

Joy of life in nursing homes: A qualitative study of what constitutes the essence of Joy of life in elderly individuals living in Norwegian nursing homes

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Background: Finding new approaches to increase positive health and well-being of elderly individuals living in nursing homes (NH) is highly warranted. Several Norwegian municipalities have implemented the certification scheme framed 'Joy of Life Nursing Home' (JOLNH). JOLNH is based on a health-promoting perspective directing elderly individuals' resources. Through health promotion, preventive and social activities across generations, NH care promotes respect, well-being, health and cultural experiences among elderly individuals.

Aims: The aims of this study were to explore the phenomenon of Joy of life (JOL) among elderly individuals living in NHs and to provide a deeper understanding of which dimensions constitute JOL in this population.

Methods: The present study explored the JOL phenomenon using qualitative methodology. Data were

collected between December 2015 and May 2016 by individual qualitative research interviews of 29 elderly individuals who met the inclusion criteria. The informants were living in ten different NHs in two large municipalities in Norway. Prior approval was obtained from all regulatory institutions dealing with research issues and the management in both municipalities.

Results: The results showed that (i) positive relations, (ii) a sense of belonging, (iii) sources of meaning, (iv) moments of feeling well, and (v) acceptance constituted the conceptualisation of the JOL phenomenon.

Conclusion: The dimensions constituting the JOL concept correspond to the concepts of well-being and flourishing. Knowledge of the JOL phenomenon may help professionals to target elderly individuals' health and well-being more precisely and thereby increase flourishing, JOL and well-being among them.

Keywords: nursing home, elderly individuals, health, well-being, Joy of life, flourishing, belongingness and acceptance.

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Introduction

Human life expectancy, at least in the 'developed' world, is increasing. At present, about 1.1 million Norwegians are more than 60 years. In Norway, the number of people aged 80 years or more will probably increase by six to seven percent annually during the period of 2025–

2029, and the number of those 90+ will grow most rapidly (1). Consequently, the number of sick and frail elderly individuals in need of full-time care will rise (2). In 2016, approximately 40 000 people were staying in Norwegian nursing homes (NHs) (3). Moving to a NH results from various losses, multiple and complex illnesses with severe symptom burden, impaired functioning and fewer social relationships (4, 5). More frequently, than those older people staying at home, elderly individuals living in NHs suffer from depression and lack of social support, and report poorer health-related quality of life than the general elderly population (6–8). The NH life is institutionalised, representing loss of

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social relationships, privacy, self-determination and connectedness (7). Quality of life in an institutionalised environment is found to be detrimental while having to cope with illnesses, losses related to functional, social and cognitive functions and facing death (7). A study by James and colleagues (2014) showed that meaning-in-life among elderly individuals living in NHs is associated with perceived space to be yourself, a sense of belonging, security and experiences that something happens (9). Moreover, meaning-in-life relates significantly with perceived nurse–patient interaction among NH residents (10).

The European Health promotion framework ‘Health 2020’ states that it is an important goal to ‘significantly improve the health and well-being of populations’ (11). Well-being corresponds to processes where people perceive a good life based on their own merits and might be described as comprising joy, enjoyment, fulfilment, pleasure, satisfaction, happiness, involving elements as relationships with family and a sense of community (12). In a health-promoting perspective, it is important to increase elderly individuals’ health and well-being. Accordingly, health promotion and well-being represent important aims of NH care, which includes more than merely treating patients’ diseases and symptoms, that is, proper NH care includes attention and approaches to promote both mental and physical health and well-being. Old people with a positive orientation to life more often consider their health good (13, 14). Finding new approaches to increase elderly individuals’ health and well-being is therefore highly warranted.

Theoretical framework

The present study is based on the health theory of salutogenesis, indicating that a positive view of life positively influences an individual’s health and well-being (15), leading to – when a person perceives the world as comprehensible, manageable and meaningful – a strong sense of coherence (SOC) (15). The ‘salutogenic umbrella’ covers a great number of salutogenic concepts (16), among which meaning-in-life, well-being and health-promoting interaction (17). There is a growing body of science concerning the impact of positive mental health and well-being on individuals’ total health (18). The salutogenic concept and science of well-being include several approaches, often divided into hedonic (feeling good) and eudaimonic (functioning well) well-being. Moreover, theories and expressions like subjective well-being, psychological well-being, functional well-being and social well-being are used. A common thread for these theories was the need to express humans’ needs for positive relationships, happiness, meaning-in-life and life satisfaction (19).

