social questions, does. One aim of MOVISIE is capacity building that is achieved through social interventions. Vulnerable people should not only be able to take care of themselves but should participate actively in society, so that their social well-being is improved. So MOVISIE gives trainings and develops social interventions supposing to improve social coexistence. In pursuance of evaluating these interventions and since there are few questionnaires that address social well-being in the Netherlands, MOVISIE has the need to extend and evaluate their questionnaire addressing social well-being.

The question is now how to establish a good questionnaire that evaluates social interventions? As a basis, some background knowledge is needed. In §1.1 it is defined what mental health is and how social well-being can contribute to it. The next logical step is to get a deeper insight in the construct of social well-being (§1.2). Through identifying the dimensions of social well-being it can be worked out which factors of the construct are important to make a statement whether a person feels socially well. It is obvious that clients in social interventions have problems with their social life. Therefore it needs to be studied what factors can impair social well-being and how these factors can be overcome. So finally §1.3 deals with the issue of social exclusion and why it is relevant for this study.

## **1.1 Definition of Mental Health**

Since the beginning of mankind philosophers and scientists are concerned with the question “What makes people happy?”. In order to give an answer to this question, first it has to be examined what happiness includes. Ancient Greek philosophers like Aristippus thought “that the goal of life is to experience the maximum amount of pleasure, and that happiness is the totality of one’s hedonic moments.” (Ryan & Deci, 2001). To understand what is meant by hedonic moments, one can inspect the word hedonism. It evolves from the Greek word of delight, or pleasure. The tradition of hedonism had many followers and was described as „bodily pleasures to a broad focus on appetites and self-interests“ (Ryan & Deci, 2001). It is understandable that merely bodily pleasures could not lead to happiness. So later on, psychologists added subjective well-being as a criterion that contributes to happiness. Subjective well-being in turn is defined as “life satisfaction, the presence of positive mood,

and the absence of negative mood”. In accordance with this definition Ryan and Deci reasoned from Diener et al (1998) that happiness can be „derived from attainment of goals or valued outcomes in varied realms“.

But can short-term happiness (like a good mood or bodily pleasures) lead to life satisfaction? This is where the eudaimonic view (eu =good; daimon = spirit) ties in. The word says that one must live in congruence with ones inner spirit. This view argues in favor for achieving long-term goals. It is the basis for many other theories such as the Self-determination theory [SDT] by Ryan and Deci (2000), which states that through autonomy, competence, and relatedness self-actualization can be achieved. Ryff and Keyes (1995) accentuate the concept of psychological well-being, which underlines six aspects of human actualization: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness.

For this study, especially positive relatedness is important. In Ryan's and Deci's study on hedonic and eudaimonic well-being in 2001, they summarize the results of studies that deal with the relation between social relationships and well-being outcomes. Among others, Baumeister and Leary (1995) defined relatedness as a basic human need that is crucial for well-being.

In sum one can conclude that it is probable that both, the hedonic and the eudaimonic view, contribute to happiness and thus to mental health. The World Health Organization (1948) also pledges for the interaction of these concepts by the definition that follows: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Accompanied by this definition, there is an ongoing change in the field of psychology. Instead of curing the ill, there is more emphasis placed on promoting mental health and preventing mental illness. This is what positive psychology does. Ernst Bohlmeijer, Linda Bolier, Gerben Westerhof and Jan Auke Walburg argue in their handboek of positive psychology (2013) that there are two pioneers in this field. Seligman and Csikszentmihaly, who campaigned in the year 2000 that it is not sufficient to investigate mechanisms of disfunctioning, but to examine the mechanisms of optimal functioning, relations and communal life.

This is where another definition of the WHO (2004) builds on. It describes mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with

the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” As Bohlmeier et al (2013) wrote in their handboek, one can see that there are three components in this definition: psychological, emotional and social well-being.

In fact there is evidence that social factors contribute to mental health. For instance Berkman and Syme (1979) found a relation between socially integrated adults and mortality. Those who were married, had friends and belonged to social groups were more likely to live at a nine year follow-up study. On the other side there is evidence that not only social integration promotes health, but that social isolation works destructively. Social isolation is associated with higher stress levels in individuals and in turn could “increase neuroendocrine and cardiovascular responses, suppress immune function, and interfere with performance of health behaviors” (Cohen, 2004).

In the face of this fact it is important to consider social well-being as an important factor of physical and mental health. In consequence one must define social well-being. This is done in §1.2.

## **1.2 Definition of Social Well-Being**

In the following section, the work of Keyes, *Social Well-Being*, which is published in the Social Psychology Quarterly in 1998, is used. Through a literature study, he defined the dimensions of social well-being, from which I make use of.

Keyes described social well-being as “the appraisal of one's circumstance and functioning in society” (Keyes, 1998, p. 122) and identified five dimensions that are seen to cover this construct: Social acceptance, Social contribution, Social actualization, Social coherence and Social integration.

With social acceptance is meant the “construal of society through the character and qualities of other people as a generalized category” (Keyes, 1998, p. 122). Which connotes that the individual feels good about other people and trusts them in being honest and diligently. This contributes to a general believe and a positive view towards society.

Social contribution means “the evaluation of one’s social value” (Keyes, 1998, p. 122). In this sense the person feels of him-/herself that he/she is an active member of society. The person thinks that he/she can contribute to the commonwealth. This implies that the individual thinks that he/she is able to perform certain actions and can take social responsibility.

Social actualization deals with “The evaluation of the potential and the trajectory of society” (Keyes, 1998, p. 123). People believe that the full social potential of a society can be realized through the people, the government and institutions. The person itself also contributes to that actualization and is optimistic about the society's future.

Social coherence is about “the perception of the quality, organization and operation of the social world and a concern for knowing about the world” (Keyes, 1998, p. 123). People feel involved and think that they can understand in the world they live in. Although they are conscious about not living in the perfect world, they set goals and want to give purpose to their lives.

Lastly social integration involves “the evaluation of the quality of one’s relationship to society and community” (Keyes, 1998, p. 123). The person has a feeling of belonging to a group or community on the basis of norms and values. This group can be the own neighborhood, friends, clubs or the society as a whole in which the person can get support.

Keyes also states that “themes of integration, social involvement, and public consciousness in classical sociological theory [...] suggest the social challenges faced by adults.” (Keyes, 1998, p. 123) So what if adults fail to obtain these challenges? The result would be social exclusion.

### **1.3 Definition and Relevance of Social Exclusion**

In 2004 a report was published by Gerda Jehoel-Gijsbers, which deals with social exclusion in the Netherlands. In this report she discusses different views of social exclusion and tries to give a definition of this phenomenon. In the literature social exclusion is often compared with unemployment, economic deprivation and concomitant with fewer or no access to institutions. However, Jehoel-Gijsbers concludes that the concept of social exclusion is multidimensional.

First, one has to differentiate between the state itself and risk factors. The state itself is subdivided into the economic-structural and the social-cultural dimension. The economic-structural dimension on the one side describes material deprivation, such as debts, a shortage of money and goods or lifestyle-deprivation. On the other side there is insufficient access to governmental and social institutions like medical care and education, insufficient social security and an insecure housing situation. The social-cultural dimension involves deficient social participation, which is characterized by social isolation and a lack of social networks. Furthermore there is little normative and/or cultural integration, as delinquency, the misuse of social welfare or insufficient work or education ethics. As one can see these dimensions are on an absolute and a relative level. Sen (1983) declares necessities of life as absolute, but the ways and the goods to achieve a satisfying living standard as relative, seen that some people need more or less goods, which depends on one way on the country one live in or the attitude a person has. To go in further, there is a difference between the subjective and objective evaluation of social exclusion. To get the idea of subjective and objective evaluation across, I give an example. Older people can objectively be seen as more socially excluded than young people: Older people are retired and therefore do not need to work anymore (unemployment is seen as a risk factor for being socially excluded; see below) or their social network is impoverished, because many people moved away in retirement homes or already died. Subjectively old people may not feel socially excluded at all. It is possible that they occupy themselves with hobby activities or that the quality of their relations satisfy them and make them feel socially integrated.

To go on further, Jehoel-Gijsbers describes risk factors that can be existent on three niveaus: the micro-, meso- or macroniveau. The microniveau refers to the person. Risk factors and groups at risk are: age (elderlies), gender (gender inequality), civic state (singles), family (no family, single parents), social background (people with low education) and ethnicity (foreigners). Other risk factors deal with characteristics that can be partly can be changed or improved: Efficacy (physical or psychic limitations, skills and competencies), health (chronical diseases, handicaps, addiction), education (not finished or low level of education), position (unemployment or inability to work), income (low income or debts), physical and social environment (homeless, stay in health facilities, no/few facilities in living quarters).

