



Cover Page



LIFE SATISFACTION AND WELL-BEING THROUGHOUT POST COVID-19 PANDEMIC PERIOD

Bojja Chakri

Faculty, Department of Psychology, University College of Arts and Social Sciences,
 Mahatma Gandhi University, Nalgonda. Telangana, India

Abstract

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, originated in Wuhan, China, in late 2019. The World Health Organization (WHO) identified it as a global health emergency in January 2020 and classified it as a pandemic by March 11, 2020. By late 2020, confirmed cases had exceeded 71 million, with over 1.6 million deaths recorded globally.

Beyond physical illness, the crisis created severe psychological challenges, including heightened anxiety, fear, and sleep disruption. Governments worldwide mandated lockdowns and social distancing, resulting in the closure of educational institutions for approximately 1.5 billion students. While much research has focused on the economic and medical aspects of the virus, fewer studies have addressed the pandemic's psychological impact on the life satisfaction and well-being of those who were not physically infected.

Keywords : Life, Satisfaction, Well-Being , Covid-19, Pandemic

INTRODUCTION

The term "satisfaction" originates from Latin, literally translating to the act of "doing enough." When applied to one's existence, life satisfaction represents a sense of peace or acceptance regarding one's current situation, or the realization that personal requirements and desires are being met. Fundamentally, it serves as a subjective appraisal of how someone views the quality of their life. Since this is an evaluative process, it relies heavily on cognitive reasoning rather than just emotion. Consequently, psychological studies have investigated various factors that influence these perceptions, such as financial status, relationship health, gender, and age.

Life satisfaction is a vital component of general well-being, characterized by a comprehensive reflection on one's entire life journey. Unlike momentary feelings of joy or happiness, this concept involves a deliberate judgment of how closely a person's reality matches their internal goals, standards, and ambitions. Ultimately, it is defined by a sense of fulfilment and the belief that one's essential needs and personal aspirations have been successfully realized.

Life satisfaction is fundamentally defined as a cognitive process through which individuals evaluate their own existence. This assessment often involves a comparison between one's personal goals and their actual accomplishments. As a key metric of psychological health, it is frequently measured by the Satisfaction with Life Scale (SWLS), which captures a person's holistic judgment of their journey.

Research suggests that life satisfaction resides within the cognitive domain, representing a broad perception of one's life rather than a narrow reaction to specific events (Diener & Diener, 1996). Conceptually, it can be viewed



Cover Page



as the pursuit of hedonic satisfaction; essentially, the smaller the gap between a person's desires and their reality, the higher their reported life satisfaction.

While often used synonymously in casual conversation, "life satisfaction" and "happiness" are distinct psychological concepts.

- Happiness is often an immediate emotional state.
- Life Satisfaction is a long-term, global evaluation.

Supporting this distinction, Buetell (2006) describes it as a comprehensive appraisal of an individual's attitudes and emotions regarding their life at a specific time, spanning a spectrum from negative to positive.

Several influential scholars have provided frameworks for this concept:

- Veenhoven, Ruut (1996): Defines it as the extent to which a person views the quality of their life favourably—essentially, how much an individual appreciates the life they are living.
- Ellison et al. (1989): Describe it as a cognitive evaluation of a stable internal state, which is often shaped by broader social influences.

Research into international variations in life satisfaction indicates that environmental and economic conditions play a pivotal role in shaping a population's well-being. Generally, residents of wealthier nations report higher satisfaction levels compared to those in developing economies; similarly, robust employment opportunities correlate with higher life satisfaction, whereas high unemployment rates tend to depress it (Helliwell, Layard, & Sachs, 2017).

Interestingly, the link between personal wealth and happiness is more pronounced in lower-income nations than in wealthy ones. Furthermore, egalitarian societies—where social and economic equality is prioritized—tend to foster greater contentment. In these environments, individuals often have more autonomy to live according to their personal values, which enhances their overall sense of fulfilment.

Research Goals and Purpose

Understanding how the COVID-19 pandemic continues to influence human well-being is essential as its lasting effects become increasingly evident. This study aims to evaluate how life satisfaction interact to shape overall well-being in the post-pandemic landscape.

Rationale for the Current Study

The primary objective of this research is to investigate how life satisfaction contribute to general well-being in the period following the COVID-19 pandemic.

The global crisis caused by COVID-19 profoundly altered daily life, creating significant disruptions in physical health, financial stability, and social connectivity.