According to Keyes (20), good mental health can be seen as subjective well-being or individuals’ evaluations

of the quality of their lives; well-being equates with happiness and feeling good (the hedonic way) and on functioning well in life (the eudaimonic way). Keyes’ (21) conceptualisation of well-being as ‘flourishing’ refers to a life that is flourishing (going well) in contrast to life as languishing (not going so well). The concept of flourishing constitutes 13 dimensions considered to be important for mental health, organised in three main components: (i) *Psychological well-being*: self-acceptance, positive relationships with others, personal growth, purpose in life, environmental mastery, autonomy, (ii) *Social well-being*: social acceptance, social integration, social growth, social contribution, social coherence, and (iii) *Emotional well-being*: positive affect and avowed quality of life (21).

Seligman (2010) introduced his well-being theory framed by the mnemonic PERMA, representing five fundamental dimensions: (i) positive emotions, (ii) engagement, (iii) relationships, (iv) meaning, and (v) accomplishment (22). These five fundamentals will, when persons chose for their own sake, lead to a flourishing life that is satisfying, engaged and meaningful, achieved and connected (23).

Joy of life nursing home (JOLNH)

Several Norwegian municipalities have implemented the certification scheme framed ‘Joy of Life Nursing Home’ (JOLNH). Focusing on the elderly individuals’ resources, JOLNH is based on a health-promoting perspective. JOLNH is a Norwegian concept developed by the Joy of life (JOL) foundation and based on Norwegian strategies for the healthcare services. The JOLNH certification scheme is strongly recommended to the municipal health services by the government. Through health promotion, preventive and social activities across generations, this concept of NH care promotes respect, well-being, health and cultural experiences among elderly individuals.

In order to become a certified JOLNH, the individual NH has to fulfil nine criteria developed by the JOL foundation, concerning elderly individuals’ social, cultural and spiritual needs. The JOLNH criteria have two purposes: 1) to create JOL experiences for elderly individuals in NHs, which includes providing a meaningful everyday life and 2) to create valid and sufficient documentation and evaluation routines and systems proving that the criteria have been met. At present, 113 of about 968 Norwegian NHs are certified JOLNH (3, 24).

To the authors’ knowledge, the notion of JOL among elderly individuals has not previously been used. In some literature, the notion ‘zest for life’ has been used (12). However, JOL seems more closely related to subjective well-being commonly defined in social science as the absence of negative emotions, the presence of positive emotions and life satisfaction (19), all of which corresponding to the concept of flourishing (21). In the

Norwegian healthcare system, JOL is established as a concept as well as an implementation programme without any link to evidence and a theoretical framework. Therefore, we propose that it is necessary to explore and understand the phenomenon presented by the concept of JOL in elderly individuals in NHs.

Aims

Based on the theoretical approaches and the empirical findings presented above, the aims of this study were to explore the phenomenon of JOL among elderly individuals living in NHs and to provide a deeper understanding of which dimensions constitute JOL in this population.

The research question was as follows: Which dimensions constitute the concept of JOL among elderly individuals living in Norwegian NHs?

Methods

Design

This qualitative exploratory study contributes to the phenomenological research tradition based on existentialistic-oriented hermeneutics and Gadamer's hermeneutical methods (25). While focusing on the informant's life-world and perception of the phenomenon of JOL, qualitative in-depth interviews were chosen (26).

Data collection

Data were collected by individual qualitative research interviews – and were collected during the period December 2015–May 2016. The researchers contacted the management at the NHs and informed them about the study. A nurse in charge at the NH selected elderly individuals who fulfilled the inclusion criteria. Then, these elderly individuals were given both oral and written information and asked if they were willing to participate. Elderly individuals wanting to participate voluntarily signed an informed consent and made an appointment with the researchers. A digital recorder and notes were used during each interview which took place in the elderly individuals' rooms and lasted between 40 and 55 minutes. A semi-structured interview guide (27) was used including some main topics: What is and what constitutes JOL to you? How do you perceive your health? What provides meaning to you in your present life situation? and – Which activities do you enjoy? For each topic, some probing questions helped the researchers and the informants to clarify and elaborate the topic. Saturation was met when no new elements in the informants' reflection occurred (27).