One has to mention that social exclusion cannot always be seen as self-imposed. There are also other factors that contribute to social exclusion. One example on the macroniveau is the government, which can have impact due to financial policy or in general does not act with circumspection towards the socially disadvantaged.

On the mesoniveau are institutions that have to execute state policy. But also employers, fellow citizen or the communal life with it's development can contribute so social exclusion. Examples are individualization, bureaucratization, discrimination, stigmatization, and so on.

In sum to be socially excluded a person must have deficits in multiple dimensions. The other way around one does not need to fall behind in all areas to be excluded. One can conclude that the more dimensions are in arrears, the more the person is seen as socially excluded.

As mentioned does the social-cultural dimension of social exclusion contain social participation, that is characterized by social inclusion and having a social network. Consequently social participation can on one way be attained through organizational participation, which in turn can result in social inclusion. By taking part in an organization, a person also socializes. Connections to other people are made and a social network may be established, that gives support to the person.

Studies reveal that social support (received by social networks) and inclusion contribute to mental health outcomes. One example is the study of Cohen (1988) that states: "Interacting with others is also thought to aid in emotional regulation increasing positive affect and helping limit the intensity and duration of negative affective states." Consequently the interaction with others has a positive psychological effect on a person. Moreover Cohen, Sherrod and Clark found in 1986 that "perceived social support buffered the effects of psychological stress on depression". This suggests that the more a person is integrated in a social network and acknowledges this social support, the less psychological afflictions the person has. In conclusion: Being socially integrated enhances well-being and being socially isolated impairs well-being.

## **1.4 Developing a Questionnaire for Measuring Social Well-Being**

As already mentioned there are only few questionnaires measuring social well-being. Kienhorst et al (1990) investigated psychometric properties of nine self-report rating scales measuring (un)well-being. They acknowledge that many Dutch questionnaires miss psychometric properties and that this is the case especially for edited American questionnaires. They also note that the psychological properties for the American population are good evaluated, but that this is not the case for the Dutch population.

Of course, since 1990 there are some years passed, but the overall situation did not improve with regard to full validated questionnaires that assess social well-being. There are several questionnaires that assess overall personal well-being, like the The Personal Wellbeing Index, that is validated for the Netherlands (van Beuningen and de Jonge, 2011) or the life situation index (Netherlands Institute for Social Research, 2010), but these do not address social well-being in particular.

However, toward improving social interventions it is crucial to isolate the construct of social well-being and to develop a questionnaire that deals exclusively with this construct. Thereby it is not only important to assess the outcome, but to evaluate it. In order to do so, there has to be a valid measuring tool.

As argued in §1.3, do social participation, organizational participation and well-being have a relation. Because of that, the construct of organizational participation is expected to be related to the dimension of social well-being, meaning that the more a person participates in an organization, the higher is his or her social well-being. By examining whether the Social Well-Being Questionnaire and the questions about organizational participation correlate with each other, it is possible to make a statement over the concurrent validity of the new questionnaire. Is there a correlation do social well-being and organizational participation, as an aspect of social in-/exclusion, have a relation and the questionnaire is valid.

It is important that this measuring tool is applicable for a great population. People differ in their personal backgrounds as for example in their level of education. For that reason it is useful to offer the possibility to rate the questionnaire and to make suggestions on how the questionnaire can be improved. By subdividing the population into groups of gender, ages and

education, these evaluations can then be compared with each other. Thereby systematic differences between different groups of people can be detected. By that it is possible to draw conclusions, whether the questionnaire is appropriate for a great population in regard to the ease of use .

In this study, two main research questions are formulated that should give an indication on how valid this questionnaire is. Question 2 is analyzed more precisely:

1. To which extend is the Social Well-Being Questionnaire concurrent valid correlated with the construct of organizational participation?‘‘
2. How did the respondents rate the new Social Well-Being Questionnaire?
  - 2.1 Are there differences in the ratings with regard to gender, age or education?
  - 2.2 Which elements in the questionnaire were commented by the participants?

## **2 Method**

In this section the method of the study is presented. In §2.1, the procedure of development and the spreading of the questionnaire is explained. Secondly, the descriptive statistics of the respondents are presented in §2.2. The used instruments are illustrated in §2.3. Finally the analyses that are carried out are described in §2.4.

### **2.1 The Procedure**

The questionnaire was developed in cooperation with MOVISIE. Martijn Bool, the reference person of MOVISIE, sent a set of questions, which should be incorporated in the final questionnaire. After a meeting with Mr. Bool and careful considerations between the three bachelor candidates and the attendant Prof. Dr. Gerben Westerhof, a questionnaire was developed.

This questionnaire is on the one hand composed of statements about the experienced social well-being of the participants. On the other hand, as mentioned in §1.4, reference questionnaires are needed to evaluate the new questionnaire. So questions about organizational participation, societal participation, social activities and the the dimension of



social well-being of the Mental Health Continuum-Short Form [MHC-SF] are also integrated. Theresa Steeger examines convergent validity with MHC-SF, compares the construct of societal participation to social well-being and considers construct validity of the Social Well-Being Questionnaire. Diana Schilliger also investigates convergent validity with the MHC-SF, concurrent validity with social activity as latent construct, internal consistency and test-retest reliability.

This thesis only deals with the relation of social well-being and organizational participation. For more information about the MHC-SF, societal participation and social activities and their relationship to social well-being see the bachelor theses of Steeger (2014) and Schilliger (2014). The sets of questions are described in more detail in §2.3.

Because of limited access to other people than students, it was decided that the questionnaire was sent to other external institutions as well. Thereby it is ensured that the scope of diversity is sufficient. The aim was to reach as many different ages and educational levels as possible. First, Martijn Bol sent the questionnaire to other MOVISIE employees, who were asked to fill it in and to pass it on. Additionally, the MOgroep, an employers' association and GGZ Nederland, a professional organization for people in the sector of Mental Healthcare were also contacted and asked to load the link of the questionnaire up on their homepage or their platform. Third, GGD Nederland, an association for Public Health and Security sent the questionnaire to a local GGD institute, which also spread the questionnaire. Finally, the questionnaire was distributed among students by the Hogeschool Arnhem Nijmegen.

Simultaneously the graduates uploaded the questionnaire on [www.thesistools.nl](http://www.thesistools.nl) and sent the link to the bureau of educational matters of the University of Twente. Thereby the study could be uploaded on Sona Systems, which provides online subject pool management. This site is used by students in order to offer and participate in studies. Furthermore, the link to the questionnaire was uploaded on facebook.

Before the participants filled in the questionnaire, it was explained that the researchers are students of the University of Twente, who work on their bachelor thesis. The development of a new questionnaire that assesses social well-being was stated as the aim of the study. Furthermore it was stated how long the procedure of filling in the questionnaire takes and that the respondents can stop answering the questions at any time. Next it was mentioned that the

data, handed out by the participants, is treated confidential. The study started not until the respondents gave their informed consent.

## **2.2 Respondents**

There were two groups of participants in this study. The first group are students of the University of Twente who were found by the bachelor graduates themselves. This group is henceforth referred to as “students”. The second group involves people who were acquired by MOVISIE and who spread the questionnaire forward (see §2.1). This group is henceforth referred to as “MOVISIE participants”.

Table 1 displays the descriptive statistics of the participants. For the sake of clarity, both groups were described separately.

Before analyzing the data of the Social Well-Being Questionnaire, the data of participants who did not finish the questionnaire was deleted. When 50% or more of the data contained a 0, the data was also deleted. This data was not usable, because the data was supposed to range from 1-4. Scattered missing values were replaced with the average score of the associated item.

After deleting the missing values, 77 students were left. 22 of these respondents were male and 55 were female. The average age was 22 years and most students live under other conditions than specified. All of the respondents were unmarried.

After deleting respondents with missing values in the MOVISIE dataset, 106 participants were left. 20 of these respondents were male and 86 were female. The average age was 47 years and most participants were married and lived with the partner or with the partner and children. 88 people occupy themselves with paid work and 61 people have a HBO degree.

