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THE POWER OF THE PLACE WE LIVE: WHAT ROLES DO HOME AND THE COMMUNITY PLAY IN WELL-BEING?

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ABSTRACT. The place where we live has a significant impact on the way we live, feel and assess our lives. Housing conditions, the characteristics of the neighborhood around the dwelling or of the community, and commuting conditions have a relationship with the multidimensional construct of well-being. This paper examines the roles that home and the community play in well-being. Background literature on quality of life, well-being and its domains and the role of the place where we live is interpreted in the paper. The empirical analysis aims to describe the relationships between home and well-being and the community and well-being. The quantitative method used to conduct this investigation included a representative survey in Hungary. Our results confirm previous research findings in many areas (weak or moderate significant relationships between some sociodemographic and other often-examined well-being domains and well-being) and identify weak and positive significant relationships between home and well-being and the community and well-being. The overall well-being of the Hungarian population is significantly influenced by their attachment to their community.

Introduction

"It's good to live here because the view from my window is beautiful.", "Because if something is missing, I can ring the neighbor at any time.", "It's good to live here because I love this city." - these are some of the commonly accepted thoughts about living well from which it is evident that the place we live has an impact on how we feel and how we assess our lives.

Although the search for a way to a happy life can be traced back to antiquity, it is only in the last few decades that happiness-related scientific studies – first in psychology and later in medicine, sociology, political science, economics, and environmental economics (Easterlin, 1974; Veenhoven, 1991; Ribeiro & Santos, 2019) – and the results of applied research have been published. From the 1960s onward, the fundamental goals of society were first reformulated in the United States and Western Europe and then as part of a critique of the consumer societies in less wealthy countries. What the Stiglitz-Sen-Fitoussi Report (Stiglitz et al., 2009) and the studies 'Prosperity without Growth? – The Transition to a Sustainable Economy' (Jackson, 2009) and 'Beyond GDP' (EC, 2009) have in common is the conviction that the aim of a society is not to ensure economic growth at all costs but to improve people's quality of life. In recent years, partly based on the abovementioned documents, a number of indices have been developed to quantify social development. The United Nations Development Programme's Human Development Index (HDI) measures development based on GDP, health, and education, while the European Quality of Life Index (EQLI) integrates a wide range of social and environmental indicators (Babiarz et al., 2018). In addition, there are several indicators with the aim of determining progress achieved on the way to a good life. What these indicators have in common is that objective or 'hard' indicators that were previously commonly used have been supplemented or replaced with indicators that quantify people's subjective life evaluations.

Dolan, Peasgood and White (2008), in a study synthesizing one and a half hundred empirical studies, state that well-being, denoting how people experience and evaluate their lives, can be related to several domains. The importance of the place where we live in how we assess our lives has been verified not only by these researchers but also by many other researchers (Balestra & Sultan 2013). From a wider perspective, the concept of 'space' includes not only the narrower habitat (home) but also the overall, wider environment (surroundings, district, community). All the habitation conditions, including the cost of investment and maintenance of the dwelling, the narrower neighborhood or the wider environmental components, the physical and social characteristics of the neighborhood or the community, the availability of services, and the commuting factors, have an impact on our well-being. There are many academic studies confirming the positive correlation between green and blue spaces (access to green areas and water) and life satisfaction (Krekel et al., 2016). Mouratidis (2020) underlines that perceived safety and fear of crime, place attachment, perceptions of neighborhood social cohesion, attractiveness, and quietness play a role in the subjective assessment of our living environment.

The available literature is very rich, but at the same time – partly due to the nature of the phenomena of well-being – diverse, and there are few studies examining multiple well-being domains simultaneously based on a representative survey. This paper examines what role home and the community play in well-being (Q). In the literature review, starting from quality of life, we define well-being, its domains and the role of habitation in well-being. The study aims to answer the following three research questions: Q1) Which sociodemographic variables influence overall well-being? Q2) Which selected domains of well-being with a special interest in home and the community influence overall well-being? Q3) How does attachment to the

community influence well-being? The empirical analysis aims to describe these relationships based on a survey representative of the population by gender, age and the type of community for Hungary. In accordance with EU directives, several national projects in Hungary aim to increase the well-being of local residents (Máhr et al., 2018). Our research points out the factors through which well-being can be increased. The results of our quantitative research confirm the relatively important role of home, the community and attachment to the community in well-being. The importance of our research is also justified by the fact that according to Mridha (2020), the research conducted on this topic in developing countries is very limited compared to that in the most developed countries.

