The State of Well-Being: A Concept Analysis

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Select a Concept

Traditionally the focus of obesity has been on the morbidity and mortality of the disease. When obesity is addressed early in a patient co morbid conditions are easier to tackle and treat, however, obesity also carries side effects that challenge the patient’s physical, mental, and social well-being. Well-being has been universally documented in numerous scientific disciplines. Well-being is a state all patients have the humanistic right to achieve; yet the concept of well-being is one that needs further development.

Determine the aims or purposes of the analysis

Until recently, the measurement of health outcomes focused on individuals’ subjective perceptions of well-being (Wang & Shieh, 2001). However, the definitions of well-being across the various disciplines are unclear. Therefore a need exists to better understand the concept of well-being and to define this concept within the context of the nursing discipline (Acton, 1994).

Identify all uses of the concept that you can discover

Review of the literature demonstrated a lack of clarity related to the definition and use of well-being. The definition of well-being is uncertain and inconsistent (Wang & Shein, 2001). Orem (2001) articulated the definition of well-being quite clearly; she states that well-being is a human state related to, but different than, health. She further defines well-being as the sense of an individual’s perceived condition of existence (Orem, 2001). Wang and Sheih (2001) also define well-being as a perception. In their definition, well-being is an individual’s cognitive and/or affective subjective perception of every day life experiences with a dynamic and a multidimensional nature. According to Acton (1994), the concept of well-being is not clearly defined in the nursing literature. She reviewed 26 articles across various disciplines. After review of the literature, the author illuminated consistencies and inconsistencies among the researchers.
further supporting the lack of a conceptual definitions in the studies as well as lack of theoretical frameworks that were grounded in nursing theory (Acton, 1994). She finally defined well-being as a person’s subjective and holistic evaluation of all aspects of his or her life, a logical variable to evaluate the human life processes (Acton, 1994).

**Determine the defining attributes**

According to Wang and Sheih (2001) the defining attributes of well-being consist of a multidimensional nature; a dynamic continuum. It is in search of a balance or an optimum state, cognitive and/or affective perceptions of every day life experiences as a value by an individual, and an essentially subjective appraisal. One personal sense of well-being may not be what is observed by others. Acton (1994) also refers to a multidimensional nature including physical and emotional well-being. Acton (1994) also includes general, spiritual and psychological well-being as characteristics of well-being.

Orem (2001) refers to well-being as a state characterized by experiences of contentment, pleasure and kinds of happiness; by spiritual experiences; by movement toward fulfillment of one’s self-ideal; and by continuing personalization. According to Orem, individuals may also experience well-being even under conditions of hardship; including disorders of human structure and functioning.

**Identify a model case**

It was difficult to find any case examples of well-being in the literature; so as Walker and Avant (2011) state an example from real life can be used as a model case. A model case of well-being, to the author, is when a patient responds ‘yes’ when asked, “If nothing changed with your current status from today for the rest of your life would you be satisfied?” This simple questions shows the patient has reached a status of satisfaction. They have reached a state where they sense
well-being; they want nothing to change. As Wang and Sheih (2001) stated, well-being is a position of a patient's perception; not the care providers. This is why the concept of well-being may be best modeled by a simple question of the person. The evaluation of well-being needs to be placed in the hands of the person; as they are the ones who truly know if they have achieved well-being.

**Identify borderline, related, and contrary cases**

One example of a borderline case would be if a practitioner felt that patient had achieved the ‘best they will be’; but the patient still feels something is lacking. In this example the person would not see himself or herself as though there is still more that can be achieved before well-being can be met. A related case for well-being could be that of happiness. Happiness is when a person feels joyful, and at peace with a situation. These can also be demonstrated in a state of well-being; but well-being goes deeper into meaning than a state of happiness does. Happiness is more of a surface emotion. A contrary case to well-being, would be disarray. In a state of disarray a person feels confused, unorganized and not one’s ‘normal’ self. These examples were all ones that the author thought of as real-life examples.

**Identify antecedents and consequences**

Life experience and self-appraisal ability were identified as the antecedents of well-being according to Wang and Sheih, (2001). The consequences of well-being referred to quality of life, health status, and self actualization (Wang & Sheih, 2001). Nevertheless, these events may have circular and reciprocal relationships with well-being (Wang & Sheih, 2001). The antecedents and consequences of a state of well-being seemed to go hand in hand, and had to coexist with each other.
Acton (1994) listed positive and negative affect, virtue, holiness, life satisfaction and pleasant experiences as antecedents of well-being; where outcomes were simply stated as happiness and psychological well-being. In most of the literature, consequences were identified as the individuals’ ability to adapt to the disease status. Orem (2001) refers to the process of personalization with regard to the engagement of self-care and how it relates to the fulfillment their experiencing a state of well-being.

One point it is important to make is consequences should not be perceived as negative in nature. Consequences are what occur as a result of the occurrence of the concept (Walker & Avant, 2011).

**Define empirical referents**

When looking at the concept of well-being, there are many empirical referents that can be associated with it. One might look at overall happiness, level of self-worth, spiritual peace; or you can examine physical characteristics like pain level or symptom prevalence in the person. According to Orem (2001) the concept of well-being is multidimensional and relates to the perception one values as good in their life. Defining the empirical referents for well-being may be a difficult task to accomplish, or it could be very simple. Some may argue it can be easily evaluated by asking if a person is satisfied with their current state. Others will push it needs to be approached from a multidimensional approach and many aspects of the person need to be evaluated.

**Conclusion**

The concept of well-being has been vastly published across the various disciplines in science. However, without clarification, within the discipline of nursing the concept of well-being creates confusion for practitioners (Acton, 1994). Wang and Sheih (2001) state the
inconsistent and vague definitions of well-being might have hindered our nursing practice for years. It seems the nursing discipline is having a difficult time of defining the concept of well-being. Concept evaluation is essential to synthesize existing views of well-being and discriminate it from other concepts to explicate the meaning of well-being.
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References