Participants

In total, 29 elderly individuals living in NHs participated. The informants represented two large municipalities in Norway. Two researchers conducted the interviews: 16 interviews in municipality 1 (author ER) and 13 interviews in municipality 2 (author JD) (Table 1). The inclusion criteria were as follows: (i) the elderly individual is capable of being interviewed and is able to express reflections and meanings, (ii) the elderly individual has stayed in the NH for at least 3 months, and (iii) is consent competent. Thus, elderly individuals with severe dementia and aphasia were excluded.

Data analyses

The interviews were transcribed verbatim by author ER (16 interviews) and by a professional firm (13 interviews). A hermeneutical approach was used for the interpretation of the present data (25). After reading the interview transcriptions the first time, we found that the health theory of salutogenesis (15), the concepts of well-being (22) and flourishing (21) were principal and useful theories in order to shed light on the present data.

To ensure trustworthiness, each of the transcribed interviews was gone through at least three times by two researchers (E.R. and G.H) and at least two views of each statement were made to focus on the conformability of the material (26).

The actual data were analysed and condensed using Kvale's five steps (26); (i) each statement by the informants was categorised, (ii) the meaning of each statement was highlighted and condensed into groups, still with their original words intact. In this way, categories emerged from the empirical data, (iii) after the material was condensed, narratives in each theme were quoted, (iv) the interpretative meaning was discussed by three of the researchers (E.R., G.H. and B.A.) through several meetings, and individual interpretation was done in between these meetings. Then, the discussed interpretative meaning was seen in connection with the total statement before final selection, and (v) the text was

Table 1 Sample demographic data ($N = 29$)

Municipality and gender	Municipality 1 (7 NHs)		Municipality 2 (3 NHs)		Total for 10 NHs	
	Men	Women	Men	Women	Men	Women
Age						
67–73	2	1			2	1
74–82	2	3			2	3
83–91	4	3	2	4	6	7
92–99	0	1	1	6	1	7
Total	8	8	3	10	11	18

systematically reviewed to find meaningful units. Then, the researchers met again and discussed the meaningful units found, which were condensed and organised into subgroups and groups; in the further, the subgroups are framed as descriptions and the groups are framed as dimensions (Table 2).

Ethical considerations

The management in the participating municipalities, the actual NH management and the Regional Committee for Medical and Health Research Ethics in Mid-Norway (ref.nr. 2014/2000/REK Central) approved this study.

Results

Five dimensions emerged as important contributing to JOL: (i) positive relations, (ii) belongingness, (iii) sources of meaning, (iv) moments of feeling well, and (v) acceptance. These dimensions were expressed through the informants reflections about the importance of positive relations to their family and friends, the experience of a sense of belonging to their family, friends and the NH caring staff, the ability to find meaning, experiences of moments that gave them good feelings, as well as accepting one's life the way it is (Table 2).

Positive relations

All 29 informants emphasised that JOL was associated with their relationships with family and their loved ones. Furthermore, their concerns about how the family was doing as well as the closeness of the relationship with the

family were highlighted. Family relationships based on mutuality and care were essential. Visits and contact with family members enhanced the experience of JOL.

They (the family) are everything to me. (Female 11)

Responding to the question if any in her network in particular were vital to her JOL, an informant expressed:

It's family and staff. I have children and grandchildren and great-grandchildren who give me Joy of life. (Female 10)

The NH caring staff is crucial to the elderly individuals in providing nursing care and help and thereby facilitates a sense of confidence and well-being. In this study, the elderly individuals were highly dependent on the staff in their daily life, representing a vulnerable state. Therefore, the perceived nurse–patient interaction was vital to their well-being, trust and meaning-in-life, as well as JOL. The experiences of staff being skilled and competent, showing attitudes of respect, empathy, attentiveness and confirmation, as well as being carefully listened to, were fundamental. The informants in this study expressed great gratitude towards the NH caring staff, which was seen to be a decisive reason for the experience of JOL. One informant expressed how important the attitude from the NH caring staff is:

It is important that we are together with positive and happy people, because then we become like them. Life is hard to live you know ... (Female 16)

'Belongingness'

A sense of belonging to the family yielded opportunities to love and to be loved, to care and to be cared for; family members gave a feeling of still being needed and to belong to someone. Involving with family, friends and the NH caring staff seemed to prevent elderly from feeling lonely. One woman expressed what 'belongingness' meant to her when she talked about the importance of having a close family:

They (the family) are mine. (Female 7)

A woman, who had the opportunity to live together with her husband in the NH, described that:

It is ... that we're together. That's what matters the most to me – this is similar for my husband, too. (Female 6)

Several of the informants described the loss of a dearly loved person and how the loss affected their JOL:

I feel well, but the loss, you know ... The loss of my beloved, my father and mother and my husband. That is a kind of loss that hurts deeply in your heart. (Female 16)

The need for belonging was also expressed through the ability to join the society outside the NH and to be able to have a glimpse of the world outside through activities like visiting family, going to a concert, restaurant or another cultural activity.