Table 1

*Descriptive Statistics of Participants (n=183)*

		Students (n=77)		MOVISIE (n=106)	
		Count	Mean	Count	Mean
Gender	M	22		20	
	F	55		68	
Age			21,8		46,75
Education	Lower education/ LBO/ MAVO/ VMBO	2		9	
	HAVO/ VWO	5		3	
	HBO	7		61	
	University	63		33	
Civil status	married	0		55	
	unmarried	77		43	
	Widowed/divorced	0		8	
Living conditions	alone	23		12	
	with partner or children	10		48	
	with partner and children	0		39	
	other	44		7	
Most important occupation	Education/study	71		2	
	paid work	5		88	
	voluntary work	0		3	
	Household/care for children	0		7	
	other	1		6	

## **2.3 Instruments**

Before presenting the main sets of questions, participants were asked to provide background information about their gender, age, educational level, civil status, living conditions and their most important occupation.

### **2.3.1 The Social Well-Being Questionnaire**

The Social Well-Being Questionnaire tries to assess how a person experiences his or her own social life and how this is related to the construct of social well-being. This set contains 45 statements (see Appendix 1). The statements were mixed up in order to ensure that participants do not get a notion what the questions are about. Consequently they need to think about the questions and it is prevented that questions are given too fast. Participants evaluated the statements within a 5-point Likert Scale, which consists of five categories. Strongly disagree (1), disagree (2), neither agree/disagree (3), agree (4) and strongly agree (5).

At the beginning, the questionnaire contained statements arranged according to 10 dimensions: Social contacts, social isolation and social exclusion (1), work (2), neighborhood and neighbors (3), cohesion of the neighborhood (4), feeling of security in and around the own house (5), social integration and participation (6), material deprivation (7), giving and getting help (8), conceptions about society (9) and the own life in general (10).

However, the factoranalysis that is carried out by Theresa Steeger (2014) identified seven subscales: social contacts, neighborhood and neighborhood cohesion, material deprivation, most important occupation, social isolation, societal institutions and societal participation. For these factors, the mean scores were calculated. It is assumed that the higher the score, the higher is the perceived social well-being.

Table 2

*The Seven Factors of the Social Well-Being Questionnaire*

Factors	Items
Factor 1: Social contacts	20, 25, 26 ,29, 30,31, 32, 34, 39
Factor 2: Neighborhood and neighborhood cohesion	2, 3, 4, 9, 10, 15, 16, 22, 23, 27, 28
Factor 3: Material deprivation	24, 35, 36, 37, 38
Factor 4: Most important occupation	12, 41, 42, 43, 44, 45
Factor 5: Social isolation	1, 8, 17, 40
Factor 6: Societal institutions	13, 14, 19
Factor 7: Societal participation	5, 6, 18

Before analyzing the data, all negative statements are recoded. Affected were items 1, 10, 13, 28 and 40. Item 21 “I feel insecure on the street and in the surrounding of my house” was deleted, because it was enlisted twice.

Because factor 3 does not measures material deprivation in the sense that the higher the score, the higher the extent of deprivation, I will rename it into material satisfaction. The questions are formulated in a positive way, meaning that the higher the score, the more the participants are satisfied with their financial and material situation.

### **2.3.2 Organizational Participation**

In this study, only the third set of questions about societal organizations is reviewed, because it provides information whether participants take part actively in society. So, in this set the respondents are asked to state whether they take part or took part in societal organizations in the last 12 months (see Appendix 3). Furthermore the participants are asked to describe their relationship to this organization or club in the manner of no commitment (1), making donations (2), participated in an activity (3), member (4) and/or doing voluntary work (5).

In order to answer question 1, whether social well-being and the active or passive participation in organizations have a relation, the answer options are coded. Due to technical problems, the dataset of the students and the dataset of the MOVISIE participants differ from each other. The students got the opportunity to select multiple answer options, whereas the MOVISIE participants only could select one option. For the students, a 0 was coded if the option was not selected and 1 if the option was selected. The selected option was coded in ascending order, whereby “no commitment” got the lowest score (0) and “doing voluntary work” the highest score (4). The same procedure of coding was applied to the the data of the MOVISIE participants

Average scores across the items of organizational participation were calculated for each respondent. This is supposed to array the commitment to an organization. The higher the score, the higher is the commitment to an organization.

By coding the answers in the described manner, it is ensured that the datasets are comparable to each other.

### **2.3.3 Evaluation of the Questionnaire**

In order to give an answer to the question of investigation, whether this questionnaire is an useful instrument to validate social interventions, questions about the questionnaire itself were presented at the end of the questionnaire. By making the questions mandatory, it is guaranteed that some information about the questionnaire is given and improvements on the questionnaire can be made.

The questions that needed to be answered were:

1. Did you find it difficult to answer the questions?
2. Did you find the questions clear?
3. Did the questionnaire make you contemplate?
4. Did you find the topic interesting?

Thereby, the following answer options were given: absolutely not (1), not (2), in between (3), yes (4) and absolutely yes (5).

For the purpose of answering question 2, how participants rate the questionnaire, the answer options of the four opinion questions were also coded. “Absolutely not” got the lowest score (1) and “absolutely yes” got the highest score (5).

Additionally to the opinion poll, the opportunity to make notes and points of critique was given at the end of the questionnaire. It is examined how the respondents managed the questionnaire and whether there were major problems that need to be solved.

## **2.4 Analysis**

First it is examined, whether the seven factors of the Social Well-Being Questionnaire are normally distributed. The result can be seen in table 3. The data of the students and the data of the MOVISIE participants are investigated with the Kolmogorov-Smirnov test. If the test is significant, the factors are not normally distributed. Because only factor 2 “Neighborhood and neighborhood cohesion” is normally distributed, the Spearman Rho Correlation is used to investigate the relation between the seven factors and the organizational participation.

Table 3

*Kolmogorov-Smirnov Test of Normality*

	Kolmogorov-Smirnov <sup>a</sup>					
	Students (n=77)			MOVISIE participants (n=106)		
social contacts	,103	76	,045	,127	106	,000
neighborhood and neighborhood cohesion	,071	76	,200*	,079	106	,102
material satisfaction	,158	76	,000	,207	106	,000
most important occupation	,151	76	,000	,122	106	,001
social isolation	,122	76	,007	,160	106	,000
societal institutions	,179	76	,000	,151	106	,000
societal participation	,146	76	,000	,150	106	,000

For both sets, the mean score of organizational commitment was calculated. The higher the mean score, the higher the commitment to an organization. This mean score is correlated with the mean scores of the seven factors of the Social Well-Being Questionnaire. Because the datasets differed from each other (see §2.3.2) the sets were analyzed apart.

Because there were no differences between the dataset of the students and the dataset of the MOVISIE participants, the data of the evaluations of the questionnaire, could be analyzed altogether.

Question 2, how respondents rated the questionnaire, is answered with a cross-tab. The percentages show how frequent the four questions were answered with “absolutely not”, “not”, “in between”, “yes” or “absolutely yes”.



For the purpose of answering question 2.1, whether there are systematic differences in the ratings of the participants, the population is divided into groups of gender, age and education. By dividing the population in different groups, it can be analyzed whether man and women, young and old people or low educated and high educated participants rate the questionnaire identically or differently. For gender, there are obviously only two groups: men (n=41) and women (n=142). For age, there are three groups: Group 1 (n=86) ranges from 18-29 years, group 2 (n=64) from 30-54 years and group 3 (n=33) from 55-70 years. Finally for education 4 groups were created: Group 1 (n=12) includes all people who have a lower education than specified, a LBO, MAVO or a VMBO education. Group 2 (n=7) contain people with a HAVO or VWO education, group 3 (n=68) HBO education and group 4 (n=96) people with university education.

The differences in the groups were detected with the Kruskal Wallis test. If the test yields that the result is not significant, there are no significant group differences. The outcome gives an indication of how the questions must be improved in order to diminish the differences and make the questionnaire suitable for as many people as possible. When getting the same ratings from all groups, the questionnaire is appropriate for a broad population. This is the final aim in developing a questionnaire.

For making the questionnaire more suitable for a broad population, all comments are enlisted and categorized by their content. In this way it is ensured that the issues respondents had are identified and improvements can be made. It is analyzed whether the problems had to do with the scale itself (difficulties with the structure), the questions, the answer options, or the language (definition problems).

### 3 Results

In the following section, the results of the analyses are presented. These results are subdivided into three parts. The first research question about the relation between organizational participation and social well-being is answered in §3.1. In §3.2 it is presented how participants rated the questionnaire and whether there were systematic differences between the different groups of population. In the last paragraph, §3.3 the comments that were made at the end of the questionnaire are analyzed.

