

## INTRODUCTION

- Life satisfaction is a core dimension of subjective well-being and reflects a person's overall evaluation of life.<sup>1</sup>
- Life satisfaction is shaped by both health factors and non-health factors, including health status, chronic conditions, relationships, finances, and employment.<sup>2</sup>
- Understanding these determinants is increasingly relevant to HEOR as broader well-being outcomes gain importance in value assessment.<sup>3</sup>
- The importance of these factors may vary across settings because healthcare systems, social welfare structures, cultural norms, and economic conditions shape how individuals evaluate their lives.<sup>4</sup>
- To date, there has been limited cross-national research comparing the relative contributions of health and non-health factors to life satisfaction using individual-level data across the USA, UK, and Germany

## OBJECTIVES

- To examine factors associated with life satisfaction in a cross-national sample of adults from the USA, UK, and Germany.
- To assess whether associations of health and non-health factors with life satisfaction are consistent across countries or vary by national context.

## METHODS

### Study Design & Participants

- Secondary analysis of a cross-sectional online health survey conducted via Qualtrics (Sept 2025 to Feb 2026).
- Eligible participants were adults aged 18+ residing in the USA, UK, or Germany, proficient in English or German, and recruited via Prolific.

### Statistical Analysis

- Multivariable ordinal logistic regression was used to estimate associations with life satisfaction (SAS 9.4); OR > 1 indicated higher odds of greater life satisfaction.
- Primary, country-, age-, and gender-stratified models were estimated; interaction testing and c-statistics were used to assess subgroup differences and model discrimination.

### Explanatory Variables

- Sociodemographic:** country, gender, age group, education, employment
- Health-related:** general health status, health literacy, chronic condition burden
- Financial:** ease of meeting household expenses, ease of affording healthcare
- Social/relational:** relationship satisfaction, caregiver status, receipt of support services
- Most ordinal variables were assessed on 5-point Likert scales, where 1 represented the least favorable outcome and 5 represented the most favorable outcome.

### Primary Outcome

- Life satisfaction, measured on a 5-point Likert scale (1 = very dissatisfied to 5 = very satisfied).