Table 2 The dimensions constituting Joy of life (JOL)

Dimensions	Descriptions
Positive relations	Relations with caring and loving family members and friends. Being cared for by a positive healthcare staff.
Belongingness	The need of belonging to someone and the necessity of having someone to belong. The need of love and care for someone and be loved and cared for.
Sources of meaning	Participating and engaging in daily activities, being valuable to others and able of helping others. Make their own decisions in one's daily life
Moments of feeling well	Experience small glimpses of the world outside. Attend social and cultural activities like concerts, theatre, visit a restaurant and being out in the natural environment. Having visitors.
Acceptance	Being able of accepting one's life the way as it is. Adapting and accepting one's life situation

Sources of meaning

To be able to participate in daily activities, listen to the radio, reading the newspaper, socialising with other elderly individuals and not being dependant on family and nurses were sources to meaning-in-life and joy:

Joy is that I'm so old and can enjoy it like I do. That's it. But, the most important thing for us old people is that others do not make everything for us. We want to accomplish and solve as much as possible ourselves. The stupidest thing you do is to give up. There is a saying, you know; 'God helps those who help themselves'. (Female 14)

The elderly individuals expressed the importance of being valuable to others in one or another way, which was connected to the ability to care for others. Caring for or helping others yielded a sense of being acknowledged and valued:

It is ... that you can help others. I think that is valuable. And that you can be involved with other people. (Female 13)

The fact that they still felt included in decisions as well as deemed to be a part of the familial community, providing advices to family and friends, was important in maintaining self-worth:

To feel good and be nice to each other. Helping each other in the way that we are able to. It's not everyone who can do so ... (Female 18)

Feelings of gratitude resulted from the experience of moments of feeling useful and competent in some or another way.

Moments of feeling well

The experience of good moments during everyday life encouraged JOL. The informants described that it is not the big things, but the small ones, which increase JOL in NHs:

To get up from bed and to participate in things. To walk out of my room to get food and not have it served in bed. Having visitors. I think our lives are as good as they could be in our situation. (Female 10)

Moreover, the informants underlined the importance of getting outside for a walk during the day. To visit a restaurant or experience a concert did also bring them joy. It is about the small glimpses of the normal world outside the NH:

If you take me out for a walk, then I'm happy. (Female 10)

Yes, peace and tranquility in small amounts and a little bit of nice music. There is much joy in that. (Female 16)

Family and friends visiting frequently represented important moments:

Receiving visits is my greatest pleasure. (Female 9)

Several informants stressed that being involved in the normal life around was a resource of gratitude; glimpses of the normal life outside the NH encouraged a sense of being human, alive and appreciation. One informant shared her experience of a visit by some children in a kinder garden as follows:

... They (the kids) had been in the living room downstairs, eating their lunch and enjoying a bit, you see. They had teachers together with them. They are so funny, you know. They tease each other and so on. (...) Life seems more normal when they are here. (Female 5)

Acceptance

Acceptance of NH life was expressed through adaption, a positive life orientation and strategies to cope with losses, loneliness and being frail. Having a good state of health was important, and in spite of disabilities and numerous diagnoses, almost everyone perceived their health to be good. At the same time, many of the interviewees indicated that they were aware of their situation. They knew that they were approaching the end of life and felt that their health was frail. One of the informants expressed her health situation like this:

...on the border of life and death and that is not a good existence. (Female 13)

Despite that, almost every informant expressed that their health was good and they also communicated acceptance of their life situation:

These days...there are many things that begin to fail. I can recognize a big difference from last year to this year. I notice there is something ... you have to face the facts. The years ... there is nothing to do about that. (Female 6)

To cope with this situation, the informants expressed the importance of having a positive outlook, focusing at the positive aspects of one's life situation:

JOL is to be satisfied. To realize that it is as it is. Therefore, I am happy, not because my legs are weak and I have difficulties with walking, but because I'm fine. (Female 17)

It is the small things that count. The informants adapted and compared themselves with others who were in a worse situation than themselves:

You are not happy when you experience that you cannot manage to cross the road on your own. But then you have to be happy, because you don't belong to those who have to stay in bed and be fed. (Male 11)

All informants expressed experiences of losing skills and becoming frailer, followed by sadness and emptiness. In times of overwhelming discouragement, finding coping strategies was important. In order to feel well, one has to be able to accept life as it is, which involves adapting to and accepting one's life situation.