1. Literature review

1.1. Quality of life and well-being

According to Veenhoven (1999), the term quality of life can be used in two ways. One is how much 'good' measured in terms of economic prosperity and political stability a country offers its citizens. This is also what Veenhoven calls 'assumed' quality of life. The other is how successful, satisfied, happy people are: this is called 'apparent' quality of life. Like Veenhoven, many researchers on quality of life in recent decades have associated quality of life with objective factors that determine human existence and/or subjective reflection (Kwarciński & Ulman, 2020). Objective factors include the relatively easy-to-measure living conditions, which can be evaluated by an external observer, while subjective factors rely on the person's subjective life assessment (Veenhoven, 2007). The literature typically refers to the objective dimension of quality of life as welfare and to its subjective dimension as subjective well-being or well-being (Diener & Tay, 2015).

Well-being is a multidimensional construct whose domains are interrelated (Dolan et al., 2008). Although its components are not the same in all models, health, social relations, income, and work (or the lack of work) are the most often listed components (Rahman et al., 2005; Dolan et al., 2008). Based on a literature review of more than 150 papers published in economics journals, as well as some key reviews in psychology and important unpublished working papers, Dolan et al. (2008) identify seven broad groups of domains influencing well-being, namely, 1) income, 2) personal characteristics, 3) socially developed characteristics, 4) how we spend our time, 5) attitudes and beliefs toward self/others/life, 6) relationships and 7) the wider economic, social and political environment. According to these studies, poor health, loneliness, a lack of social relationships, and unemployment have negative effects on well-being.

Well-being is very often measured by a question regarding overall life satisfaction and/or happiness. In the World Values Survey, for example, well-being was previously examined with the question, "Overall, how satisfied are you with life now as a whole?" (Kahneman & Krueger, 2006); currently, the life ladder is applied. In the EQLS surveys conducted in the European Union (EU) and some candidate countries (Eurofound, 2017), respondents answer questions on both overall life satisfaction and happiness. According to Huppert and So (2013, p. 855), in terms of quantifying well-being, "the future lies in developing a deeper understanding of the multiple dimensions of well-being, how they are influenced by socioeconomic factors, cultural values, secular shifts, and policy impacts".

1.2. Residential well-being and its components

Although several studies have proven that being satisfied with one's home and a narrower or wider environment plays a significant role in quality of life, this concept remains theoretically undeveloped (Insch & Florek, 2008). Balestra and Sultan (2013, p. 8) declare that "housing is (...) essential to people's quality of life: not only because it represents the single largest item in households' budgets and balance sheets (...), but also because it greatly affects an individual's well-being through a range of economic, social and psychological channels". Habitation, like other domains playing a role in quality of life, also has objective and subjective attributes. The characteristics of the dwelling, the type and size of the dwelling, housing quality, home ownership, property value and the dwelling environment, population density, the crime rate in the neighborhood, etc., are objectively measurable and can be used to describe the objective attributes of the habitation (Mridha, 2020). The subjective attributes of the habitation, however, which in many cases are defined by comparison between residents' actual and aspired needs, primarily depend on residents' own assessments, perceptions, observations and impressions of the living environment (Lu, 1999; Jansen, 2014). Mridha (2020) refers to the cognitive and affective side of subjective assessment. According to many researchers (Lu, 1999; Wang & Wang 2016; Mridha 2020), the perceived quality of habitation is more important when determining quality of life than the objective quality.

Studies revealing the importance of subjective assessment of the place where we live, our home and its wider or narrower surroundings refer to this domain of quality of life as residential well-being or residential satisfaction. According to Mridha (2020), residential well-being refers to the combination of several attributes of one's residential environment. Francescato (2002, p. 25) defines residential satisfaction as a "measure of one's attitude about one's residential environment". According to Fernández-Portero et al. (2017, p. 1), "residential satisfaction is understood as the fulfilment of the individual residential conditions (home, district and community) in relation to the needs, expectations and objectives of the residents". As seen from the definitions presented, whether termed residential well-being or residential satisfaction, this always applies to the subjective assessment of habitation.

