

Sociological Study of Quality of life of the Youth and its Realization Priorities

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Abstract

The present article examines the sociological concept of quality of life and its realization priorities. The research has used the Delphi Method by collecting and analyzing 30 questionnaires among professors, elites and informants using a heterogeneous method in two panels. The research results show that the quality of life is a complex, multidimensional, borderless and updating structure should be evaluated comprehensively and away from reductionism. Delphi results and 54 concepts for achieving quality of life showed that under the variables of income and employment, health, education, environment, leisure, housing, living facilities as a category of objective quality, social security, social communication, social support, social respect, freedom, social trust, social justice as social quality and life satisfaction as subjective quality can be categorized. The results also showed that the priority of achieving the dimensions of quality of life for citizens, from the average of 10 points, were identified as objective dimensions with 8.78, subjective with 8.5 and social with 8.14 points, respectively.

Keywords: Quality of life, Social quality, Objective quality, Subjective quality, Social policy.

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1. Introduction

One of the main concerns of human beings during the reign of the vast world has been their quality of life; And sometimes in contradiction and sometimes in unity with fellow human beings, he has tried to prevent degradation, consolidation, and ultimately progress and achieve the best in his life. There can be no doubt that the purpose, that is, the desirability in life, has been properly determined. But how quality of life is assessed, what constitute the constituents of quality of life. And is quality of life a goal or a tool? These are among the questions on which there are differences between theorists and social scientists. In addition, some go even further and question the basis of what is desirable and what is undesirable by introducing philosophical aspects.

Here we will try to study the different aspects of individual and social life, to address the difference in what definition can be more telling about the concept of quality of life. What criteria should be considered in assessing the quality of life, and basically which components and dimensions of quality of life have a higher priority for realization by individuals in society? But it is necessary to mention here that this article only looks at the structure of quality of life; not the factors that create it. Therefore, the following items constitute research questions: What is the quality of life? What are the concepts, variables and categories of quality of life? Which variables and categories of quality of life should have the highest priority for realization?

2. Review of Literature

Quality of life is not a new concept. This concept has a long history in Greek philosophy (Ghaffari and Omid, 2009, p. 3). From the point of view of semantics, the word "quality" refers to certain attributes or features of the existing subject (life here), and "life" is a broad class that includes all living beings. The problem is that life can be analyzed from different angles; And so quality of life becomes a multidimensional concept (Ballesteros, 1998, p. 388). The literature on quality of life shows that there are many definitions of quality of life structure, which can be due to three different factors: one is the multidimensionality of this structure, the other is its application in different professional fields such as medicine, psychology, human geography, development studies, economics, sociology and finally the level of analysis that

can be related to factors, processes, situations or structures (Ghaffari and Omid, 2009, p. 3).

Quality of life by various authors such as Byrne and Dickman (1991) as a concept of "abstract", "flexible", "amorphous", or by Hughes (1990) as "limitless", or according to Anderson , Davidson & Ganz (1994) what has been "too difficult to define precisely" and Louton "difficult to apply"(1991) or Foley and Berkeley (1987) even as something whose meaning depends on, the term "quality of life" is considered by Campbell (1981) as the equivalent of social well-being, biomedical health (as well as health-related quality of life, for example, by Newton and Wickland, 1993). And life satisfaction in psychology is defined by Palis and Little (Ballesteros, 1998, p. 390).

In response to the one-dimensional definition of this definition in 1900, George Bernard Shaw stated that a good and appropriate life is not just a life of joy and happiness, and replaced it with the term "quality of life" (Fayers and Machi, 2000, pp. 4-8). But Pigou was the first social scientist to coin the term "quality of life" in a discussion of economics and welfare (Walker & Van der Maesen, 2003,p. 15; Draper, 1997, p. 17; Moons & et al, 2006).

Quality of life is defined depending on the scientific field of the author with emphasis on some of its components (Ballesteros, 2011, p. 23). Therefore, in the approaches to quality of life; Depending on the field of science offered; four aspects can be seen well: mental, objective, individual (internal) and social (external). But most of the definitions of quality of life are provided. They express the mental and individual aspects of this concept. As Walker and Meissen point out, most recent research on quality of life in the United States has focused on satisfaction, contentment, and well-being (Walker & Van der Maesen, 2003, p. 14).

