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CAN THE CONCEPT OF HUMAN WELLBEING HELP IDENTIFY
REGIONAL POLICY PRIORITIES?

Thesis submitted by
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in May 2010

for the degree of Doctor of Philosophy
in the School of Business
James Cook University

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DECLARATION ON ETHICS

The research presented and reported in this thesis was conducted within the guidelines for research ethics outlined in the National Statement on Ethics Conduct in Research Involving Human (1999), the Joint NHMRC/AVCC Statement and Guidelines on Research Practice (1997), the James Cook University Policy on Experimentation Ethics Standard Practices and Guidelines (2001), and the James Cook University Statement and Guidelines on Research Practice (2001). The proposed research methodology received clearance from the James Cook University Experimentation Ethics Review Committee (approval number H2314).

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STATEMENT ON THE CONTRIBUTION OF OTHERS

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Abstract

The primary aim of this Thesis was to improve our understanding of what people value and find most important to their wellbeing, at the regional scale. To achieve this aim, a series of research questions were proposed and explored:

- What contributes to wellbeing, and by how much?
- What are the current levels of satisfaction with the key contributors?
- Are there commonalities in wellbeing choices and satisfaction levels within and across the regions?
- Are the choices determined by the characteristics of the person?
- Can a better understanding of importance and satisfaction with ‘wellbeing contributors’ assist policy and decision making processes?

A coastal strip adjacent to the Great Barrier Reef was selected as suitable for investigations, since the region is of economic significance and has exceptional environmental value. Two case studies were set within the study region: Cardwell Shire and Whitsunday Shire. Primary data were collected in focus group discussions and via face-to-face and mail-out questionnaires, resulting in a total of more than 350 valid responses. A comprehensive set of sampling techniques was applied which yielded a representative sample.

The perceived contributions of the following 27 wellbeing factors, grouped into three domains, were explored:

- Society, consisting of: Family relations; Community relations; Safety; Cultural identity; Health; Civil and political rights; Education; Council relations; and Sports, travel, entertainment.
- Natural environment, consisting of: Air quality; Water quality; Soil quality; Access to the natural areas; Biodiversity; Swimming, bushwalking and other outdoor activities; Fishing, hunting, collecting produce; Beauty of the landscape and beaches; and Condition of the landscape and beaches.
- Economy and services domain, consisting of: Work; Income; Housing; Health services; Recreational facilities; Roads condition; Public infrastructure and transport; Training and education services; and Support services.

The wellbeing factors were selected using the following process. Firstly, in the preparation stages, focus groups were run with key informants from the region, coming up with a regionally relevant lists of factors. These lists were then further refined during the pilot stage of the project with the actual residents to arriving at a “final list” of factors employed in mailout survey. Then, during the mailout stage, respondents were asked to indicate which (if any) of those factors were important to them; and then asked to indicate just how important they were. Only then was the satisfaction score for “important” wellbeing factors elicited. This novel approach, although not being entirely “bottom-up” did nonetheless provide an opportunity for the respondents to voice their preferences in a time and cost efficient manner. Such an approach is indeed very different to standard list-based elicitations of satisfaction scores, which simply provide respondents with a list of scientist or expert derived factors and ask them to indicate how satisfied they are with each.

Contributors to wellbeing, both at an individual and at an aggregated level, were analysed first. Respondents were found to have selected different factors, and selected them at different increments (levels). At least one factor from all three domains (economy, society and nature) was identified as important to wellbeing by a large majority of respondents. The same ten factors emerged in the analyses as the most important contributors to wellbeing of the majority of the respondents in both Shires. These were: Family relations; Health; Income; Safety; Health services; Water quality; Roads condition; Air quality; Work; and Condition of landscapes and beaches. Thus, it can be concluded that the contributors to wellbeing are indeed shared not only by the individuals within each Shire, but also across the regions. Social factors scored highest, and the scores were remarkably similar across the two shires. Although the same factors emerged as being in the “top-ten”, there were some interesting differences between the two data sets. For example, air quality recorded a higher mean in Whitsunday than in Cardwell Shire; while health services were perceived as being of higher importance in Cardwell than in Whitsunday Shire.

The extent to which respondents were satisfied with their self-nominated “contributors to wellbeing” was explored next. The five factors receiving the highest satisfaction scores in both Shires were family relations, safety, health, education and work. Satisfaction with external factors such as council relations, roads condition and recreational facilities were very low. Variation between the two case studies was also

recorded. For example, satisfaction with water quality and housing was significantly lower in the Whitsunday Shire, while health services and training and education services received significantly lower satisfaction scores in Cardwell Shire. This intra-regional variation of satisfaction scores potentially indicates that the scores are indeed representative of the “objective conditions” specific to the region. In addition, findings of this study were compared to the findings on the Australian Wellbeing Index, an Australia-wide semi-annual survey of wellbeing satisfaction. Satisfaction with family relations, safety and health was on average higher in this study than satisfaction scores reported nationally.

Those points aside, the levels of satisfaction with several contributors from this study were difficult to compare to the national level study as the questions asked, and thus factors explored, were not the same. This is due to the methodological approach where contributors to wellbeing in this study were self-selected by respondents, and not pre-determined by experts. Essential differences emerging from the comparison of two sets of questions (self-selected versus pre-determined) raises interesting questions about the usefulness of pre-determined expert lists for policy making. Furthermore, expert lists record mainly “personal” aspects, which correspond poorly with “objective conditions”. The respondents to this PhD study selected more distant and specific factors, such as roads condition or council relations, than did the experts in the national study. And interestingly, these distant and specific factors are ones that can be influenced by decision makers and are thus more relevant if wellbeing is to be used in decision-support.

A total of 19 socioeconomic, demographic and sense-of-place attributes (characteristics of the respondents) were tested as potential determinants of wellbeing choices and stated satisfactions. Although several attributes emerged as determinants of specific wellbeing contributors and satisfaction levels, they were all of a rather weak predictive power. In other words, no clear conclusive typology – a set of factors that determine people’s responses - emerged from the analysis. It can therefore be argued that objectively measurable attributes of the respondents, such as socio-economic status, are not good predictors of wellbeing, and thus secondary data available on such attributes is of limited use in this context.

Information on the importance of wellbeing contributors was combined with information on levels of satisfaction into a single metric termed the Index of dis-

satisfaction (IDS). The IDS was used to create “action lists” of priorities most pertinent to each study region. Factors receiving the highest scores in IDS are those that were of high importance to a large number of respondents and which also received low satisfaction scores. Health services, the condition of roads and the condition of the landscape and beaches topped the priorities list for the Cardwell Shire; while water quality, health services and the condition of roads were the top three action items in Whitsunday Shire. Thus, the IDS method appeared capable of capturing specific differences between the two Shires. The factors identified on the “action list” came from both the domain of economy and services as well as from the natural environment. The important role of nature as a contributor to wellbeing supports other studies suggesting that the natural environment should be incorporated in wellbeing studies on a more equal footing to other domains.

One of the key conditions for ‘efficient’ investment in regional development requires that one invests resources on items that generate the highest marginal returns. The results of the two case studies presented in this Thesis suggest that the marginal returns on investment in social and environmental factors are at least as high as those associated with investment in economy and services – perhaps higher – and that these factors thus warrant further attention from decision makers in these regions. Whether or not the same holds true in other regions, is a topic worthy of further investigation.

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