

VOLUME IV | Issue 1 | 2016 | CIEO

Guest-Editor: Saul Neves de Jesus

Editor-in-Chief: Patrícia Pinto

Journal of Spatial and Organizational Dynamics

Human Behaviors in Spaces and Organizations

Job Satisfaction in Hotel Employees: A Systematic Review of the Literature
Sérgio da Borralha, Saul Neves de Jesus, Patrícia Pinto and João Viseu

Perspectives from Positive Psychology in Older Adults: Brief Literature Review
Nathália Brandolim Becker, Karine Alexandra Del Rio João and Saul Neves de Jesus

Emotion Regulation and Psychotherapy: Adaptation and Elaboration of an Application
Manual of the Observer Measure of Affect Regulation (O-MAR)
Catarina Almeida, Diogo Silva, Daniela Nogueira, Cristiana Fernandes, Saul Neves de Jesus and João Salgado

The Alcalar Model, A Quality of Life Perception: A Comparative Study of Institutionalized Elderly People
Jorge Andreu Malveiro, Saul Neves de Jesus and Rui Rego

Psychosocial Profile of Spanish and Portuguese Family Preservation Users: An Analysis of Needs and Intervention Clues
Lara Ayala-Nunes, M^a Victoria Hidalgo García, Lucía Jiménez and Saul Neves de Jesus

Entrepreneurship Education: Economic Analysis of an Entrepreneurial Training Program Based on Pupil Enterprises in Portugal
Susana Imaginário, Eurídice Cristo, Saul Neves de Jesus and Fátima Morais

TECHNICAL INFORMATION

Volume IV, Issue 1, 2016

JOURNAL OF SPATIAL AND ORGANIZATIONAL DYNAMICS

Human Behaviors in Spaces and Organizations

Authors:

Catarina Almeida
Cristiana Fernandes
Daniela Nogueira
Diogo Silva
Eurídice Cristo
Fátima Morais
João Bonança
João Salgado
João Viseu
Jorge Andrez Malveiro
Karine Alexandra Del Rio João
Lara Ayala-Nunes
Lucía Jiménez
M^a Victoria Hidalgo García
Nathália Brandolim Becker
Patrícia Pinto
Rui Rego
Rute Martins
Saul Neves de Jesus
Sérgio da Borralha
Susana Imaginário

Guest-Editors: Saul Neves de Jesus

Editor-in-Chief: Patrícia Pinto

Publisher:

Research Centre for Spatial and Organizational Dynamics - CIEO
Campus de Gambelas, Faculdade de Economia, Edifício 9
8005-139, Faro
cieo@ualg.pt
www.cieo.pt

Editorial Board:

Teresa de Noronha, Faculty of Economics, University of Algarve, Portugal (mtvaz@ualg.pt)
André Torre, Institut National de la Recherche Agronomique, Agro Paris Tech, France (andre.torre@wanadoo.fr)
Charlie Karlsson, Jönköping International Business School, Jönköping University, Sweden (Charlie.Karlsson@ihh.hj.se)
Eric Vaz, Department of Geography, Ryerson University, Canada (evaz@GEOGRAPHY.Ryerson.Ca)
Helen Lawton Smith, Department of Management - Birkbeck, University of London, U.K (helen.lawtonsmith@ouce.ox.ac.uk)
Jafar Jafari, School of Hospitality Leadership, University of Wisconsin-Stout, USA (jafari@uwstout.edu)
Purificación Galindo, Department of Statistics, University of Salamanca, Spain (purivic@yahoo.com)
Rafael Alberto Peres, Universidad Complutense de Madrid, Spain (estrategia@rafaelalbertoperez.com)
Saul Neves de Jesus, Faculty of Human and Social Sciences, University of Algarve, Portugal (snjesus@ualg.pt)
Thomas Panagopoulos, Faculty of Sciences and Technology, University of Algarve, Portugal (tpanago@ualg.pt)

Open Access Policy:

This is a blind peer-reviewed journal.

Articles submitted to this journal should not have been published before in their current or substantially similar form.

The JSOD is diffused by all links related to the Research Center for Spatial and Organizational Dynamics and is continually online (http://www.cieo.pt/discussion_papers_editions.php)

This journal is supported by the Portuguese Foundation for Science and Technology (FCT).