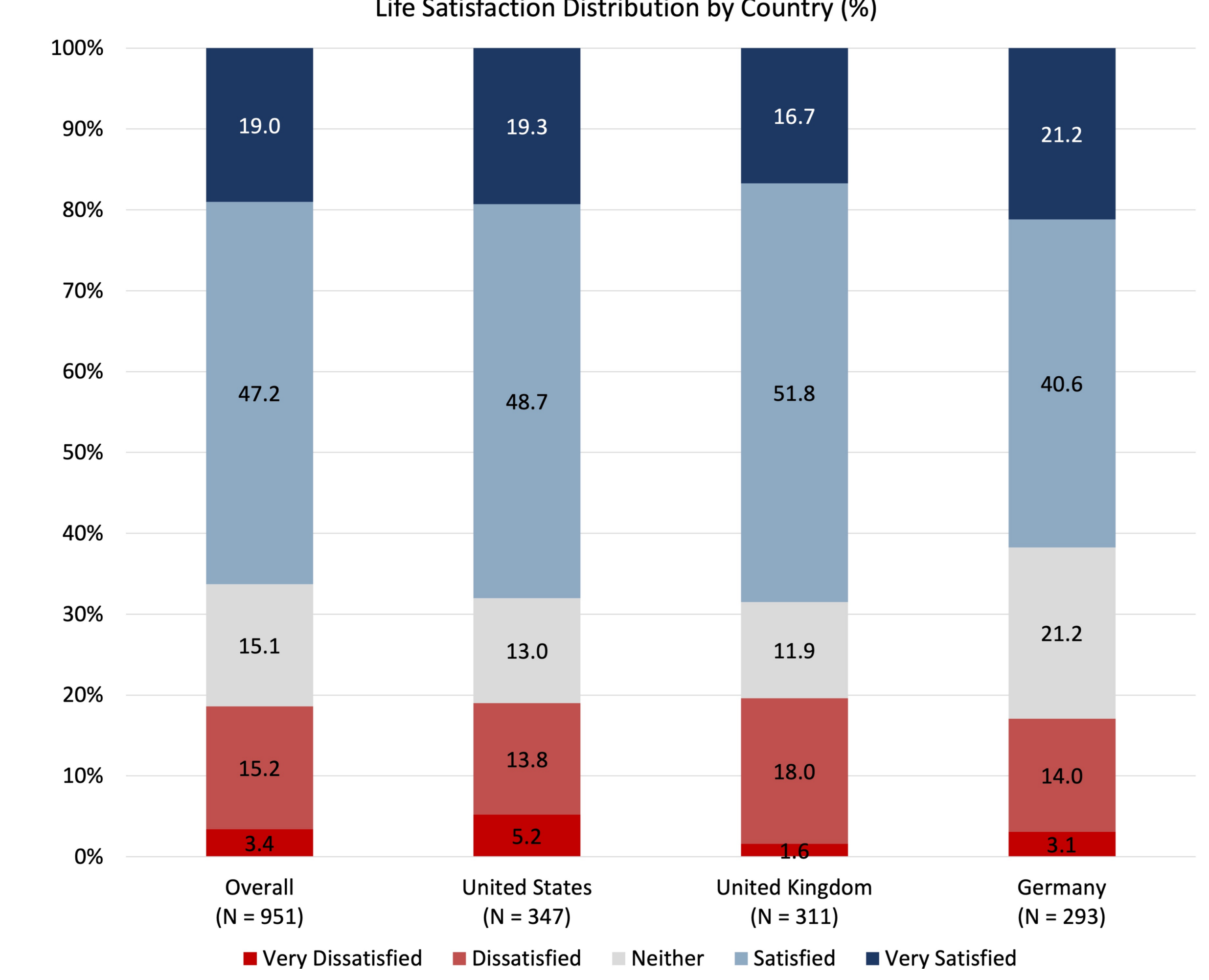
## RESULTS

**Table 1. Sample Characteristics by Country**

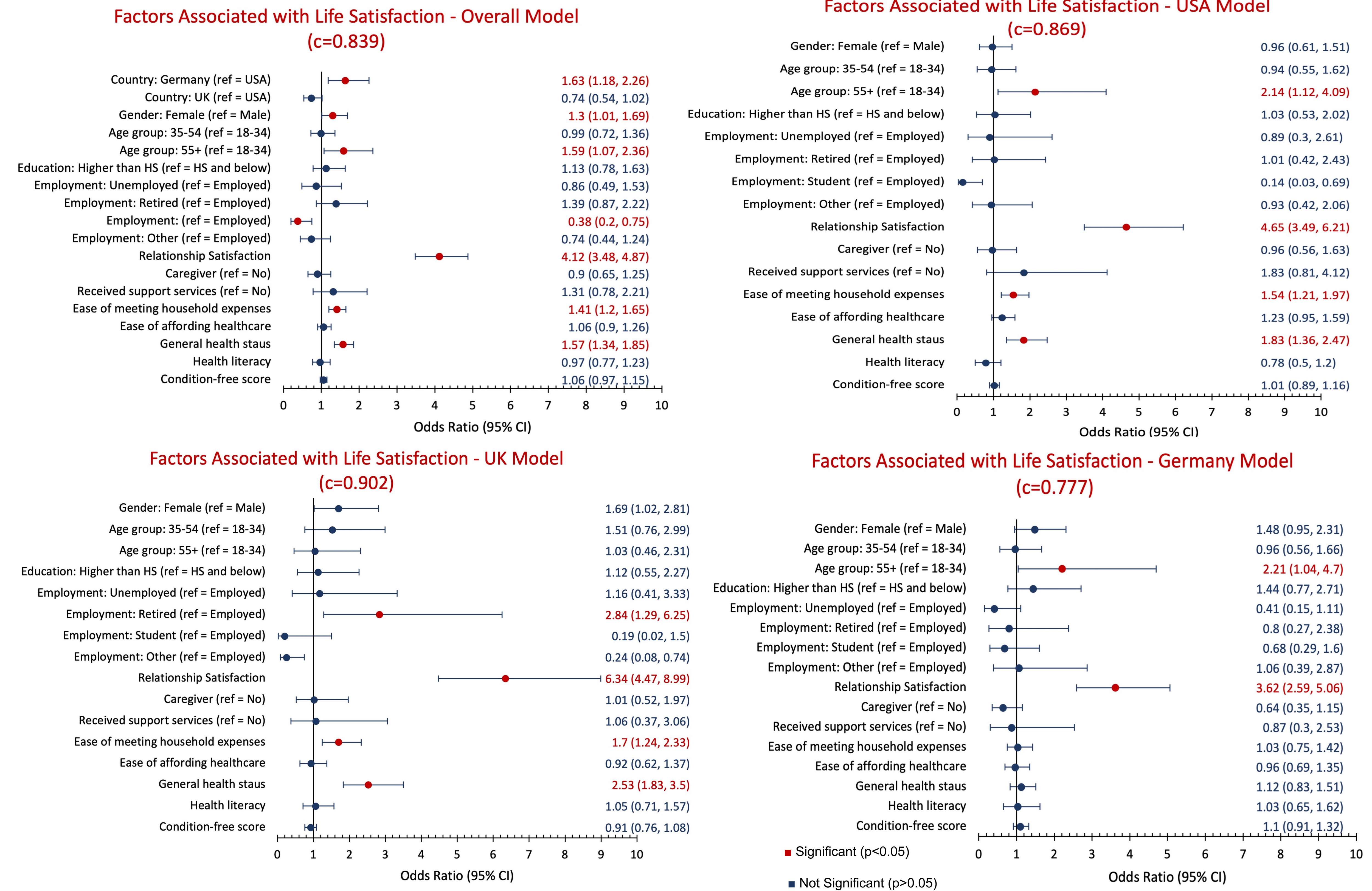
Characteristic	Overall (N=951)	USA (N=347)	UK (N=311)	Germany (N=293)
Female (%)	50.4	52.7	48.5	49.5
Age 55+ years (%)	31.8	31.1	43.1	20.5
Employed (%)	70.2	75.5	61.1	73.7
Retired (%)	13.4	9.5	25.1	5.5
Relationship satisfaction: Satisfied/Very satisfied (%)	70.6	74.4	73.6	62.8
Ease of meeting household expenses: Not/Slightly difficult (%)	72.7	70.9	78.5	68.6
Ease of affording healthcare: Not/Slightly difficult (%)	84.3	78.4	91.6	83.6
General health status: Excellent/Very good (%)	38.7	39.5	40.2	36.2
Life satisfaction: Satisfied/Very satisfied (%)	66.2	68.0	68.5	61.8

Color = deviation from Overall: ■ Red = above average ■ Blue = below average  
Key variables shown (those with most cross-country variation).

**FIGURE 1: Life Satisfaction Distribution by Country**



**FIGURE 2: Factors Associated with Life Satisfaction - Adjusted Multivariable Model Results**



Condition-free score: reverse-coded chronic condition burden score calculated as 11 - number of reported chronic conditions; range 0-11, with higher scores indicating fewer chronic conditions.

## RESULTS (continued)

Key sample characteristics showed cross-country variation. The UK had more older and retired respondents, the USA had the greatest reported difficulty affording healthcare, and Germany had lower proportions reporting high relationship satisfaction and life satisfaction (Table 1).

A similar distribution of overall levels of life satisfaction was observed across countries, with US, UK, and Germany all having between 60-70% respondents reporting satisfied/very satisfied. At the extreme, 5% in USA were very dissatisfied compared to 1.6% in UK. (Figure 1)

Overall (combined data) factors associated with greater life satisfaction (main effects) included Germany (ref: USA), female, older than 55 years, better health status, able to meet household expenses, and higher relationship satisfaction (Figure 2). General health and ease of meeting household expenses were significantly associated with life satisfaction in the USA and UK, but not in Germany.

## DISCUSSION & CONCLUSIONS

- Social connectedness may be an important population health consideration across settings, suggesting that well-being is shaped by more than traditional health outcomes alone.
- Higher levels of extreme dissatisfaction in the USA may reflect structural influences, including healthcare affordability and broader socioeconomic inequities.
- Cross-country variation in the role of retirement suggests that social protection, retirement security, and financial stability may influence well-being in older age.
- These findings support considering life satisfaction alongside HRQoL in HEOR value frameworks and underscore the importance of national context in cross-country well-being assessment.

## REFERENCES

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