Residential well-being – like well-being in general – is a multidimensional construct; however, different definitions emphasize various domains of residential well-being. According to Francescato (2002), when the residential environment is assessed, both physical and social components should be evaluated. Dekker et al. (2011) define residential satisfaction along with satisfaction with one's dwelling or habitation use and satisfaction with the estate or neighborhood in which the dwelling is located. According to Balestra and Sultan (2013), the physical conditions within homes, neighborhood conditions, and housing affordability are the three most important aspects of housing affecting people's residential well-being. Mridha (2020) defines five main components of residential well-being, namely, management and maintenance of the property, its architectural features, neighborhood, neighbors, availability of nearby recreation facilities and the ambient environment. Mouratidis (2020) focuses on housing satisfaction, neighborhood satisfaction and commute satisfaction. In addition to the aforementioned domains, many sources underline the importance of the sociodemographic characteristics of residents, which can result in different levels of residential satisfaction (McCrea et al., 2005; Kshetrimayum et al., 2020; Mridha, 2020).

While some of the research – such as Balestra and Sultan (2013) – seeks to analyze residential well-being in a comprehensive way, examining a wide range of subdomains, other studies focus on determining the role of one or a few subdomains of residential well-being. The literature points out that residential satisfaction has three important determinants: 1) sociodemographics, 2) housing conditions and 3) neighborhood characteristics (Lu, 1999;

Balestra & Sultan, 2013; Wang & Wang, 2016). According to Buchecker and Frick (2020), place attachment measured by people's good experiences in their environment, their sense of local community and their local social contacts plays an important role in residential well-being. Among the independent variables, most researchers use both subjective and objective factors; however, some examine only subjective elements with a simple question regarding satisfaction (Mouratidis, 2020) in addition to sociodemographic variables. Well-being (dependent variable) is very often measured by a Likert-scale regarding overall life satisfaction and/or happiness.

This paper aims to more deeply understand the role of habitation in well-being in light of other often-examined well-being domains. In line with the mainstream residential well-being research, we examine the relationship among sociodemographics, housing conditions and neighborhood characteristics and well-being supplemented by a relationship analysis of other often examined well-being domains. Our primary research aims to answer the following three research questions: Is overall well-being influenced by (Q1) sociodemographic variables, (Q2) selected domains of well-being, and (Q3) attachment to communities?

2. Methodological approach

2.1. Data and research model

Primary data were collected as an extension of an online omnibus survey prepared and managed by the University of Pannonia, run anonymously by a market research company during January 2021. The computer-assisted data collection aimed to assess various aspects of habitation, resulting in an appraisable sample of 1000 questionnaires (n). The sample is representative of the Hungarian population regarding gender, age, and place of residence.

Our paper aims to analyze the relationship between several well-being domains and well-being. *Figure 1* shows the research model that categorizes the closed questions of the survey into two groups: response variables (A) and potential explanatory variables (B). The main aim of the research was to explore the relationship among them. In the research model, italicized or not italicized fonts refer to the measurement scales; the answers to certain questions can be measured on an ordinal or nominal scale.

In our research model, the dependent variable (A) is the general level of happiness of individuals. The relevant question of the questionnaire was "To what extent do you feel happy?" [1–10 scale, where 1 means completely unhappy and 10 means perfectly happy]. Based on the literature review, the variables considered independent (B) can be categorized into three groups. The first category (B1) includes the sociodemographic factors, the second category of determinants (B2) includes satisfaction with selected well-being domains identified in previous research and the third category (B3) is the characteristics of attachment to the community (*Table 1*).