Cover Page



REVIEW OF LITERATURE

The COVID-19 pandemic originated in Wuhan, China, in late 2019, initially appearing as a localized seasonal respiratory illness before rapidly evolving into a global health crisis (Bao et al., 2020). By February 2020, the virus had reached India and various European Union nations, leading to its official classification as a pandemic and causing a significant rise in infectious pneumonia cases worldwide (Bao et al., 2020; WHO, 2022).

Beyond physical health risks, the pandemic significantly compromised mental well-being. India, for instance, underwent a rigorous two-month national lockdown starting in March 2020, followed by intermittent regional restrictions that disrupted daily life (Brooks et al., 2020; Prati & Mancini, 2021). These preventive measures, while necessary for public health, often resulted in:

- **Social Isolation:** Increased feelings of loneliness, abandonment, and unhappiness.
- **Psychological Strain:** Heightened anxiety and hysteria stemming from the fear of infection or the loss of loved ones.

Research suggests that the stressors associated with such outbreaks can trigger long-term conditions, including depression, generalized anxiety, and post-traumatic stress disorder (PTSD), mirroring patterns observed during the 2015 Ebola crisis (Shultz et al., 2015). Ultimately, the pandemic fundamentally altered the quality of life and emotional stability of populations globally (Greyling et al., 2021; Helliwell et al., 2021).

The implementation of pandemic-related measures—including social distancing, self-isolation, and quarantine—alongside broader socioeconomic challenges, has been linked to various psychological distress indicators. These emotional mediators often manifest as persistent worry, fear, irritability, and profound loneliness (Ahorsu et al., 2020; Mamun & Griffiths, 2020). Furthermore, the restrictive nature of quarantine and isolation can impose significant emotional, psychological, and economic burdens on affected individuals (Hawryluck et al., 2004).

Despite these clear indicators of distress, initial research often overlooked the pandemic's broader impact on mental health and overall life satisfaction, largely due to significant obstacles in data collection. The present study seeks to address this gap by synthesizing available data and existing research to provide a comprehensive analysis of these psychological outcomes.

Life Satisfaction During Global Crises

Life satisfaction is fundamentally a cognitive, judgmental process through which people evaluate their quality of life based on personal, self-selected benchmarks (Shin & Johnson, 1978). Diener et al. (1985) expanded on this, describing it as the internal comparison between one's current living conditions and their established standards. While these definitions are consistent, the COVID-19 pandemic introduced unprecedented variables. The crisis significantly degraded physical and mental health, disrupting the foundational structures of daily life and undermining emotional stability (Brooks et al., 2020; Greyling et al., 2021; Helliwell et al., 2021; Prati & Mancini, 2021).



Historically, most literature regarding the drivers of life satisfaction has focused on periods of societal stability. However, "exogenous shocks"—such as the 2008 financial crisis or the COVID-19 pandemic—can fundamentally alter an individual's value system (Clench-Aas & Holte, 2017; Sarracino & Piekalkiewicz, 2021). These events often shift the established correlation between happiness, income, and social capital.

Research indicates that the resilience of a community during such times is often dictated by its "social fabric." Specifically, higher levels of institutional trust and social capital correlate with more effective responses to crisis (Helliwell et al., 2014). This is particularly critical for vulnerable populations; for instance, families with children often experience more pronounced declines in quality of life during crises due to an increased susceptibility to social exclusion and economic hardship (Eurofound, 2014).

Extensive literature has established that enduring challenging life circumstances correlates with detrimental effects on individual health and overall wellness (McGee et al., 2018). Recent research specifically addressing the global pandemic reinforces this, suggesting that COVID-19 has significantly compromised life satisfaction and psychological well-being (Dymecka et al., 2021; Gawrych et al., 2021; Harper et al., 2020; Krok et al., 2021).

RESEARCH METHODOLOGY

The global health crisis significantly altered human existence, largely due to government-mandated mobility restrictions designed to curb the virus's spread. In India, these lockdowns affected millions, severely limiting social interactions and traditional activities. While previous literature has established that these restrictions negatively impacted general happiness and life satisfaction, this study seeks to evaluate the current state of recovery.

Research Objectives and Context

The primary goal of this investigation is to examine how life satisfaction influence overall well-being in the period following the COVID-19 pandemic.

Study Variables

This research identifies and analyses several key variables, categorized as follows:

- **Independent Variable:** The factors hypothesized to influence the outcome are **Life Satisfaction**.
- **Dependent Variable:** **Well-Being**
- **Biographical Variables:** To provide demographic context, the study also accounts for participant **Age**, **Sex**, and **Geographic Location (Locality)**.