#### 3.1 Relation of Organizational Participation and Social Well-Being

In order to answer research question 1, whether organizational participation and social well-being have a relationship, the Spearman Rho Correlation was calculated. The results can be seen in table 4.

Table 4

*Spearman Rho Correlation Between The Seven Factors and The Means of Organizational Participation (n=183)*

	Organizational Participation For Students (n=77)	Organizational Participation For MOVISIE Participants (n=106)
social contacts	,01	,01
neighborhood and neighborhood cohesion	,22	,22*
material satisfaction	-,01	,23*
most important occupation	,01	-,06
social isolation	,06	0,4
societal institutions	-,07	0,7
societal participation	,27*	,28**

As the table displays, in the population of students are only low correlations and those are not significant ( $p > 0,05$ ). Only the societal participation shows a low correlation that is significant ( $\rho = ,27; p < 0,05$ ). That means that societal participation and organizational participation have a relationship with each other. In other words, the more a person participates in societal organizations, the more likely it is that this person also participates in another organization.

For the MOVISIE population there are also low correlations, which are statistically not significant ( $p > 0,05$ ). Only the correlations for neighborhood and neighborhood cohesion ( $\rho = ,22; p < 0,05$ ), material satisfaction ( $\rho = ,23; p < 0,05$ ) and societal participation ( $\rho = ,28; p < 0,05$ ) are statistically significant. That means that neighborhood and neighborhood cohesion, material satisfaction, societal participation and organizational participation have a relationship with each other. In other words, the more a person feels integrated in his or her neighborhood or society or is materially satisfied, the more likely it is that this person also participates in an organization.

### **3.2 Evaluations**

For the sake of answering how the respondents rated the new Social Well-Being Questionnaire, the descriptive statistics of the answers that were given to the opinion questions are presented in table 5.

Only 6,5% found it difficult to answer the questions, while 52,5% of the participants answered that the answers of the questionnaire were not difficult to answer. 64% of the participants perceived the questions as clear. The distribution of the answers that were given on the question whether the questionnaire made the participants, is almost equal: 43,9% claimed that the questionnaire did not make them contemplate, whereas 39,2% answered that the questionnaire did make them contemplate. Despite the fact that slightly more participants did not think about the topic further, 73,3% found the topic of social well-being interesting.

In sum, the questionnaire was rated not too difficult to answer, clear and interesting. However, it does not made the participants contemplate.

Table 5

*Descriptive Statistics of The Opinion Questions (n=183)*

	Did you find it difficult to answer the questions?	Did you find the questions clear?	Did the questionnaire make you contemplate?	Did you find the topic interesting?
absolutely not	19,0%	1,1%	7,1%	2,7%
not	43,5%	3,3%	38,6%	5,4%
in between	31,0%	31,0%	15,2%	17,9%
yes	6,0%	52,2%	33,2%	59,2%
absolutely yes	0,5%	12,0%	6,0%	14,1%

In the next paragraph, the answers are analyzed according to gender, age and educational level. Thereby question 2.1 “Are there differences in the ratings with regard to gender, age or education?” can be answered.

**3.2.1 Gender**

In table 6 the result of the Kruskal Wallis test is displayed: No differences were found in the way men and women gave the answers.

Table 6

*Kruskal Wallis Test of Gender Differences in Answering the Opinion Questions (n=183)*

	Did you find it difficult to answer the questions?	Did you find the questions clear?	Did the questionnaire make you contemplate?	Did you find the topic interesting?
Chi-Square	,639	,000	,487	,648
df	1	1	1	1
Asymp. Sig.	,424	,991	,485	,421

### 3.2.2 Age

The results of the Kruskal Wallis test is presented in table 7. It is found that there are only significant differences between the groups in answering whether the questionnaire made the participants contemplate ( $\chi^2 = 8,98$ , 3 d.f.,  $p < 0,05$ ).

Table 7

*Kruskal Wallis Test of Age Differences in Answering the Opinion Questions (n=183)*

	Did you find it difficult to answer the questions?	Did you find the questions clear?	Did the questionnaire make you contemplate?	Did you find the topic interesting?
Chi-Square	7,30	5,63	8,98	3,38
df	3	3	3	3
Asymp. Sig.	,063	,131	,030	,337

Table 8 displays the answers which were given. It can be seen that there is a difference between the different groups of age. Whereas 53,1% of all people between the ages of 30-54 gave the answer that the questionnaire did not made them contemplate, only 29,9% of the people between the ages of 18-29 and 33,3% of the people of the ages of 55 and older answered with “not”.

Table 8

*Answers of Question 3 (n=183)*

		Did the questionnaire make you contemplate?				
		absolutely not	not	in between	yes	absolutely yes
Age	18-29 (n=86)	6,9%	29,9%	18,4%	34,5%	10,3%
	30-54 (n=64)	7,8%	53,1%	10,9%	26,6%	1,6%
	55+ (n=33)	6,1%	33,3%	15,2%	42,4%	3,0%
Total		7,1%	38,6%	15,2%	33,2%	6,0%

### 3.2.3 Education

In table 9 the result of the Kruskal Wallis Test is presented. It is found that there are only significant differences between the groups in making a statement whether the questions were difficult to answer ( $\chi^2 = 8,35$ , 3 d.f.,  $p < 0,05$ ).

Table 9

*Kruskal Wallis Test of Gender Differences in Answering the Opinion Questions (n=183)*

	Did you find it difficult to answer the questions?	Did you find the questions clear?	Did the questionnaire make you contemplate?	Did you find the topic interesting?
Chi-Square	8,35	1,44	6,89	3,71
df	3	3	3	3
Asymp. Sig.	,039	,697	,075	,295

In table 10 it can be seen that although the questions were answered largely identically, the scope of answering the questions was different. In group 1, the group with the lowest educational background, answered 58,4% of the people that they had absolutely none to no problem and 41,4% that they had moderate to immense problems answering the

questionnaire. In group 2 (HAVO or VWO education), no one answered that the questionnaire was absolutely difficult or absolutely easy to answer. Despite this it was answered that 71,4% had no problem and 28,6% had difficulties filling in the questionnaire. Group 3 (HBO education) answered with 74,3% that there was absolutely none to no problem. 25,8% rated the difficulty “in between” and no one had problems or immense problems. Lastly in group 4 (university education) 54,6% had absolutely none to no problem, 9,1% had a problem and 36,4% answered “in between”. These results indicate that people with lower education, LBO, MAVO, VMBO and university education had the most problems filling in the questionnaire.

Table 10

*Answers of Question 1 (n=183)*

		Did you find it difficult to answer the questions?				
		absolutely not	not	in between	yes	absolutely yes
Education group	Lower education/LBO/ MAVO/VMBO (n=12)	16,7%	41,7%	33,3%		8,3%
	HAVO/VWO (n=7)		71,4%		28,6%	
	HBO (n=68)	25,8%	48,5%	25,8%		
	University (n=96)	16,2%	38,4%	36,4%	9,1%	
Total		19,0%	43,5%	31,0%	6,0%	0,5%

### 3.3 Comments

Initially 52 comments about the questionnaire were made. However, 12 comments referred to the MHC-SF questionnaires and not to the newly developed questionnaire. These comments were left out, because they do not have relevance for this study.

The difficulties are categorized as follows: Problems with the structure of the questionnaire, problems with the answer options, problems with the structure of the questions, definition problems and the length of the questionnaire.

One comment is selected, which shall represent the other comments:

Yes, namely that it was unpractical that there were too many questions and you needed to scroll, because the answer options can't be seen on the screen anymore. And like always, are there some questions that you can't answer (e.g. many people that you can trust? Enough appears to me sufficient).

Here one can see that the *structure of the questionnaire* (n=10) was criticized. Structural problems with the questionnaire were that the questionnaire span 45 questions and that these were displayed once at a time. Participants got confused, because the answer categories could not be seen anymore in the process of answering the last questions. In order to answer consciously it was needed to scroll at the beginning of the page, which was regarded as inconvenient. The questionnaire should be split into multiple sets. Instead of presenting the whole questionnaire, it is more clear if the questions were arranged into categories and presented one after another. In this way it is ensured that the participants are not confused by the answer categories.

Another point that was often mentioned is, that some questions did not apply to all of the respondents and that the participants therefore had *problems with the answer options* (n=12). It would have been useful to integrate the answer category “not applicable”. Because there was no such category, participants were impelled to make a choice. This determining factor can impair the reliability of the questionnaire.