Nal and Zef (1994) states that among the quality of life approaches, "two relatively opposite approaches stand out. Those that define two infinitely separate situations on a continuous axis of commonly available concepts: the Scandinavian standard of living approach quoted by Erickson (1993), Ositalo (1994) and the American Quality of Life Approach by Campbell, Converse and Rogers (1976) as two distinct perceptions and performance analyze of well-being and quality of life. The Scandinavian approach focuses almost

exclusively on resources and conditions. Objective life is emphasized, while the American approach emphasizes the mental well-being of individuals as the end result of circumstances and trends (Genov, 2004, p. 156). Diener and Suh have argued that mental well-being is based on the premise that "how a person feels about life by a set of criteria (Diener & Suh, 1997, p. 191). According to Inoguchi and Fuji, in assessing the quality of life, people consider all the things that are important to them and judge the overall quality of their lives as a whole. At the same time, they choose certain aspects of their spheres of life and judge each of these spheres separately (Inoguchi and Fujii 2013, p. 4).

In other words, from this point of view, individuals are placed at the center of judgment about the quality of their personal lives (Walker & Van der Maesen, 2003, p. 15). Torres Carillo (2006) believes that mentality is beyond social life and is present in all social dynamics of daily life, both in micro and macro social spaces, as well as in daily mental and social experience (Tonon, 2015, p. 23). While objective social indicators are statistics that present social facts independently of personal evaluation (Genov, 2004, p. 156).

On the other hand, approaches that look at quality of life from an individual perspective hold that people will choose the things that best contribute to their quality of life. The basis is whether citizens can achieve what they want or not (Diener & Suh, 1997, p. 190). An approach, like many modern economics ideas, as Pareto relies on three optimal assumptions: 1. Every person is his best welfare judge. 2. Social welfare is exclusively the result of one's welfare performance. 3. If the increase in one's welfare does not end at the cost of reducing another's welfare, social welfare will increase (Sadeghi, Assari, Masaeli, 2010, p. 145).

In contrast, there are social quality approaches that are defined as: "The inclusion of citizens who are able to participate in the social and economic life of their communities in a way that contributes to their individual well-being and capacities" (Walker & van der Maesen, 2003, p. 4). As it is clear, in such an approach, originality is given to society and collective indicators. In these approaches, the quality of life depends neither on people's mental experiences nor on the fulfillment of their desires (Diener & Suh, 1997, p. 190). According to some researchers, "social quality" because it is theoretically proposed; and

because it is seen as social and not just individual; and because it includes new dimensions of indicators that include cultural and individual ability (Wallace & Abbott, 2009, p. 10). In other words, social quality "provides a fundamental link between need, action and policy between economic and social development"(Abbott & Wallace, 2012, p. 155). One of these approaches is Amartya Sen's theory of "capability". "Sen thinks that in a number of areas, especially those related to politics, we need to look at people's capabilities and not just their actions; quality of life should be assessed by the so-called ability to achieve achievable actions" (Morris, 2010, p. 7). In other words, Sen believes that society should increase the capabilities of its citizens.

Now that different approaches to quality of life have been expressed. We need to look at the indicators used in quality of life research. In defining the components, domains, aspects, compositions, factors, or existing areas of quality of life, two methods have been used: the theory that several authors design models of quality of life and the experience of individuals in quality domains of life. Asks itself (Ballesteros, 1998, p. 390-391).

In a study, Bowling obtained five indicators experimentally, in order of priority: relationship with family and relatives, personal health and the health of other loved ones, financial status, standard of living and housing (Walker & Van der Maesen, 2003, pp. 15- 16). In terms of theoretical formulation, we can refer to the WHO definition of quality of life. The World Health Organization (1993) has conceptualized quality of life in terms of five broad areas: physical health, mental health, level of independence, social relationships, and environment (Ballesteros, 1998, p. 391).