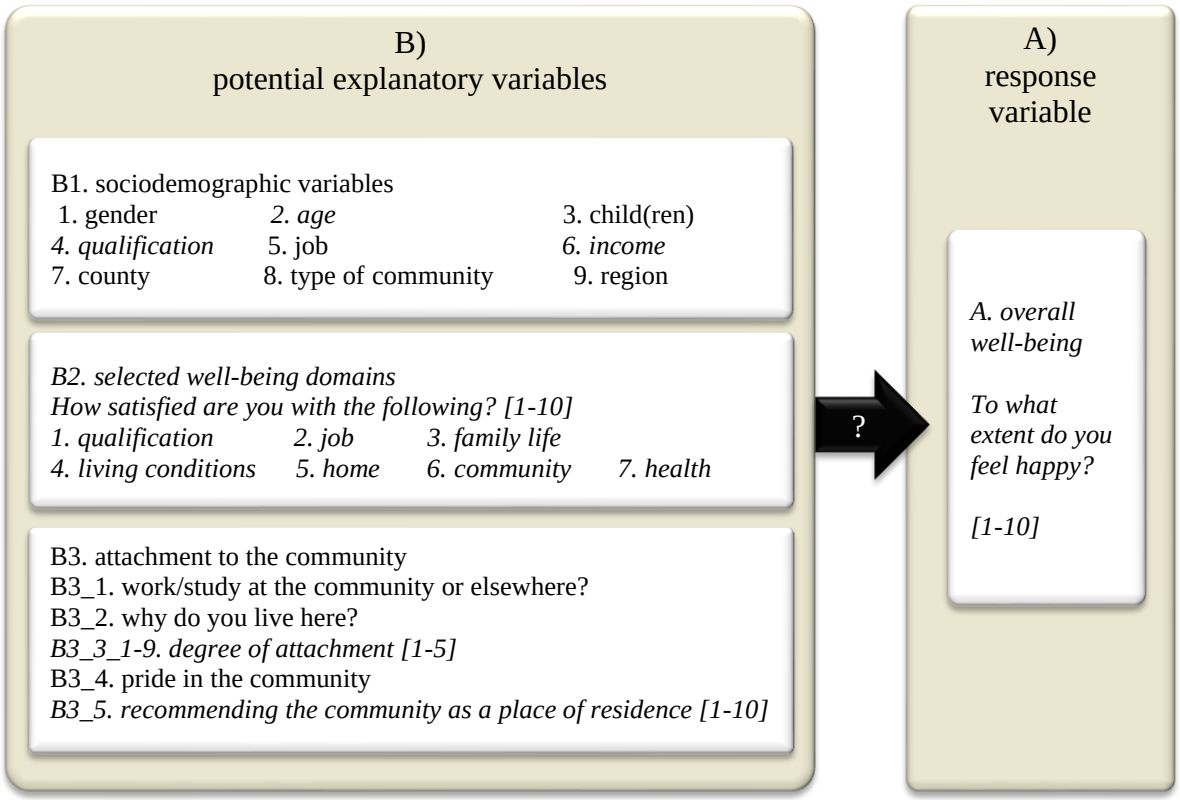

Figure 1. Research model
Source: *own compilation.*
Notes: [the range of Likert scale], measurement level: nominal scale, *ordinal scale*

Table 1. Potential explanatory variables (B), in detail

Indicators B		Coded answer options
B1. sociodemographic factors		
B1_1	gender	1: man, 2: woman
B1_2	age	1: 18-29, 2: 30-39, 3: 40-49, 4: 50-65 years old
B1_3	Does your household have a child who is 0-18 years old?[a]	0: no, 1: yes
B1_4	qualification	1: primary, 2: secondary, 3: tertiary
B1_5	job	1: worker, full time (at least 30 hours/week), 2: worker, part time (8-29 hours/week), 3: self-employed, 4: full-time student of a higher education institution, 5: student (in primary or secondary school), 6: pensioner, 7: unemployed, 8: household, 9: on maternity/paternity leave, 10: other
B1_6	What is your personal net income in Hungarian Forint (HUF) in an average month?[b]	1: 0-50,000; 2: 50,001-80,000; 3: 80,001-100,000; 4: 100,001-120,000; 5: 120,001-170,000; 6: 170,001-250,000; 7: 250,001-350,000; 8: 350,001-500,000; 9: more than 500,000
B1_7	county	1: capital city, Budapest; 2-20: the 19 counties
B1_8	type of community	1: village, 2: city, 3: county seat, 4: Budapest
B1_9	region	1: East, 2: Central, 3: West Hungary[c]
B2. selected well-being domains		
B2_1-7. How satisfied are you with the following factors? Your current …		

Indicators B		Coded answer options
B2_1	qualification	1-10 scale, where 1: completely dissatisfied, 10: completely satisfied
B2_2	job	
B2_3	family life	
B2_4	living conditions	
B2_5	home	
B2_6	community	
B2_7	health	
B3. attachment to the community		
B3_1	Which describes you? I live in the community (my permanent residence), …	1: …, and I work and/or study here. 2: …, but I work and/or study elsewhere.
B3_2	Most of all, why did you choose this community (permanent residence) as your place of residence?	1: I was born here and have lived here ever since. 2: My wife/husband/partner/close relative lives here, so I moved here. 3: I work here, so I also chose my place of residence nearby. 4: I studied here and then settled down. 5: I like the area, I find it a good place to live, a liveable community.
B3_3 How true do you feel the following statements are regarding your community?		
B3_3_1	I think I am very strongly attached to the community.	1-5 scale, where 1: not true at all, 5: completely true
B3_3_2	I think most of my life takes place in this community.	
B3_3_3	What is happening in the community is important to me.	
B3_3_4	I feel like this community has become part of me.	
B3_3_5	I like to use my skills and time to improve (develop) the community.	
B3_3_6	I can even spend money to improve (develop) the community.	
B3_3_7	I do not feel committed to the community.	
B3_3_8	This community is the best for the things I love to do.	
B3_3_9	The time I spend here could just as well be spent in another community.	
B3_4	Are you proud of anything in your permanent residence?	0: no, 1: yes
B3_5	Would you recommend the community to your friends as a place of residence?	1-10 scale, where 1: not at all, 10: completely

[a] Within this, questions were related to five children's age categories; however, more than 80% of the responses were negative, so we only examined whether anyone had any children under 18 years of age.