Yes, namely... I missed the answer option “not applicable”, why I felt impelled to answer, although this topic was not applicable.

Another critique point was that the *structure of the questions* (n=5) was unclear. The problem was that they were not neatly arranged or overlapped each other. It was argued that the questions were not arranged in categories and did not have the same structure. Some statements were formulated in a positive way (“I am content with my neighborhood”) and some were formulated in a negative way (“People know each other too little in my



neighborhood”). Because the answer options were always presented in the same way, from “strongly disagree” to “strongly agree”, participants were needed to think carefully about the answer they give so that they consciously fill in the questionnaire. According to the respondents this could contribute to errors. Additionally respondents complained about overlapping questions. This was also done on purpose. Respondents should not get a notion what the questions are about, in order to prevent that answers were given too fast. Through overlapping questions it can be analyzed whether respondents filled in the answers consciously.

Yes, namely... negative and positive formulated questions are mixed up, why you need to switch from the right to the left side from the scale and the other way around. This can increase the chance of errors.

Yes, namely... Some questions overlap each other (question 10 I feel pleasant in my home, I feel secure in my own home)

Furthermore there were *definition problems* (n=10). Misunderstandings in the definition of words made the participants insecure. Especially the term “most important occupation” was seen as hindering. Either they did not know what to think of, or they were conflicted and did not know which occupation they should choose. Mostly there was a problem with identifying the most important occupation in everyday life. For the further development of the questionnaire it is suggested that the term is defined more precisely. It may have a positive influence if a criterion like “time exposure” or “most fun” is presented to the participants in order to help them making a decision what to think of.

Language use seems to be a barrier (.. most important occupation.. this is no common expression)

My most important occupation is a combination of my work and the parenting of my children, distribution is approximately 50/50.

Nice questionnaire, but I think it's hard to focus on the most important occupation. It's just everything that I like to do like work, family, friends, church, etc.

Four respondents criticized the *length of the questionnaire* (n=4) and that it was very time-consuming. This can impair their motivation to finish the questionnaire or answer the

questions consciously. One of the participants made the suggestion that a progress bar could be helpful. This may increase motivation to finish the questionnaire.

## **4 Discussion**

This study was conducted in order to construct and evaluate a new questionnaire that assesses social well-being. First it is discussed to which extend the Social Well-Being Questionnaire is concurrent valid correlated with the construct of organizational participation. Secondly, the evaluations of the questionnaire are reviewed.

In order to test the questionnaire on its validity, a set of questions about organizational participation is integrated. This set is and the seven factors of the Social Well-Being Questionnaire are investigated with the Spearman Rho Correlation. Therewith the concurrent validity can be assessed. This procedure was carried out for answering to which extend the Social Well-Being Questionnaire is concurrent valid correlated with the construct of organizational participation. In the student population was found that only the factor of societal participation significantly correlated with the construct of organizational participation. However, in the MOVISIE population was found that additionally the factors of neighborhood and neighborhood cohesion and material satisfaction were significantly correlated to organizational participation. This result does not fully correspond with the expectations that were made at the beginning at the study, because it suggests that the concurrent validity of all other dimensions, which are not mentioned, is low. It was expected, that organizational participation and social well-being have a relation and therefore should have at least a moderate but significant correlations with all dimensions of the questionnaire. One reason for this finding could be that the questionnaire does not entirely measure the construct of social well-being. Keyes (1998) identified five dimensions of social well-being (social acceptance, social contribution, social actualization, social coherence and social integration), that are not fully applied to the new questionnaire. It may have been beneficial to concentrate more on these dimensions instead of the development of new dimensions. The dimensions that are now integrated can indeed be compared to the dimensions of Keyes, but with using the original dimensions one would have been confident that these really represent the construct of social well-being. Now the dimensions of material deprivation and societal institution are incorporated. However, according to Keyes these dimensions do not appertain

to social well-being. This can interfere with the results and therefore with the reliability of the questionnaire, because it is not proven that the questionnaire really measures social well-being.

Another reason may be that organizational participation is not as strongly linked to social exclusion and therefore to social well-being as other constructs (e.g. social participation in §1.3). Because the study of social well-being and especially the relation of social well-being and organizational participation is a new field of study, there are no earlier studies found that confirm or disconfirm this finding.

It is left to say that social exclusion and social well-being have a relation and that this relation needs to be further studied.

The dimensions that correlate with organizational participation, thus have concurrent validity. These are societal participation, neighborhood and neighborhood cohesion and material satisfaction. However, the significance of the results change, when the population differs. In the student's population a positive correlation, thus concurrent validity, was only found for societal participation. This result is consistent with the literature. The dimension of societal participation can be compared to Keyes (1998) dimensions of social contribution and social integration. It is comprehensible that the more a person has the feeling of belonging to a group or community and is aware of one's own social value, the more probable it is that this person engages in an organization. This finding is confirmed by the the study of Cicognani, Joshanloo, Keyes, Nosratabadi, Pirini and Rostami (2007). The feeling of belonging is derived by the “sharing of activities, positive experiences, and a common history, and these processes occur through membership of social groups, associations, etc.”(Cicognani et al, pp. 13). Thus, the feeling of belonging (to society/a community), is seen as the driving force in the social engagement of the youth's in their communities (Cicognani et al, 2007).

Additionally, one can predict adults' and senior's organizational participation by investigating the intensity of their neighborhood cohesion, societal participation and the extent of material satisfaction. The same argument that is evident for adolescents, may hold true for adults and seniors. The more they feel integrated in community (also: neighborhood), the more they long for social engagement. Interestingly do organizational participation and material deprivation have a positive correlation, meaning that the more a person is materially satisfied, the more

probable is it that this person participates in an organization. In fact, this was expected, however, by reviewing other literature the opposite can be expected as well.

On the one hand did Jehoel-Gijsbers (2004) identify dimensions of the state of social exclusion and postulates that material deprivation would contribute to social exclusion. This fits with the results, that materially satisfied people are more likely to participate in organizations and thus take part actively in society.

On the other hand it seems logical that the more a person is materially deprived, the more likely it is that this person is integrated in an organization, seeing that they are searching for social contacts and support in organizations. This finding is also confirmed in the literature. Uphoff (2000) argued that “social capital is an accumulation of various types of social, psychological, cultural, cognitive, institutional, and related assets that increase the amount (or probability) of mutually beneficial cooperative behavior” (p. 216).

This argument also indicates that organizational participation may not represent the construct of social exclusion. In order to identify the relation between social exclusion, material deprivation/satisfaction and organizational participation, further studies need to be conducted.

The second aim was to test the Social Well-Being Questionnaire on the ease of use and to find out, whether different populations would rate the ease of use of the Social Well-Being Questionnaire differently.

Four questions at the end of the questionnaire give insight in the opinion of the participants. These questions were analyzed according to gender, age and education. The questionnaire was rated not too difficult to answer, clear and interesting. However, it does not made the participants contemplate. Because the differences were only small and made no great distinction it is concluded that there are almost no differences in the rating between gender, the ages or educational level. This indicates, that the questionnaire was rated equally among the different populations and subgroups. It was stated that the less differences are found among the groups the more the questionnaire is suitable for a broad population. Making a questionnaire applicable for a broad population is the final aim in developing a questionnaire.

Besides the already stated questions, the possibility to make a comment at the end of the questionnaire was given. Major issues were problems with the structure of the questionnaire,

problems with the answer options, problems with the structure of the questions, definition problems and the length of the questionnaire. Seeing that only 52 out of 183 people made comments and 12 comments did not refer to the Social Well-Being Questionnaire, it can be concluded that the questionnaire was well perceived. However it needs to be mentioned that participants shared broad consent in criticizing the questionnaire.  $\frac{1}{4}$  of the comments dealt with the structure of the questionnaire,  $\frac{1}{4}$  claimed that the answer options were not sufficient and  $\frac{1}{4}$  had problems with the definition of words. It is likely that many people did not give a comment, because they wanted to finish the questionnaire quickly. So it is possible that the comments that were made represent the general evaluation of the questionnaire. Therefore, this criticism should be taken seriously and the issues should be adapted as described in §3.3.

#### **4.1 Weaknesses, Strengths and Recommendations For Future Studies**

The first point that needs to be discussed is the procedure of finding respondents has both strength and foibles. Although the potential pool of respondents via internet is high and everybody has the same chance to participate in the study, the promotion of the questionnaire needs to be expanded. It is insufficient to upload the link on facebook and other homepages that are visited by only one type of population. This is why mostly students and respondents in the social sector participated in this study. So, the sample was not aselect chosen and therefore only had little diversity in personal backgrounds. For future studies it is suggested that the promotion of the questionnaire is extended to other sectors and organizations as well.