Another major study of quality of life is in New Zealand. The New Zealand Quality of Life Survey has been published every two years since 2001. The 2001 report is the first quality of life report. This project started in 1999. Indicators for 2001 were: health, demographics, urban environment, housing, democracy, security, education, social solidarity, economy, and employment (Auckland City Council et al., 2001, pp. 1-5). Also in the 2003 report, 56 measures were considered from a total of 11 key indicators, which are people, political rights and citizenship, economic criteria of life, economic development, housing, health, natural environment, artificial environment,

security, relations Social, knowledge and skills (North Shore City Council et al., 2003, p. 10). Finally, in a 2010 report, the survey was conducted to gauge perceptions of the mental quality of life of residents in eight of New Zealand's largest cities (Auckland City Council et al., 2011, p. 11).

But from the point of view of economists, the percentage of per capita income or GDP (GDP) has been used as a measure of well-being, comfort and quality of life (Ballesteros, 2011, p. 27). However, we encounter other researchers such as Easterline (1974) who argue that "economic prosperity does not necessarily affect quality of life" (Tonon, 2015, p. 5). Whereas "economic growth is a tool for an end, not an end That is, economic growth is not a measure of social welfare; therefore, public policy cannot simply seek to increase economic growth without wider concerns about social welfare. Be (Klarke, 2003, p. 302). But research has also shown that "poverty is a risk factor for family quality of life and well-being, which in turn undermines adolescents' economic growth and causes problems such as the development of external behavior (Shek, 2020, p. 6).

Walker and Meissen present six models of indicators used by various theorists and researchers, five of which will be listed below: The quadrilateral model of social quality in which the proposed indicators include socio-economic security (health protection, employment and labor market security, material security (income), housing market and life security, food security, environmental resource, life opportunities), solidarity social (public security, inter-class cohesion, social status and economic solidarity, social capital, social networks and trust, altruism), social inclusion (inclusion of employment and labor market, coverage of health services, inclusion of educational systems and services, inclusion of the housing market property, social security systems, inclusion of public services, political inclusion and social dialogue), independence (social and cultural independence, social mobility, economic independence, psychological independence, political independence).

The European political triangle model includes social quality, social solidarity, competition, power dynamics (economic policy), complete independence, quality of work (independence policy).

The conditional social quality quadrilateral model includes socio-economic security, social inclusion, solidarity and independence.

Model welfare concepts include quality of life (level of basic needs of life) and quality of society (more specific and more comprehensive). More comprehensive includes the ability to sustain, livability, human development, social quality, and more specifically includes social solidarity, social exclusion or exclusion and social capital. Quality construction model for research and policy include service quality, management (eg TQM, EFQM), quality of life (eg. basic needs level), social quality (eg. social solidarity and human development), social quality (social inclusion, socio-economic security, Social solidarity and independence) (Walker & Van der Maesen, 2003, pp. 27-32).

As mentioned earlier; A key goal of social quality is to overcome the shortcomings of current policies, for example at European level, between social, economic and employment policies (Van der Maesen & Walker, 2005, p. 22). In a study conducted with the quadrilateral model of social quality to evaluate this model in 27 European countries in two periods, 2003 and 2007, the findings showed that although life satisfaction levels may vary, the factors that determine it to provide a social quality model are fixed in time and place (Abbott & Wallace, 2012, p. 164).

Robert Horn also cites indicators of health, education, intelligence and aptitude tests, science, environment, culture, urban studies, human rights, war and peace, politics, planning, dignity, and finally the use of time (Mousavi, Mohammadi, 2009, p. 312). Some other experts also consider nutrition, shelter, health, education, leisure, security, environment (Mousavi and Mohammadi, 2009, pp. 317-316). However, four types of life satisfaction have been stated as the main component of quality of life (Ghaffari, Omidi, 2009, p. 4).