[b] For comparison: at the time of the survey 1 euro was approximately 370 HUF.

c East Hungary: 9 counties east of the Danube River, Central Hungary: the capital (Budapest) and its county (Pest), West Hungary: 9 counties west of the Danube River

Source: *own compilation.*

2.2. Methods

For the quantitative method, descriptive statistics and relationship analyses were applied for the closed questions of the survey. Descriptive statistics present for each question the response rate (Valid %), the smallest (Min) and the largest (Max) of the response codes, the median (Me), i.e., the middle score, the mode (Mo), i.e., the typical answer and its relative frequency (n%).

The relationship analyses are illustrated in *Figure 1* with the black arrow, which addresses the following research question: do the answers to question B significantly influence the answers to question A, and if so, how strong is that relationship? The relationships are examined by the Cramer's V coefficient and Kendall's tau (τ) rank correlation at a 5% significance level. Cramer's V measures the association between nominal variables and can vary from 0 to 1. Kendall's tau measures the rank correlation between ordinal variables and varies from −1 to 1. The absolute values of V and τ show the strength of the relationship. We use the following classification within the interval 0–1 to determine the strength of the correlation: 0 indicates the absence of a relationship (independence); 1 indicates complete definiteness (deterministic relationship); below 0.2, there is a weak relationship; at 0.7 and above, the relationship is strong; and between the values of 0.2 and 0.7, the relationship is moderate (Sajtos & Mitev, 2007). The sign of τ indicates the positive or negative nature of the relationship. We examine the relationships on the whole sample (n=1000).

3. Analyses and results

3.1. Descriptive statistics

Before presenting the results of the relationship analysis (which were the main goal of the study), we examined the typical answers to the questions examined. *Table 2* shows for each question the response rate (Valid %), the smallest (Min) and the largest (Max) of the response codes, the median (Me), and the mode (Mo) of the answers. In the case of mode, in addition to its code, its short meaning is displayed, as well as the percentage of the sample that gave this answer (n%).

The majority of respondents (18.30%) were relatively happy (A, with a score of 8 on a Likert scale of 1 to 10). Half of the respondents (median) rated their happiness lower than 7, and half rated it higher. We were curious about the demographic profile of the happiest respondents. A total of 117 people rated their own happiness as a maximum of 10. Most of them were women (62.39%) who lived in the capital (17.95%) or a city (33.33%) in the eastern (37.61%) or western (35.90%) part of Hungary (37.61%), were 30-39 years old (36.75%), had no children (56.41%), had a secondary education (38.46%), worked full time (47.86%), and had a monthly income of 120-170 thousand HUF (15.40%) (23.08% of the happiest did not answer the question about income.) Comparing these characteristics with the modes in *Table 2*, interesting findings can be observed. While the majority of the representative sample of 1000 people were men, were 50-65 years old, and had a monthly income of 170-250 thousand HUF, the happiest 117 people were women, were younger (30-39 years old) and had less income (120-170 thousand HUF).

Table 2. Descriptive statistics, n=1000

Variables			Valid %	Min	Max	Me	Mo		n%
A		happiness	100.00	1	10	7	8	relatively happy	18.30
B1	B1_1	gender	100.00	1	2	1	1	man	51.10
	B1_2	age	100.00	1	4	3	4	50-65 years	37.40
	B1_3	child	100.00	0	1	0	0	have no child	70.50
	B1_4	qualification	100.00	1	3	2	2	secondary	42.50
	B1_5	job	100.00	1	10	1	1	full-time worker	51.60
	B1_6	income	76.20	1	9	6	6	170-250 thousand	18.50
	B1_7	county	100.00	1	20	6	1	capital city	22.10
	B1_8	type of community	100.00	1	4	2	2	city	28.40
	B1_9	region	100.00	1	3	2	1	East	38.70
B2	B2_1	qualification	100.00	1	10	8	10	completely satisfied	24.10
	B2_2	job	100.00	1	10	7	10		19.00
	B2_3	family life	100.00	1	10	8	10		27.50
	B2_4	living conditions	100.00	1	10	7	8	relatively	17.70
	B2_5	home	100.00	1	10	8	10	completely	20.10
	B2_6	community	100.00	1	10	8	8	relatively	18.90
	B2_7	health	100.00	1	10	7	8		20.90
B3	B3_1	work/study here?	100.00	1	2	1	1	work/study here	74.60
	B3_2	why?	93.40	1	5	1	1	born here	51.30
	B3_3_1	how true?	100.00	1	5	3	3	moderately true	28.60
	B3_3_2		100.00	1	5	4	5	completely	37.90
	B3_3_3		100.00	1	5	4	4	rather	29.90
	B3_3_4		100.00	1	5	4	3	moderately	28.10
	B3_3_5		100.00	1	5	3	3		36.90
	B3_3_6		100.00	1	5	3	3		34.60
	B3_3_7		100.00	1	5	3	1	not at all	28.80
	B3_3_8		100.00	1	5	3	3	moderately	32.50
	B3_3_9		100.00	1	5	3	3		31.50
	B3_4	pride	100.00	0	1	0	0	no	73.80
	B3_5	recommend	100.00	1	10	7	10	completely	20.00