Another weakness in uploading the questionnaire on the internet is that it cannot be controlled whether the participants filled in the questionnaire consciously. This can only be maintained by structuring the questionnaire in a way that makes it probable that participants need to think consciously over their answers. For this reason, some items were formulated in a similar way, questions were reversed and mixed-up. This, however, was mentioned to exhaust people. Furthermore, the possibility to ask questions when facing problems is not fulfilled. For this reasons it is suggested to let the participants fill in the questionnaire in the presence of a researcher.

Positive was that the evaluations of the questionnaire not only were analyzed quantitatively, but also qualitatively. By analyzing the evaluations qualitatively, participants can give their own opinion and do not need to choose on prescribed answer options. Thereby they can create own categories, which the researcher may not be aware of. By analyzing the data qualitatively, the evaluations can be studied more in detail.

Finally, with this study, the improvement of the Social Well-Being Questionnaire can be continued and deepened. Now it is possible to adapt the structure and the questions of the questionnaire to the needs of the participants, so that more valuable results can be received. Thereby other factors of social well-being can be investigated and inferences can be drawn for the social health care and social policy making more in general.

## 5 References

- Ahern, N. R., Kiehl, E. M., Sole, M. L., & Byers, J. (2006). A review of instruments measuring resilience. *Issues in comprehensive pediatric nursing*, 29(2), 103–125. doi:10.1080/01460860600677643
- Berkman, L. F., & Syme, L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda county residents. *American Journal of Epidemiology*, 109, 186–203.
- Bohlmeijer, E. T., Bolier, L., Westerhof, G. J., & Walburg, J. (Eds.). (2013). *Handboek positieve psychologie*. Amsterdam: Boom.
- CBS-Statline (2012). Regionale kerncijfers Nederland. Retrieved from <http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=70072NED&D1=1-2,10-11,18-55,57-88&D2=0&D3=9-18&HDR=T&STB=G1,G2&VW=T>
- CBS-Statline (2012). Zorgrekeningen; uitgaven (in lopende en constante prijzen) en financiering. Retrieved from <http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=71914ned&D1=0-36,44-45&D2=0,1&HDR=G1&STB=T&VW=T>
- Cicognani, E., Joshanloo M., Keyes C., Nosratabadi M., C. & Pirini, Rostami R. (2007). Social Participation, Sense of Community and Social Well Being: A Study on American, Italian and Iranian University Students. *Springer Science+Business Media B.V.*
- Cohen, S. (1988). Psychosocial models of social support in the etiology of physical disease. *Health Psychology*, 7, 269–297.
- Cohen, S. (2001). Social relationships and health: Berkman & Syme [1979]. Department of Psychology. Paper 244. <http://repository.cmu.edu/psychology/244>
- Cohen, S. (2004). Social Relationships and Health. *American Psychologist*. (Volume, issue? November 2004), pp. 676-684
- Cohen, S., Sherrod, D. R., & Clark, M. S. (1986). Social skills and the stress-protective role of social support. *Journal of Personality and Social Psychology*, 50, 963–973.
- de Boer, M.E., van Beek, A.P.A., Gerritsen, D.L. & Wagner, C. (2006). Het vaststellen van kwaliteit van leven bij cliënten in de ouderenzorg. Utrecht: NIVEL.
- Diener E., Sapyta J.J. & Suh E. (1998). Subjective well-being is essential to well-being. *Psychol.Inq.* 9:33–37
- Jehoel-Gijsbers, G. (2004). *Sociale Uitsluiting in Nederland*. Den Haag: Sociaal en Cultureel planbureau.
- Keyes, C. (1998). Social Well-Being. *Social Psychology Quarterly*, Vol. 61, No. 2 (Jun. ,1998), pp. 121-140

- Kienhorst C.W.M., de Wilde E.J., van den Bout J. & Diekstra R.F.W. (1990). Psychometrische eigenschappen van een aantal zelfrapportage-vragenlijsten over '(on)welbevinden'. *Nederlandse Tijdschrift voor de Psychologie*, 45, 124-133.
- Ryan, R.M. & Deci, E.L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *Am. Psychol.* 55:68–78
- Ryan, R.M. & Deci, E.L. (2001). On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being. *Annual Reviews Psychol.* (2001). 52:141-66
- Ryff, C.D. & Keyes C.L.M. (1995). The structure of psychological well-being revisited. *J. Pers. Soc. Psychol.* 69:719–27
- Schillinger, D. (2014). Validering van een schaal om sociaal welbevinden te meten. Universiteit Twente.
- Steger, T. (2014). Hoe is uw sociaal welbevinden? De constructie en validatie van een nieuw ontwikkelde vragenlijst over het sociaal welbevinden. Universiteit Twente.
- Sen, A. (1983). 'Poor, relatively speaking'. In: *Oxford Economic Papers*, (35), p. 153-159.
- Uphoff, N. (2000). Understanding social capital: learning from the analysis and experience of participation. In P. Dasgupta, & I. Serageldin (Eds.), *Social capital: A multifaceted perspective* (pp. 215-49). Washington, DC: World Bank.
- World Health Organization (1948). *WHO definition of Health*. Retrieved from <http://www.who.int/about/definition/en/print.html>.
- World Health Organization (2004). Promoting mental health: Concepts, emerging evidence, practice (Summary report). Geneva: WHO.
- World Health Organization (2010) Mental health: strengthening our response, Fact sheet N°220. Retrieved from <http://www.who.int/mediacentre/factsheets/fs220/en/>



## **6 Appendix**

1. Dutch end version of the Social Well-Being Questionnaire
2. English end version of the Social Well-Being Questionnaire
3. Dutch version of the Organizational Participation Questions
4. English version of the Organizational Participation Questions
5. Original Comments
6. Informed Consent

1. Dutch end version of the Social Well-Being Questionnaire

11.

**De volgende vragen gaan over uw sociaal welbevinden, hoe u uw sociale leven ervaart.**

	helemaal mee oneens	mee oneens	niet mee eens/niet mee oneens	mee eens	helemaal mee eens
Ik ervaar een leegte om me heen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben tevreden over mijn buurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb veel contact met mijn directe buren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik voel mij prettig in mijn woning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik vind het belangrijk om lid van een vereniging te zijn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik weet voldoende van welke organisatie ik hulp kan krijgen als ik die nodig heb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door de wetten en regels van de overheid kunnen wij goed samenleven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik mis mensen om me heen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben tevreden over de relatie met mijn buren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In mijn buurt gaan de mensen op een prettige manier met elkaar om	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik voel me onveilig in mijn eigen huis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik zie mijzelf als een deel van de maatschappij	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik voel me begrepen en gehoord door hulpverleners (maatschappelijk werk, thuiszorg, geestelijke gezondheidszorg, huisarts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik kan op de politie vertrouwen als ik die nodig heb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik doe graag mee aan activiteiten in mijn buurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik woon in een gezellige buurt met veel samenhang	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ik voel me onveilig op straat in de omgeving van mijn huis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik draag voldoende bij aan de maatschappij	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik krijg de juiste hulp van een organisatie, als ik deze nodig heb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er zijn genoeg mensen op wie ik in geval van narigheid kan terugvallen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mijn werksituatie draagt bij aan mijn welbevinden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb vertrouwen in de mensen in mijn buurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mensen kennen elkaar in mijn buurt veel te weinig	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik kan mijn weg goed vinden in de Nederlandse samenleving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik krijg voldoende hulp van vrienden of familie, als ik deze nodig heb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb veel mensen op wie ik volledig kan vertrouwen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik voel me geaccepteerd in mijn buurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben tevreden met de bevolkingssamenstelling in mijn buurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik help anderen graag, als zij hulp nodig hebben	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Er zijn voldoende mensen met wie ik me nauw verbonden voel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Andere mensen accepteren mij zoals ik ben	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb graag contact met anderen via social media (facebook, e-mail)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik breng graag tijd door met online gaming met andere mensen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb sociale contacten waar ik op kan vertrouwen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb voldoende geld voor lidmaatschap van een vereniging of club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik heb voldoende geld om op visite te gaan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben tevreden over mijn financiële situatie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben tevreden met mijn maatschappelijke positie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ik ben tevreden met het leven dat ik nu leid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaak voel ik me in de steek gelaten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Verder