France, on the other hand, uses quality of life in six areas: normal life, social desirability, happiness, life satisfaction, the achievement of personal goals, and innate talents (Ghaffari, Omidi, 2009: 8). But Philips offers indicators of a more complete model. In a definition, he said: "The requirement of quality of life in the objective dimension, meeting basic needs and having material resources to meet the social demands of citizens and in the mental dimension to have independence of action in: 1. Increasing mental well-being, including

pleasure-seeking, satisfaction, purposefulness in life and personal growth 2. Growth and prosperity in the path of happiness and altruism 3. Participation is related to a wide range of social activities.

Quality of life in its collective dimension depends on the stability of the physical and social environment, social resources within the groups and communities in which they live, including civic cohesion, cohesion and integration, extensive network relations and temporary connections at all levels of society, norms and it emphasizes values such as trust, altruism and altruistic behavior, fairness, social justice and equality (Ghaffari and Omidi, 2009, pp. 9-10) (Ghaffari, Omidi, 2009, p. 118).

But Castanza offers a model in which the positive conditions of quality of life or the same predictions and policies and structures of quality of life are considered separately. In terms of the structure of quality of life, he has considered human needs and secondly, how these needs are perceived, that is, mental well-being. It refers to livelihood, generation, security, emotion, cognition, participation, leisure, spirituality, creativity, identity, freedom as human needs, and considers mental well-being to include happiness, desirability, and well-being for individuals and groups. Understand how the individual needs are met (Ghaffari, Omidi, 2009, p. 107). Fernandez Balstros has proposed two models for quality of life- personal and social- environmental model and mental and objective model. In the first model, health, leisure activities, life satisfaction, social interaction, functional abilities from individual indicators and social support, economic status, health and social services, environmental quality and finally cultural factors for social indicators- The environment is considered based on quality of life (Ballesteros, 1998, pp. 392-394).