Min: minimum, Max: maximum, Me: median, Mo: mode, n%: the percentage of the sample (the whole 1000-person sample, not only the valid response) that gave this typical answer. B1 Sociodemographics, B2 Selected well-being domains, B3 Attachment to the community.
Source: *own compilation.*

Regarding sociodemographic factors (B1), the majority of respondents had the following characteristics: 51.10% were male, 37.40% were 50-65 years old, the vast majority (70.5%) did not have children aged 0-18, their highest level of education was typically (42.50%) secondary education, 51.60% worked full time, and 18.50% earned a monthly income of between HUF 170-250 thousand; according to their place of residence, 22.10% lived in the capital, 28.40% lived in a city, and 38.70% lived in the eastern region.

Respondents could answer each of the selected well-being domain (B2) questions on a Likert scale from 1 to 10 to rate how satisfied they were with them. Based on the typical answers (mode) and the medians, the following order of satisfaction could be established, from the highest satisfaction factor to the lowest factor: family life, qualification, home, job, community, health, and living conditions.

Regarding attachment to the community (B3), more than half of the sample (51.30%) had lived in the given community since birth (B3_2). Almost ¾ (74.60%) of the respondents

lived in the community and worked and/or studied there (B3_1), and almost the same number (73.80%) were not proud of anything in their community. However, the majority would maximally recommend (B3_5) his or her community as a permanent residence for their friends, but they represented only 20% of the sample. Of the nine statements made in question B3_3, only one was considered by the majority (37.90%) to be completely true, namely, I think most of my life takes place in this community (B3_3_2); one was considered by the majority (29.90%) to be rather true, namely, What is happening in the community is important to me (B3_3_3); and one was considered by the majority (28.80%) to be not true at all, namely, I do not feel committed to the community (B3_3_7). This confirms the commitment of the residents to their community.

For the remaining six questions of B3_3, respondents typically answered three on a Likert scale of 1-5, meaning that the majority could not decide whether the statement is more or less true for them. *Table 2* includes the most common answers (modes) to each question and the corresponding highest frequencies. Grouping the answers to the questions on the 1-10 Likert scale into answers from 1-5 and those from 6-10 shows that most people feel happy rather than unhappy (A), satisfied with the selected well-being domains rather than dissatisfied (B2), and would recommend his or her community to his or her friends as a place of residence (B3_5).

Question B3_3_1-9 asked about nine statements on a 1-5 Likert scale that the respondent considered to be true about himself or herself. The middle answer (code 3) can be interpreted as meaning that the respondent could not decide whether the statement was more true or more false. Therefore, we compare the frequency of 1-2-coded (more false) and 4-5-coded (more true) responses. In the case of the following three statements, the majority thought that the statement was rather not true for them: I like to use my skills and time to improve (develop) the community (B3_3_5), I can even spend money to improve (develop) the community (B3_3_6), and I do not feel committed to the community (B3_3_7). The latter actually indicates a greater attachment to the community, so only the first two did not feel true for the majority.

3.1. Relationship analyses

After reviewing the descriptive statistics, we present the results of the relationship analysis, which is the main aim of the study. *Table 3* summarizes the results of the possible relationships.

Kendall's τ allows us to formulate "the more/less… the more/less" statements. Based on our data, there are only three questions for which the answers were not significantly related to well-being, i.e., that are not suitable for formulating these types of sentences: age, type of community, the extent to which they consider the following to be true for their community: "The time I spend here could just as well be spent in another community."