TOOLS USED

1. **The Satisfaction with Life Scale (SWLS)** was designed to measure an individual's global cognitive assessment of their life, rather than focusing on specific sectors like health or financial status. Instead of pre-defining what makes a "good life," the scale allows respondents to internally weigh different life domains based on their personal values (Diener et al., 1985).



Research indicates that the SWLS possesses strong convergent validity with other subjective well-being measures and maintains temporal stability (showing a correlation of approximately .54 over a four-year period). Despite this stability, the tool is sensitive enough to track meaningful changes in life satisfaction resulting from clinical treatments or life interventions.

1. **Well-Being Scale (WS):** The Well-being scale has been constructed by Jagsaranbir Singh and Asha Gupta (2001). The dimensions of Well-being scale are Physical Well-being, Mental Well-being, Social Well-being, Emotional Well-being and Spiritual well-being.
2. **Biographical Information Blank (BIB):** A Biographical Information Blank (BIB) was prepared by the researcher with the help of her research supervisor (Priti Das & Md Intekhabur Rahman, 2023) covering all the required biographical variables like Age, Sex, Locality, educational Status, Social Status, Economic Status, Number of Dependents, Marital Status, Number of Child/Children and so on.

Sample Area

Data for the present investigation have been collected from the rural and urban areas of Visakhapatnam district of Andhra Pradesh

The Sample

There were five hundred (N = 500) sample from the population of the Visakhapatnam district of Andhra Pradesh on the scale of Satisfaction with Life Scale (SWLS), Mental Health Status Scale (MHSS) and Well-Being Scale (WBS). Out of the five hundred (N=500) there were Male from the urban area (N=125) and Female from urban area (N=125). 125 male (N=125) from rural area and 125 female (N=125) from rural areas.

Sample Treatment

The sample treatment was done by the SPSS and the results derived is given below:

TABLE-3.8

Statistics

	AGE	GENDER	LOCALITY	LIFE SATISFACTION DURING COVID19	MENTAL HEALTH DURING COVID19	WELL-BEING DURING COVID19
N Valid	500	500	500	500	500	500
Missing	0	0	0	0	0	0
Mean	1.5000	1.5000	1.5000	22.7680	121.7464	90.2600
Std. Deviation	.50050	.50050	.50050	4.52627	59.34327	45.05028

Table-3.8 reveals the sample (N), Mean and Std. Deviation of all the variables. It is pertinent from the perusal of the Table-3.8 that N are 500. Mean values are 1.5000 and Standard Deviation is 50050 of the age of the respondents. Mean values and Standard Deviation of gender are 1.5000 and 50050 respectively. In the same manner locality is having Mean values and Standard Deviation are 1.5000 and 50050 respectively. Mean values of Life satisfaction is 22.7680 and Standard Deviation is 4.52627. Mental Health is having values of Mean 121.7464 and Standard Deviation 59.34327. Mean values of Well-Being is 90.2600 where as Standard Deviation is 45.05028.

Hypothesis

Following Null Hypothesis was made to find out the results:

Ho# 1: There were no effects of Life satisfaction on Well-being in Post COVID-19 era.



Cover Page



Statistical Analyses

Descriptive Analysis, Analysis of Variance (ANOVA), t-test and graphical presentation of the results have been made to draw the results of the present investigation.

RESULTS AND DISCUSSIONS

TABLE-4.1
One-way Analysis of variance
Descriptives

WELL-BEING DURING COVID19								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
15	29	90.8276	35.51365	6.59472	77.3189	104.3363	50.00	190.00
16	12	92.1667	35.20804	10.16369	69.7965	114.5368	52.00	160.00
17	8	89.8750	20.07442	7.09738	73.0924	106.6576	52.00	112.00
18	8	99.7500	40.00268	14.14308	66.3069	133.1931	59.00	190.00
19	4	103.5000	32.79736	16.39868	51.3121	155.6879	74.00	150.00
20	94	99.0851	92.32035	9.52212	80.1761	117.9941	50.00	963.00
21	62	86.8226	21.53497	2.73494	81.3537	92.2914	50.00	160.00
22	72	84.6667	21.16268	2.49405	79.6937	89.6397	50.00	140.00
23	58	86.5517	21.50167	2.82331	80.8981	92.2053	50.00	139.00
24	12	95.0000	10.20695	2.94649	88.5148	101.4852	78.00	108.00
25	53	83.5660	17.87941	2.45593	78.6379	88.4942	50.00	109.00
26	12	92.3333	12.97784	3.74638	84.0876	100.5791	65.00	108.00
27	4	95.2500	8.73212	4.36606	81.3552	109.1448	85.00	106.00
28	8	93.5000	11.82008	4.17903	83.6182	103.3818	78.00	109.00
29	4	91.5000	13.07670	6.53835	70.6921	112.3079	75.00	107.00
30	32	91.0312	22.29347	3.94097	82.9936	99.0689	50.00	139.00
32	4	105.5000	24.79919	12.39960	66.0389	144.9611	80.00	139.00
35	24	89.1250	23.23287	4.74239	79.3146	98.9354	50.00	135.00
Total	500	90.2600	45.05028	2.01471	86.3016	94.2184	50.00	963.00