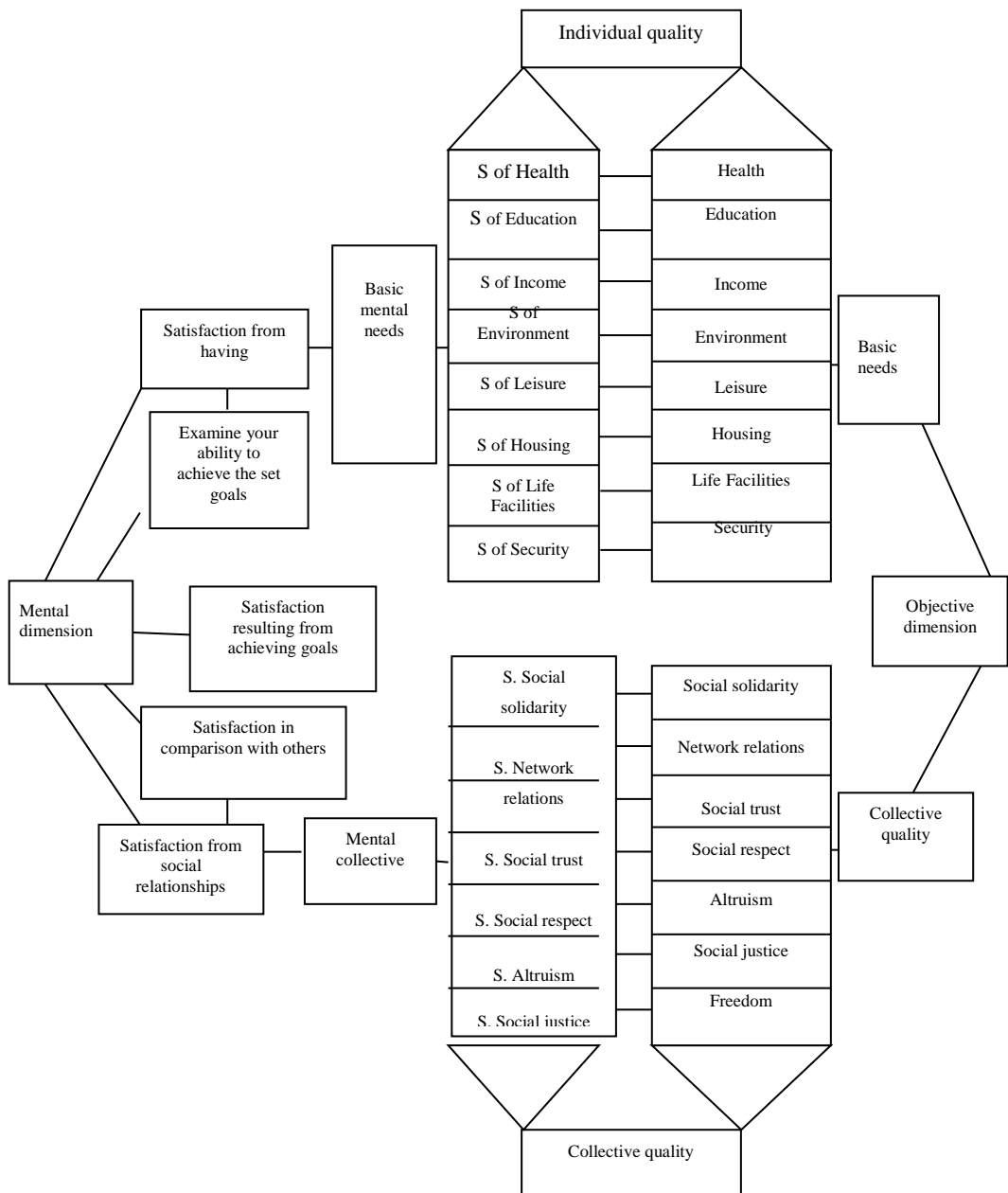


Figure (1). Theoretical model of quality of life (Ghaffari et al., 2011)

It is important to note that the multiplicity of indicators alone does not mean that our assessment of quality of life is good and that we can have a comprehensive assessment of quality of life; Because the evaluation of quality of life depends on the approach of the theorist and researcher with what approach, how and in what kind of questions they want to use these indicators. In other words, although indicators such as health, like many others, are common to most theorists; But they all have different assessments of health, which ultimately manifests itself in questionnaires and the final result (Testa & Simonson, 1996, p. 835).

3. Methodology

The present article is a qualitative research that seeks to find the most complete definition of quality of life and the priority of its concepts, variables and categories. The present article is done by Delphi method in 2 panels and receiving the opinion of 30 professors, elites and knowledgeable people by the heterogeneous method and content analysis and obtaining concepts in the first panel and classifying and scoring from 10 to the concepts and variables obtained in the panel.

4. Findings

Delphi analysis has reached conclusions that have helped to answer research questions. The following are:

What are the concepts, variables and categories of quality of life?

Delphi findings showed 54 concepts for achieving quality of life under the variables of income and employment, health, education, environment, leisure, housing, living facilities as objective quality, social security, social communication, social support, social respect, freedom, social trust, social justice as categories of social quality and life satisfaction as categories of mental quality can be categorized and distinguished.

Table 1. Concepts, variables and categories of quality of life obtained from Delphi output in the first panel

number	concepts	Variable	Categories
1	Income and wealth	Income	Objective quality
2	Financial and economic security		
3	Job		
4	Job security		
5	Economic quality		
6	Awareness	Education	
7	education		
8	tutorial		
9	Access to educational facilities		
10	Physical and mental health	Health	
11	Healthy and healthy nutrition		
12	Access to health facilities		
13	Free treatment and health insurance		
14	Physical cleanliness of the environment	Environment	
15	Healthy and compatible climate		
16	Suitable passages of the place of residence		
17	Enough leisure time	Leisure	
18	Leisure facilities		
19	Durable and safe housing	Housing	
20	Housing suitable for family dimension and uses		
21	Comfortable housing		
22	Public amenities for housing	life Facilities	
23	Standard appliances		
24	Easy and cheap access to safe and fast shipping		
25	Feeling of social security	Social Security	
26	Safe neighborhood and city		
27	Psychological security		
28	social relations	social relation	Social quality
29	Family communication		
30	Neighborhood and friendly communication		
31	Association and group communication		
32	Family and government social support	social support	
33	Financial support		
34	Emotional and psychological support		
35	Political-civil liberties and the pursuit of civil rights	Freedom	
36	Freedom of speech and pen		
37	Freedom of political participation		
38	Freedom to participate in groups and associations		
39	Freedom of choice and action		
40	Social respect	Social respect	
41	Respect for civil rights		
42	Respect for one's personality		
43	Trust your friends and acquaintances	Social Trust	
44	Trust people in the community and organizations		
45	Be trusted by relatives, friends and acquaintances		
46	Justice in Citizenship	Social Justice	
47	Justice in services and facilities		
48	Justice in access in all areas		
49	Satisfaction with individual and collective life	Life satisfaction	Mental quality
50	Hope for the future		