Based on Cramer's V values, the answers to all questions significantly affected the happiness level of the residents, except for some sociodemographic factors (B1), including gender, age, county, type of community, and region, and some aspects of the attachment to the community (B3): whether you also work or study at your permanent residence? (B3_1); most of all, why did you choose this community (permanent residence) as your place of residence? (B3_2); and how true do you feel the following statement are regarding your community?: I think I am very strongly attached to the community (B3_3_1).

Table 3. The results of the relationship analysis between response variable (A) and other variables (B)

			Cramer's V		Kendall's tau (τ)	
				p-value		p-value
B1. Sociodemographics	B1_1	gender	0.078	0.738	---	---
	B1_2	age	0.115	0.058	-0.012	0.619
	B1_3	child	0.175	0.000	---	---
	B1_4	qualification	0.155	0.000	0.094	0.000
	B1_5	job	0.120	0.000	---	---
	B1_6	income	0.134	0.003	0.137	0.000
	B1_7	county	0.136	0.590	---	---
	B1_8	type of community	0.110	0.103	-0.009	0.708
	B1_9	region	0.110	0.144	0.057	0.027
B2. Selected well-being domains	B2_1	qualification	0.193	0.000	0.299	0.000
	B2_2	job	0.221	0.000	0.360	0.000
	B2_3	family life	0.280	0.000	0.493	0.000
	B2_4	living conditions	0.277	0.000	0.464	0.000
	B2_5	home	0.227	0.000	0.382	0.000
	B2_6	community	0.195	0.000	0.315	0.000
	B2_7	health	0.263	0.000	0.440	0.000
B3. Attachment to the community	B3_1	work/study here?	0.086	0.601	---	---
	B3_2	why?	0.112	0.113		
	B3_3_1	how true?	0.149	0.000	0.142	0.000
	B3_3_2		0.110	0.076	0.073	0.003
	B3_3_3		0.164	0.000	0.166	0.000
	B3_3_4		0.157	0.000	0.168	0.000
	B3_3_5		0.174	0.000	0.172	0.000
	B3_3_6		0.161	0.000	0.146	0.000
	B3_3_7		0.143	0.000	-0.110	0.000
	B3_3_8		0.165	0.000	0.193	0.000
	B3_3_9		0.130	0.001	-0.036	0.140
	B3_4	pride	0.210	0.000	---	---
	B3_5	recommendation	0.171	0.000	0.250	0.000

---: cannot be calculated. Color key by the strength of the significant results: weak, moderate, strong

Source: *own compilation.*

Table 4 contains "the more/less… the more/less" statements, which could be formulated based on the significant τ values of *Table 3*.

Table 4. Who is happier?

Categories of potential explanatory variables	People are happier
B1. Sociodemographics	with higher ● qualification ● personal net income in an average month
	who live in the western part of the country
B2. Selected well-being domains	who more satisfied with their own ● job ● family life ● living conditions ● home ● community ● health ● qualification
B3. Attachment to the community	who find the following statements more true: ● I think most of my life takes place in this community. ● I feel like this community has become part of me. ● I like to use my skills and time to improve (develop) the community. ● This community is the best for the things I love to do. ● I think I am very strongly attached to the community. ● What is happening in the community is important to me. ● I can even spend money to improve (develop) the community. ● I feel committed to the community.
	who would more recommend the community to friends as place of residence

Source: *own compilation.*

Table 3 shows the strongest relationship between overall happiness (A) and the satisfaction with family life (B2_3). This relationship is moderate and positive ($\tau = 0.493$). The latter means that the more satisfied someone is with their family life, the happier he/she is. Figure 2 shows the relative distribution (%) of satisfaction with family life on the Likert-scale of 1-10 for respondents with different (1-10) levels of overall happiness.