The above Table-4.1 is a descriptive table which revealed the Mean values and standard deviation of life satisfaction and well-being during COVID-19 of the sample N=500.

TABLE-4.2
ANOVA

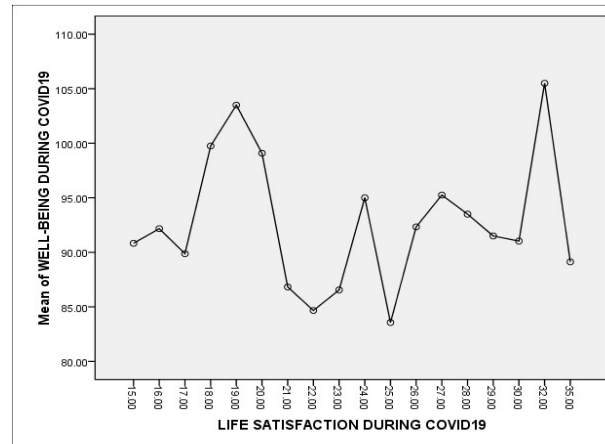
WELL-BEING DURING COVID19					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	16444.279	17	967.311	.468	.966
Within Groups	996289.921	482	2066.992		
Total	1012734.200	499			

The Table-4.2 is a table of One-Way Analysis of Variance (ANOVA) of the two groups i.e. Life satisfaction and Well-Being of the sample N=500. The value of F was found 0.468 and the significant value with df 499 was 0.966. it is clear from the table that significant value is high than the F value at $p < 0.05$. it clearly indicates that there are no significant effects of life satisfaction on the well-being of the sample in post COVID-19 era.



The Mean values of Life Satisfaction and Well-Being are presented in a graphical presentation in the following Graph-4.1.

GRAPH-4.1



Statistical analyses showed no significant association between life satisfaction and overall well-being. This indicates that individuals' subjective evaluation of their life circumstances did not predict or influence their sense of flourishing or happiness in the post-COVID-19 era. In the Kosi region, where factors like agricultural dependence, flooding vulnerabilities, and limited access to services prevail, life satisfaction may be compartmentalized from broader well-being due to adaptive coping mechanisms developed during the pandemic.

Conclusion

In conclusion, this study from Visakhapatnam district of Andhra Pradesh during the post-COVID-19 period paints a picture of psychological stasis, where life satisfaction and well-being operate independently, uninfluenced by each other or by gender and geographic factors. These null results, while unexpected, offer a valuable counterpoint to global literature, highlighting the unique adaptive capacities of populations in resource-constrained, disaster-prone areas. Rather than viewing this as an absence of insight, it serves as a call to rethink assumptions about human flourishing in adversity. By embracing these findings, researchers and policymakers can foster more resilient, context-aware strategies to support well-being in Bihar and beyond, ensuring that recovery efforts are inclusive and effective for all.

References

- Ahorsu, D.K., Lin,C., & Imani,V., Saffari,M., Griffiths, M.D., & Pakpour ,A.H. (2020) The Fear of COVID-19 Scale: Development and Initial Validation. *International Journal of Mental Health and Addiction*. doi: <https://doi.org/10.1007/s11469-020-00270-8>
- Bao, Y., Sun, Y., Meng, S., Shi, J., & Lu, L. (2020). 2019-nCoV epidemic: address mental health care to empower society. *The Lancet*, 395(10224), e37-e38.
- Brooks, S. K. *et al.* (2020) The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet* 395, 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8) (2020).
- Buetell, N. (2006). Life satisfaction, a Sloan Work and Family Encyclopaedia entry. *Work and Family Researchers Network*. Retrieved from <https://workfamily.sas.upenn.edu/glossary/l/life-satisfaction-definition>