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- 51 A sense of enjoyment and social well-being
 - 52 Encouragement from the community
 - 53 Self-perception in the psychological dimension
 - 54 Satisfaction with the physical texture of the place of residence

Which concepts, variables and categories of quality of life should have the highest priority for realization?

Delphi results showed that the variables of income and employment, education, health, housing first priority, freedom second priority, leisure, living facilities, life satisfaction third priority, social communication, social support, social respect, trust are better for social policy. Social justice should be the fourth priority, social justice the fifth priority and the environment the sixth priority. The results also showed that the priority of achieving the dimensions of quality of life for citizens, from the average of 10 points, were identified as objective dimensions with 8.78, mental with 8.5 and social with 8.14 points, respectively.

Table 2. Rating of variables and categories of quality of life based on the final output (second panel) of the Delphi method

number	Variables	score of 10 points	Rank	Categories	Mean	Rank of categories			
1	Income	9.5	1	Objective quality	8.78	1			
2	Education	9.5	1						
3	Health	9.5	1	Social quality	8.14	3			
4	Environment	7	6						
5	Leisure	8	3						
6	Housing	9.5	1						
7	life Facilities	8.5	3						
8	Social Security	8.5	3						
9	social relation	8	4						
10	social support	8	4						
11	Freedom	9	2						
12	Social respect	8	4						
13	Social Trust	8	4						
14	Social Justice	7.5	5						
15	Life satisfaction	8.5	3				Mental quality	8.5	2

What is the quality of life?

The results of the Delphi method show that the quality of life by combining three objective, subjective and collective approaches including income and employment, health, education, environment, leisure, housing, living facilities as an objective quality, security Social, social communication, social support,

social respect, freedom, social trust, social justice as a category of social quality. Life satisfaction as a category of mental quality has a social conceptual structure. Quality of life is an objective, subjective and collective structure.