## 2. English end version of the Social Well-Being Questionnaire

	strongly disagree	disagree	neither agree/ disagree	agree	strongly agree
I feel voidness	0	0	0	0	0
I'm content with my surrounding	0	0	0	0	0
I have close contact with my direct neighbors	0	0	0	0	0
I feel pleasant in my home	0	0	0	0	0
I think it's important to be a member of an association	0	0	0	0	0
I have sufficient money for a membership in an association or a club	0	0	0	0	0
I know from which organization I can get help if I need it	0	0	0	0	0
Because of the law and rules of the government is it possible to live together	0	0	0	0	0
I'm content with my social position	0	0	0	0	0
I miss people around me	0	0	0	0	0
I'm content with the relation to my neighbors	0	0	0	0	0
People in my neighborhood handle each other in a positive manner	0	0	0	0	0
I feel insecure in my own home	0	0	0	0	0

I see myself as a part of society	0	0	0	0	0
I have sufficient money to visit somebody	0	0	0	0	0
I feel understood and heard by welfare organizations (society work, home health care, mental health care, doctor)	0	0	0	0	0
I can trust in the police if I need them	0	0	0	0	0
I'm content with my current life	0	0	0	0	0
I gladly participate in activities in my neighborhood	0	0	0	0	0
I live in a sociable neighborhood with cohesiveness	0	0	0	0	0
I feel insecure on the street and in the surrounding of my house	0	0	0	0	0
I sufficiently contribute to society	0	0	0	0	0
I'm content with my financial situation	0	0	0	0	0
I get proper help from organizations if I need it	0	0	0	0	0
There are enough people on who I can count in the case of inconvenience	0	0	0	0	0
My work situation contributes to my well-being	0	0	0	0	0
I trust in the people in my surrounding	0	0	0	0	0
People know each other too less in my surrounding	0	0	0	0	0
I find the way in the Dutch communal	0	0	0	0	0

life					
I get sufficient help from my friends or family if I need it	0	0	0	0	0
I know many people who I can trust entirely	0	0	0	0	0
I feel accepted in my neighborhood	0	0	0	0	0
I'm content with the composition of the population in my neighborhood	0	0	0	0	0
I gladly help other people if they need my help	0	0	0	0	0
There are enough people with who I feel stongly connected	0	0	0	0	0
Other people accept me like I am	0	0	0	0	0
I gladly have contact with other people via social media (facebook, e-mail)	0	0	0	0	0
I gladly spent time with online gaming with other people	0	0	0	0	0
I have social contacts who I can trust	0	0	0	0	0
I often feel forsaken	0	0	0	0	0

### 3. Organizational Participation

	geen binding	geld geschonken	deelgenomen aan activiteit	lid	vrijwilligerswerk gedaan
een sportclub of club voor activiteiten buitenshuis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een culturele vereniging of hobbyclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een vakbond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een bedrijfs-, beroeps-, of agrarische organisatie, een consumentenorganisatie of automobielclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een organisatie voor humanitaire hulp, mensenrechten, minderheden, of immigranten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een organisatie voor bescherming van het milieu, vredesorganisatie, of dierenrechtenorganisatie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een politieke partij	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een wetenschaps-, onderwijs-, leerkrachten- of oudervereniging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een sociëteit; een vereniging voor jongeren, gepensioneerden/ouderen, vrouwen; of dus van vrienden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
andere organisaties waarvan u vrijwillig lid kunt worden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
een religieuze of kerkelijke organisatie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
andere organisatie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. English version of the Organizational Participation Questions

	no commitment	making donations	participated in an activity	member	doing voluntary work
a sports club or club for activities out of house	0	0	0	0	0
a cultural association or a hobby club	0	0	0	0	0
a labor union	0	0	0	0	0
an enterprise, business or agricultural organization, a consumer's organization or an automobile association	0	0	0	0	0
an organization for humanitarian help, human rights, minority groups or immigrants	0	0	0	0	0
an organization for environment protection, peace or animal rights	0	0	0	0	0
a political party	0	0	0	0	0
a scientific, educational, teacher or parental association	0	0	0	0	0
a society; an association for youths, retired people/seniors, women; club of friends	0	0	0	0	0
other organization which you can join voluntarily	0	0	0	0	0
a religious or church-based organization	0	0	0	0	0



other organization

0

0

0

0

0

## 5. Original Comments

Door de Duitse nationaliteit te hebben, zijn dingen als even iemand bellen niet echt van toepassing. Het gaat meer om afspraken maken voor een praatje

Ik nam aan dat welbevinden welzijn betekende, maar dat was me slecht duidelijk.

Er stond bij 1 vraag twee keer hetzelfde antwoord (1/2 keer per week)

meer werken met intervallen, nu was er 1 groot stuk waarin het lezen van de vragen onoverzichtelijk werd.

misschien woorden als veel, weinig, moeilijk proberen te vermijden omdat deze voor elk persoon een andere persoon iets anders betekenen.

Deze vragen komen heel raar over als je nog bij je ouders woont..

De vraag hoe vaak ik heb gedacht dat ik ons maatschappij heb begrepen vind ik best wel moeilijk en eigenlijk kon ik helemaal niks met deze vraag...

Bij de eerste tijdsaanduiding die ik moest geven zat er wel veel verschil tussen eens per maand en eens per week voor mij. Verder: mooie lijst

Ja namelijk...vooral de laatste vragen over de frequentie van belevingen lastig. Verder zou ik in de eerste vragen de vraag stellen of mensen een ingrijpend lifeevent hebben meegemaakt. Een overlijden bv kleurt de hele beantwoording van een vragenlijst.

een voorgangsmeter zou handig zijn

Ja namelijk... Ik miste heel erg de mogelijkheid "enkele keren per maand" en "niet van toepassing". En ik mis echt vragen over een spirituele kijk op het leven en hoe welbevinden daarmee samenhangt! (is inmiddels bewezen!) Het hebben van betaald werk (mijn '\belangrijkste bezigheid\' is niet wat het meest voldoening geeft, dat is mijn spirituele levensvisie. :-)

Ja namelijk...succes met het onderzoek, ik zou graag de uitkomst ontvangen!

Ja namelijk vertellen hoe veel tijd het van je vraagt om de vragenlijst in te vullen.

Ja namelijk...Wat wordt bedoeld met belangrijkste bezigheid?

Vreemde vraag: Door de wetten en regels van de overheid kunnen wij goed samenleven

Twee uitspraken in een vraag: Ik woon in een gezellige buurt met veel saamenhorigheid

Niet relevant: Ik kan mijn weg goed vinden in de Nederlandse saamenleving

Te abstarct: Ik heb sociale contacten waar ik op kan vertrouwen; Ik ben tevreden met mijn belangrijkste bezigheid

Lijkt me logisch: Mijn belangrijkste bezigheid heeft veel waarde voor mij

Dubbelop: andere organisaties waarvan u vrijwillig lid kunt worden/een andere organisatie

Ja namelijk...van sommige termen is niet duidelijk hoe je ze moet opvatten, bv de definitie van mantelzorg. Ik bezoek mijn moeder wekelijks, waak over haar welzijn, verzorg haar financiën, regel dingen. Is dat gewone dochterliefde of mantelzorg?

Sommige vragen, over hulp krijgen van instanties, kunnen nvt zijn maar die antwoord-optie ontbreekt. Vragenlijstje met oa hoe vaak per week je denkt dat mensen goed zijn, nogal onlogisch. Dat denk je niet elke dag of elke maand, dat is meer een atate of mind, denk ik.

Ja namelijk... misschien is het welbevinden ook te scoren met '\rapportcijfers\' . bijvoorbeeld ik geef mijn dagelijkse hoofdbezigheid een 7 op de schaal van 1-10 betreffende gevoel welbevinden.

Bij opleidingen mist M.B.O.

Ja namelijk het maken van een keuze tussen belangrijkste bezigheid. Werk en zorg voor jonge kinderen zijn beiden een belangrijk onderdeel van mijn leven. Daarbij zijn kinderen ook lid van sportclub, waarbij ik dus ook betrokken ben. Ook mis ik de vraag hoeveel beschikbare tijd er is voor vrijetijdsbesteding.

Tussen eens per week en eens per maand zit een te groot verschil

Ja namelijk dat het onhandig is dat bij een vraag met veel antwoorden en je dus moet scrollen, de antwoordcategorieën buiten beeld raken. En zoals altijd zijn sommige vragen niet te beantwoorden (bv. Veel mensen die je kunt vertrouwen? Voldoende lijkt mij genoeg.)