- Clench-Aas, J., Holte, A., (2017). The financial crisis in Europe: Impact on satisfaction with life. *Scand. J. Public Health* 45, 30–40. <https://doi.org/10.1177/1403494817718692>
- Diener, E.; et al. (1996) Most people are happy, *Psychological Science*.
- Diener, E.; Emmons, R. A.; Larsen, R. J.; & Griffin, S. (1985) The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75
- Dymecka J. (2021) Psychospołeczne skutki pandemii COVID-19 [Psychosocial effects of the COVID-19 pandemic]. *Neuropsychiatr Neuropsychol.* 16:1–2, 1–10. doi: 10.5114/nan.2021.108030
- Ellison, C. G., Gay, D. A., & Glass, T. A. (1989). Does religious commitment contribute to individual life satisfaction? *Social Forces*, 68, 100-123. <https://doi.org/10.1093/sf/68.1.100>
- Eurofound, (2014). Third European Quality of Life Survey. Quality of life in Europe: Families in the economic crisis. Luxembourg.
- Gawrych M, Cichoń E, Kiejna A. (2021) COVID-19 pandemic fear, life satisfaction and mental health at the initial stage of the pandemic in the largest cities in Poland. *Psychol Health Med.* 26:107–13. doi: 10.1080/13548506.2020.1861314
- Greyling, T., Rossouw, S., Adhikari, T., (2021). The good, the bad and the ugly of lockdowns during Covid-19. *PLoS One* 16, e0245546. <https://doi.org/10.1371/JOURNAL.PONE.0245546>
- Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS control and psychological effects of quarantine, Toronto, Canada. *Emerging Infectious Diseases*, 10 (7), 1206–1212. <https://doi.org/10.3201/eid1007.030703>
- Helliwell, J., Layard, R., Sachs, J.D., De Neve, J., (2021). World Happiness Report 2021, World Happiness Report. Sustainable Development Solutions Network, New York.
- Helliwell, J., Layard, R., & Sachs, J. (2017). World Happiness Report 2017. New York, NY, US: *Sustainable Development Solutions Network*.
- Helliwell, J.F., Huang, H., Wang, S., (2014). Social Capital and Well-Being in Times of Crisis. *J. Happiness Stud.* 15, 145–162. <https://doi.org/10.1007/S10902-013-9441-Z/TABLES/7>
- Harper CA, Satchell LP, Fido D, Latzman RD. (2020) Functional fear predicts public health compliance in the COVID-19 pandemic. *Int J Ment Health Addict.* 27:1–14. doi: 10.1007/s11469-020-00281-5
- Jagsharanbir singh & Asha Gupta (2001) Well-Being Scale, Manual published by national psychological corporation, Agra, India.
- Krok D, Zarzycka B, Telka E. (2021) Risk of contracting COVID-19, personal resources and subjective well-being among healthcare workers: the mediating role of stress and meaning-making. *J Clin Med.* 10:132. doi: 10.3390/jcm10010132
- Mamuna, M.M, & Griffiths, M.D. (2020). First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies. *Asian Journal of Psychiatry* ,51 doi: <https://doi.org/10.1016/j.ajp.2020.102073>
- Mc Gee SL, Höltege J, Maercker A, Thoma MV. (2018) Sense of coherence and stress- related resilience: investigating the mediating and moderating mechanisms in the development of resilience following stress or adversity. *Front Psychiatry.* 21:378. doi: 10.3389/fpsy.2018.00378
- Prati, G., & Mancini, A. D. (2021). The psychological impact of COVID-19 pandemic lockdowns: A review and meta-analysis of longitudinal studies and natural experiments. *Psychological Medicine*, 51(2), 201–211. <https://doi.org/10.1017/S0033291721000015>
- Priti Das & Md Intekhabur Rahman (2023) Biographical Information Blank, available at University P. G. Department of Psychology, Bhupendra Narayan Mandal University, Madhepura, Bihar-852128



Cover Page



- Sarracino, F., Piekalkiewicz, M., (2021). The Role of Income and Social Capital for Europeans' Well-Being During the 2008 Economic Crisis. *J. Happiness Stud.* 22, 1583–1610. <https://doi.org/10.1007/s10902-020-00285-x>
- Shin, D. C., & Johnson, D. M. (1978). Avowed happiness as an overall assessment of the COVID-19 INDIA. quality of life. *Social Indicators Research*, 5, 475–492.
- Shultz, J. M., Baingana, F., & Neria, Y. (2015). The 2014 Ebola outbreak and mental health: current status and recommended response. *Jama*, 313(6), 567-568.
- Veenhoven, R. (1996). Happy life-expectancy: A comprehensive measure of quality-of-life in nations. *Social Indicators Research*, 39(1), 1–58.
- WHO, (2022). Coronavirus Disease (COVID-19) Dashboard [WWW Document]. World Heal. Organ.