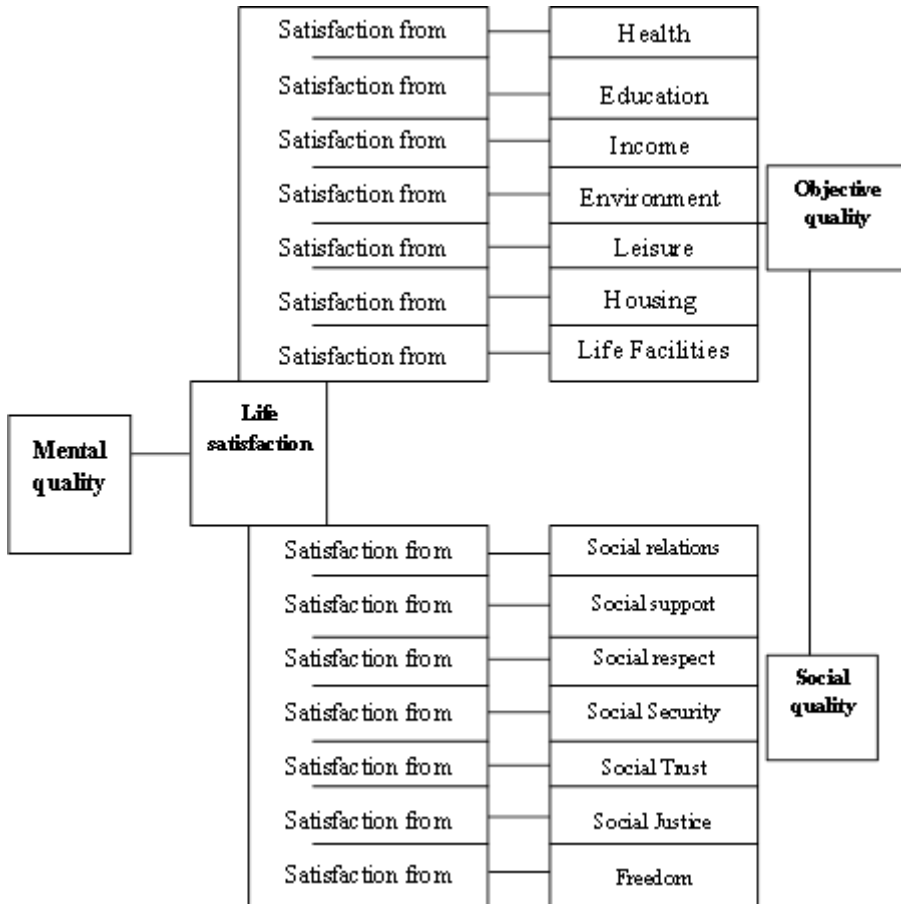


Figure 2. Quality of life model obtained from the Delphi method

5. Conclusion

The findings of this study highlighted the concepts, variables, and categories in quality of life assessment that have been cited by previous theorists and researchers. This study covers 54 concepts under the variables of income and employment, health, education, environment, leisure, housing, living facilities as objective quality, social security, social communication, social support, social respect, freedom, social trust, social justice Recognized as a category of

social quality and life satisfaction as a category of mental quality, classifiable and constitutes the structure of quality of life.

The results of this study are consistent with a combination of the approaches of "Scandinavian standard of living", "American quality of life" quoted by Nal (2002) or the same objective and mental quality quoted by Diner and Sue (1997) and "social quality" quoted by Walker and Vander Meissen (2003) and Wallace & Abbott (2009) and Amartya Sen (2010). The results of the research are close to Balstros (1998) and Walker (2011, quoting Balstros) and, of course, more than Phillips (2006) with a slight difference in the concepts and variables of the subset of quality of life. Phillips' view is based on objective, subjective, and collective approaches, but in the mental approach, by introducing social participation and altruism, personality development is interfered with. In the collective dimension, the important variables of freedom, social protection and social security are considered. At the same time, by bringing the physical environment in this dimension, the approach has been interfered with again. Also, as mentioned earlier, Amartya Sen's capability approach overlaps with some of the concepts of health, education, leisure, living facilities, justice, freedom, Delphi-derived variables regarding accessibility. Delphi results showed that the variables of income and employment, education, health, housing first priority, freedom second priority, leisure, living facilities, life satisfaction third priority, social communication, social support, social respect, trust are better for social policy. Social justice should be the fourth priority, social justice the fifth priority and the environment the sixth priority. The results also showed that the priority of achieving the dimensions of quality of life for citizens, from the average of 10 points, were identified as objective dimensions with 8.78, mental with 8.5 and social with 8.14 points, respectively.

This aspect of the research results on prioritizing the concepts, variables and categories of quality of life is a new action in the field of quality of life research that has been less addressed by theorists and researchers. Therefore, based on the evaluations of the literature and subsequent research, it should be said that the quality of life of a complex structure, multidimensional, unlimited and is being updated. This structure is very influential in the field of

study of theorists and researchers; in its evaluation, firstly, reductionism should not be tolerated and secondly, the priority of variables should not be forgotten. What is most important in this structure is a comprehensive view of the concept that it should include everything in life. Although this concept can not be directly evaluated, but indirectly can be seen in this structure that can be well illustrated.

As a result, quality of life is an objective, mental and social structure including income and employment, health, education, environment, leisure, housing, living facilities as objective quality, social security, social communication, social support, social respect, freedom , social trust, social justice as a category of social quality and life satisfaction as a category of mental quality, which has a social conceptual manifestation in the form of a structure and some dimensions are prioritized for citizens and individuals in society compared to others.

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