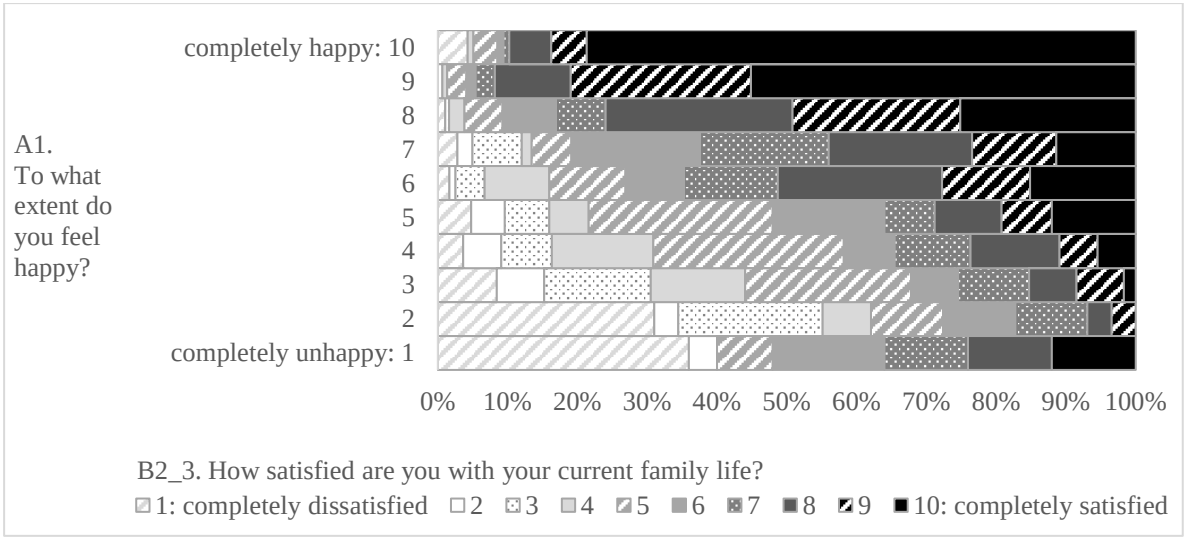

Figure 2. The strongest relationship
Source: *own compilation.*

Almost 80% of completely happy people are completely satisfied with their family life (black bar).

Conclusions, limitations and further research directions

Academic papers have agreed that well-being has a straightforward connection to the individual's residential conditions, namely, to home, neighborhood and commuting conditions. In our study, we aimed to estimate the extent to which some objectively or subjectively measurable domains – among these, the place where we live – contribute to well-being using data from a representative survey.

Based on the results, all three domain groups (Q1, sociodemographic variables; Q2, selected domains of well-being; and Q3, attachment to the community) in the research questions have a significant impact on overall well-being. From these three categories, the selected – the most often examined – domains of well-being have the greatest impact on overall well-being based on the strength of significant relationships. Regarding the sociodemographic factors examined (B1), gender, age, county, and type of community do not significantly affect overall well-being, but the following factors do: whether there is a child aged 0-18 in the household, qualification, job, and income. Among the often-examined well-being domains analyzed (B2), if people are more satisfied with any of the domains (qualification, job, family life, living conditions, home, community, health), it increases their overall well-being. Based on the strength of the relationships, the following order can be established (from the domain most influencing overall well-being to the least influential): family life, living conditions, health, home, job, community, and qualification. Although satisfaction with the community is only almost at the very end of this list, it can be stated that the more attached the people are to their community (B3), the greater their overall well-being is.

Our results confirm previous research findings of Kshetrimayum et al. (2020) and Mridha (2020) in many areas. Dolan et al.'s (2008) study revealed the multidimensional characteristics of well-being and confirmed the relationship between seven broad domains and well-being. Based on our research, there is a weak or medium but significant relationship between some sociodemographic (qualification, income, location) and other often-examined well-being domains, such as job, family life and health. Satisfaction with living conditions, home, community and well-being show a moderately strong, positive relationship for Hungary. The overall well-being of the Hungarian population is significantly influenced by their attachment to the community but less strongly than by sociodemographic or selected well-being domains.

The limitations of our research stem in part from the limitations of well-being research explored by Dolan et al. (2008): due to the multidimensional nature of the construct, we could not examine the causal relationships between the well-being domains and well-being. Although our research is based on a representative sample of the Hungarian population by age, gender and place of residence, the online survey method and the number of subsamples reduce the validity of the conclusions that can be drawn from the research.

Analyzing the environment-related domains of well-being and having deeper knowledge about how they affect overall well-being are important, as designing and building liveable environments for people is key for achieving and maintaining social sustainability (Mouratidis, 2017). Based on these results, decision makers can better reflect on the contemporary challenges faced by diverse communities. As further research directions, we propose (1) examining the topic with a qualitative research method, (2) increasing the number of respondents in the case of quantitative research, and (3) conducting longitudinal research. The development of a model and a research method (Insch & Florek, 2008) examining the

characteristics and services of communities from a well-being point of view might serve as a compass for community planning and development (Fekete-Berzsenyi & Banász, 2020). This might be essential to understand the needs of different sociodemographic groups in order to be able to respond to current demographic trends of aging and the depopulation of certain areas and to make good decisions regarding urban development.

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