Discussion

The aim of this study was to explore the JOL phenomenon among elderly individuals in NHs. The results showed that the informants' experienced JOL to include positive relations, belongingness, sources of meaning, moments of feeling well and accepting life as it is.

In a salutogenic perspective, all these dimensions related to a comprehensible, manageable and meaningful lifestyle supporting health and well-being (15). Positive relations and belongingness signified important dimensions to make one's world comprehensive. Manageability was expressed through accepting life as it is. Moments of feeling well, sources of meaning as well as having positive relations along with belongingness to a community, contributed to meaning-in-life.

According to Keyes (21), mental well-being includes 13 dimensions reflecting mental health as flourishing. Positive relations to others are a key component of a flourishing life. The present study showed that positive relationships were a fundamental essence of JOL. Positive relationships entail the possession and maintenance of a close and trusting relationship to others (19). Along with a sense of belonging, positive relations are included in most professional understandings of the concept of well-being (23). Having positive relations presume mutual love, care and considerations, all of which are regarded as principal requirements for well-being (9). The present study showed the importance of being related to family, friends and the NH staff in order to experience JOL. Almost all informants in the present study emphasised the significance of family to their perceived JOL. Furthermore, the staff's positive and caring attitude was crucial for thriving and well-being when living in a NH. Nurse-patient interaction has shown significant influence on elderly individuals' meaning-in-life, self-transcendence, hope as well as anxiety and depression (28). Hence, the nurse-patient interaction seems to be essential to elderly individuals' health and global well-being (29).

This study showed that a sense of belonging significantly contributed to JOL, which might be understood in accordance with Keyes' (21) dimension framed social integration (defined as a sense of belonging to, and given comfort and support from). Belongingness has several functions: predictability, feeling safe, feeling of 'being at home' and the feeling of a meaningful daily life (9). This study displayed a strong need for belonging; one of the informants clearly emphasised this aspect when she related to her family, as 'they are mine' (Female 7). Family also provided a feeling of being needed. Feeling needed was found to be the most significant predictor of survival among elderly individuals representing an implication for meaningful social roles in one's life (13).

Sources of meaning appeared to be a vital component of JOL. This finding is in line with Keyes' (21)

understanding of the experience of life having a direction and a meaning. This study described sources of meaning as being able to participate in daily activities, be valuable to others and the ability of helping others. These aspects have previously been found to be critical for elderly individuals' social functioning (7). The present findings also pointed to the ability of still making one's own decisions in one's daily life as crucial for a perceived meaning-in-life. Meaning-in-life is found to be significantly related to all dimensions of well-being among elderly individuals and thus identified as a vital resource for physical, emotional, social, functional and spiritual well-being among elderly individuals living in NHs (29).

The present study showed that moments of feeling well was central to perceived JOL. Moments of feeling well relates to Keyes' (2007) dimensions of both positive affect and social coherence; the latter defined as a regularly cheerful, interested life, being in good spirits, happy, calm and full of life, as well as having an interest in society and social life (21). Slettebø and colleagues (2016) found that activities foster dignity by two dimensions: (i) active participation, and (ii) experiencing individualised activities (30).

This study identified acceptance as essential to JOL in elderly individuals. Acceptance might be seen in accordance with Keyes' (21) dimension for self-acceptance, which is defined as holding positive attitudes towards oneself, acknowledging and enjoying most parts of one's being. Self acceptance involves awareness and recognition of personal strengths, weaknesses and a realistic assessment of oneself together with acceptance of difficulties, adversities and shortcomings (19). Meeks and colleagues (31) studied residing elders and elderly living in NHs reporting the ability to stay positive as an imperative of successful adjustment in late years.