De vragen staan erg door elkaar, ik zou ze wat meer per catagorie indelen zodat het wat overzichtelijker wordt.

Ja namelijk, sommige vragen overlappen elkaar (vr 10 prettig in woningen veilig in woning). sommige vragen staan met een ontkennende vraag, kan lastig zijn. vraag 4 verweduwd? raar ouderwets woord. sommige vragen zoals die bij sportclubs of kerkgenootschap lidmaatschap

staat niet nvt bij zodat ik dan met een neutraal antwoord moet invullen terwijl dat niet klopt.
Ja namelijk...de laatste vragenrij stond de vraag hoe vaak ik het gevoel heb dat de samenleving steeds beter wordt voor mensen, deze vraag was totaal anders van strekking dan de andere vragen in de rij, dat vond ik een beetje raar.
Taalgebruik lijkt een barrière (.. belangrijkste bezigheid .. is niet echt een toegankelijk begrip. Daarnaast zou bij sommige vragen een [niet van toepassing] bij moeten (bijvoorbeeld bij hulpverlening afgelopen tijd -> kwam bij mij niet voor.
Ja namelijk...vraag 12 vind ik niet helemaal logisch, aantal keren per week is niet zo relevant. Andere lijsten zijn erg lang, en als je onderaan bent weet je soms niet meer of het linkervakje nou mee eens of mee oneens was, moet je weer omhoog om te kijken.
Ja namelijk...of ik ondanks mijn persoonlijke situatie nog iets meer kan betekenen, en wie iets meer kunnen betekenen voor mij. Ik heb geen positief beeld over 'de Nederlanders' in het algemeen, dus houd me afzijdig van de samenleving. Behalve in mijn werk, waar ik knok voor een positiever beeld van intermenselijke relaties. Met name voor kinderen, met een laag zelfbeeld en slechte toekomstperspectieven, i.v.m hun achterstand (allochtoon-zijn). Voor de rest zoek ik het wel uit, voor mezelf.
Ja namelijk...Een belangrijk onderdeel van welbevinden is ook gezondheid. Ik mis hier zelfs 1 vraag over
Ja namelijk...vragen soms door elkaar (over buurt en eigen netwerk). doel van de vragenlijst of interventies bijdragen aan welbevinden lijkt me moeilijk te toetsen
Ja namelijk...Er zijn vragen die niet op mij van toepassing zijn maar nvt was niet aan te kruisen. De vraag; "hoe vaak denk je aan"... vond ik minder relevant en nauwelijks in te vullen. Bij sommige vragen miste ik de nuance in de vraag waardoor deze nauwelijks te beantwoorden was.
het laatste setje vragen vond ik wel erg lastig (met de antwoordmogelijkheden ertussen, wel niet). Denk ik ook omdat je daar niet echt over na denkt, en nu moet je ineens in cijfers aangeven hoeveel keer per week ik bv denk dat ik iets bijdraag...lastige vragen, wel interessant! :) Succes!
Ja namelijk...de vragenlijst kan in 5 minuten ingevuld worden, dus de aankondiging klopt niet en schrikt misschien mensen af.
Een van de lijsten is veel te lang. Je raakt kwijt waar de bullets ook al weer voor staan. Goed/minder etc

Ja namelijk... Vragenlijst zit goed in elkaar!
Bij vraag 3 is er geen keuze om een MBO opleiding te kiezen. En ik vind dat zozeer niet onder laag onderwijs vallen.
Ja namelijk...negatief en positief geformuleerde vragen staan door elkaar waardoor je moet switchen van de rechter naar de linkerkant van de schaal en omgekeerd. Dat kan m.i. de foutenkans vergroten.
Ja namelijk ik miste de antwoordcategorie niet van toepassing, waardoor ik me soms verplicht voelde te antwoorden, terwijl het thema niet van toepassing was. Daarnaast vond ik sommige vragen moeilijk te begrijpen, bijv de vragen over de maatschappij. Nu is het zo dat ik vanuit mijn werk daar veel mee bezig ben, waardoor ik er meer over weet maar ik vraag me af of deze vragen voor een leek te begrijpen zijn. De vragen die ik bedoel zijn duidelijk geschreven door iemand die meer af weet van sociale participatie e.d. en minder afgestemd op de leek.
Ja namelijk... wat is het uiteindelijke doel van deze vragenlijst? Moet 't een score opleveren?
Ja namelijk... Soms kon ik wat ik wilde aangeven niet in de antwoordcategoriën kwijt. Succes verder
Ja namelijk...Geen zin om aan te geven dat ik gescheiden ben, dat hoef ik niet de rest van mijn leven met me mee te dragen. Ik ben dus ongehuwd! Verder is het handig de optie: 'alleenstaand met kinderen' op te nemen, komt nogal eens voor. Tot slot is mijn belangrijkste bezigheid de combinatie van mijn werk en de opvoeding van mijn kinderen, verdeling is ongeveer 50/50.
aard van het werk kan van belang zijn bij deze lijst. Ik ben werkzaam in het sociale domein waardoor ik wellicht andere kennis bezit dan mensen die niet hierin werkzaam zijn. Ook bepaald dat mijn beeld op de samenleving.
Ja namelijk...ik tel mijn zegeningen en heb het goed getroffen met mijn leefsituatie.
Ja namelijk op dit moment zit ik in me afstudeerperiode waardoor ik weinig contacten ook aanga. Mijn sociale leven is even gepauzeerd zodat ik me kan focussen. Daarnaast loop ik stage (HBO Duaal-student), ik weet niet of dat ook hoort bij het deel uitmaken van een sociale groep? Succes!
Prima vragenlijst, maar vond het lastig te focussen op belangrijkste bezigheid. Het is van alles wat, wat ik leuk vind, werk, familie, vrienden, kerk enz. Bij vraag 9 zouden meerder opties mogelijk moeten zijn. Dit lukte niet. Succes met dit project! H.gr. Mirjam

Ja namelijk...dat ik bij terugkijken het grootste deel van de antwoorden niet kon bekijken . Er stond niets ingevuld !

Ja namelijk...bij de lijst met meerdere antwoorden, kon je deze helaas niet geven: "pakt" niet

vraag 12. Antwoorden corresponderen vreemd met de vraag.

Ja namelijk...dat de laatste 4 vragen moeilijk te beantwoorden waren omdat je daar niet bewust over na denkt maar dat dat automatisch gaat.

Op sommige vragen wou ik met een weet ik niet/niet van toepassing antwoord komen, maar dit was geen mogelijkheid om aan te vinken

Bij lijst 10 zitten er toch vragen bij die vrijwel identiek zijn, maar net iets anders gesteld.

Ja namelijk... soms veel verschil tussen antwoorden, bijv 1 keer per week of een aantal keer per maand..

Ja namelijk...er waren een aantal suggestieve vragen, waaronder de laatste vragen over hoe vaak een bepaald gevoel voor kwam in de afgelopen maand. Deze vragen zijn niet goed opgesteld en ik had er moeite mee ze te beantwoorden. Wat wil het onderzoek er mee weten?

Ja namelijk...bij punt 5 of 6 was de lijst te lang en moest je nadenken waar het een of ander stond b.v. eens of oneens.

## 6. Informed Consent

Beste deelnemer,

Alvast bedankt voor het meedoen aan dit onderzoek. We zijn studenten aan de Universiteit Twente en zijn op dit moment bezig met onze bachelor in samenwerking met Movisie. Het doel van ons onderzoek is een nieuwe vragenlijst te ontwikkelen die sociaal welbevinden meet. De vragen gaan over sociale activiteiten, maatschappelijke participatie en over sociale integratie.

Het invullen van de vragenlijst zal ongeveer 30 minuten van uw tijd in beslag nemen. Lees de vragen goed door en geef de antwoorden die voor u het meest van toepassing is. Er zijn geen goede of foute antwoorden. Vul de vragenlijst in een rustige omgeving in.

De gegevens van het onderzoek zullen anoniem verwerkt worden, zodat de antwoorden niet meer tot u herleid kunnen worden.

Theresa, Jacky en Diana

Hieronder kunt u aangeven of u akkoord bent om aan het onderzoek deel te nemen. U behoudt daarbij het recht om op elk moment zonder opgave van redenen uw deelname aan dit onderzoek te beëindigen.

Ik heb bovenstaande tekst gelezen en ga ermee akkoord