Seligman's (2010) theory PERMA includes Positive emotions, Engagement, Positive relations, Meaning and Accomplishments (19), all of which found to be salutogenic concepts and resources (16). A review by Forgeard and colleagues (2011) highlighted that well-being implies nurturing one or more of these five elements that constitute PERMA (23). In the present study, elderly individuals' experienced Positive emotions (22) which they expressed through experiences of good moments during their everyday life (moments of feeling well). The elderly individuals in NHs achieved Engagement (22) as well as Meaning (22) through participating in daily activities and the experiences of belongingness to someone (sources of meaning and belongingness). Positive relations (22) were associated with relationships to caring and loving family members and friends as well as being cared for by positive healthcare personnel (positive relations). Accomplishment in the sense of reaching a desired state of mind (22) corresponds to acceptance of life as it is. The present study identified five dimensions to be essential to

the phenomenon JOL; all of which correspond well to the PERMA dimensions (Table 3). Following Seligman's theory, nurturing one or more of these five PERMA elements contributes to well-being. Consequently, these elements also seem essential to the JOL phenomenon.

This study explored JOL based on individual qualitative in-depth interviews with 29 elderly individuals living in Norwegian NHs. The present results signify a valuable contribution to the NH field. Defining what constitutes the concept of JOL in a NH population contributes to a clearer and a deeper understanding of health promotion, well-being and flourishing among elderly individuals living in NHs.

Methodological considerations and study limitations

In order to explore and understand a phenomenon among individuals, qualitative in-depth interviews are a useful tool allowing for a meaningful dialog about central dimensions experienced by the interviewees. All authors were experienced in clinical work and research related to NHs and elderly individuals living in NHs. The authors' backgrounds and scientific fields also included health promotion and a salutogenic perspective on health which might affect and influence their preunderstanding. By being aware of this, the researchers focused on having an open mind during the interviews and the analysis.

To ensure verbatim transcription, the interviews were audio-taped. Firstly, the researchers explored the transcribed text individually; thereafter, they met to discuss the content. Following the new insights from the discussion, the analysis was worked out individually. By using this method several times, we ensured that the interpretative process gave us a deeper and broader insight of the informants' perceptions.

However, elderly individuals with severe cognitive failure (representing about 60–80% of the NH residents in

Norway) were not included, which represents a limitation of this study. On the other hand, the 29 informants interviewed speak for a broad approach to the phenomenon under investigation, representing a broad spectrum of ages (67–100) and both sexes. One might assume that the number of informants adequately represents their generation's cohort and also the reflections and meanings about the studied phenomenon.

Conclusion and implications

The results showed five salutogenic dimensions contributing to JOL: (i) positive relations, (ii) belongingness, (iii) sources of meaning, (iv) moments of feeling well, and (v) acceptance (Table 2). These dimensions correspond to both the concept of well-being and the concept of flourishing (Table 3), and contribute to a salutogenic perspective on NH care.

Knowledge of the JOL phenomenon may help professionals to target elderly individuals' health and well-being more precisely and thereby increase flourishing as well as JOL among elderly individuals. In order to understand how to facilitate and explain JOL in NHs, further research is needed. Based on this study, a measurement model of JOL (the Joy Of Life Scale) is developed and psychometrically tested among 200 elderly individuals in NH in Norway (32).

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Table 3 The five dimensions of JOL corresponding to Keyes' dimensions of reflecting mental health as flourishing and Seligman's five dimensions in PERMA

<i>Dimensions in Joy of life</i>	<i>Keyes dimensions of reflecting mental health as flourishing: Psychological well-being PWB, Social well-being SWB and Emotional well-being EWB</i>	<i>Seligman's dimensions in PERMA</i>
Positive relations	PWB: Self-acceptance, <i>positive relations</i> , personal growth, purpose in life, environmental mastery, autonomy	Positive relations
Belongingness	SWB: Social acceptance, <i>social integration</i> , social growth, social contribution, social coherence	Meaning
Sources of meaning	PWB: Self-acceptance, Positive relations, personal growth, <i>purpose in life</i> , environmental mastery, autonomy	Meaning Engagement
Moments of feeling well	SWB: Social acceptance, social integration, social growth, social contribution, social coherence	Positive emotions
Acceptance	EWB: Positive affect and avowed quality of life PWB: <i>Self-acceptance</i> , Positive relations, personal growth, purpose in life, environmental mastery, autonomy	Accomplishments

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Author contributions

All authors fulfilled at least one of the following criteria recommended by the ICMJE:

- Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data.
- Drafting article or revising it critically for important intellectual content.

Conflict of interest

No conflict of interest has been declared by the authors.

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