Indexation:

RePec-Ideas
Directory of Open Access Journals
Emerging Sources Citation Index (ESCI) - Thomson Reuters
Latindex

Networking and Indexing:

Silvia Fernandes

Page Layout:

Marlene Fernandes

Design and Cover Concept:

Bloco D, Design e Comunicação

Quarterly Edition
ISSN 2183-1912
CIEO, Faro, Portugal

TABLE OF CONTENTS

Job Satisfaction in Hotel Employees: A Systematic Review of the Literature.....	4
---	---

Sérgio da Borralha

Saul Neves de Jesus

Patrícia Pinto

João Viseu

1. Introduction	4
2. Method/Procedure.....	6
3. Results	7
4. Discussion	13
5. Conclusions	15

Perspectives from Positive Psychology in Older Adults: Brief Literature Review	21
--	----

Nathália Brandolim Becker

Karine Alexandra Del Rio João

Saul Neves de Jesus

João Bonança

Rute Martins

1. Introduction	21
2. Method.....	22
3. Results	23
4. Discussion	26

Emotion Regulation and Psychotherapy: Adaptation and Elaboration of an Application Manual of the Observer Measure of Affect Regulation (O-MAR).....	30
--	----

Catarina Almeida

Diogo Silva

Daniela Nogueira

Cristiana Fernandes

Saul Neves de Jesus

João Salgado

1. Introduction	30
2. Method.....	37
3. Results	40
4. Final Remarks.....	51

The Alcalar Model, a Quality of Life Perception: A Comparative Study of Institutionalized Elderly People	56
--	----

Jorge Andrez Malveiro

Saul Neves de Jesus

Rui Rego

1. The Genesis of the Concept of Quality of Life and its Application	56
2. The Architectural Influence on the QoL of the Elderly	61
3. The Typification of Portuguese Social Care Directed to the Elderly: RSSs, DCIs and the Alcalar Retirement Village Prototype	63
4. Methodology	67
5. Results	68
6. Discussion	73
7. Conclusion	76

Psychosocial Profile of Spanish and Portuguese Family Preservation Users: An Analysis of Needs and Intervention Clues	81
---	----

Lara Ayala-Nunes

M^a Victoria Hidalgo García

Lucía Jiménez

Saul Neves de Jesus

1. Introduction	81
2. Method	85
3. Results	88
4. Discussion	93
5. Conclusions	96

Entrepreneurship Education: Economic Analysis of an Entrepreneurial Training Program based on Pupil Enterprises in Portugal	102
---	-----

Susana Imaginário

Eurídice Cristo

Saul Neves de Jesus

Fátima Moraes

1. Introduction	102
2. Methodology	105
3. Results	106
4. Discussion	110
5. Conclusion	111

JOB SATISFACTION IN HOTEL EMPLOYEES: A SYSTEMATIC REVIEW OF THE LITERATURE

*Sérgio da Borralha*¹

*Saul Neves de Jesus*²

*Patrícia Pinto*³

*João Viseu*⁴

ABSTRACT

Hotel employees' job satisfaction is very important to their performance. In a systematic review of the previous literature on hotel employees, it was found that the most studied variable was job satisfaction; there were no other systematic reviews on the topic. In this review, performed in the Web of Knowledge, Web of Science (Social Sciences Index Expanded, Social Sciences Citation Index, Medline), and Science Direct between 2000 and 2014, 51 studies were found.

These studies indicated that satisfaction is crucial to the financial performance and prosperity of hotels and acts a mediator in customer satisfaction. Contributing to greater satisfaction are factors such as greater autonomy and independence, greater power of decision making, flexible schedules, better working conditions, and training. The factors that promote dissatisfaction are wages and reduced benefits. The studies also indicated that a higher level of job satisfaction can have a direct impact on increasing the financial performance of the hotel. The implications of this study for hoteliers and directors relates to the creation of adequate working conditions to increase job satisfaction and provide hotel employees with a greater sense of subjective well-being.

Keywords: Systematic Review, Hotel Workers, Job Satisfaction.

JEL Classification: L83

1. INTRODUCTION

In 1976 Locke defined job satisfaction as a positive state resulting from an individual's evaluation of his or her work or work experiences. In 1997 Spector claimed that job satisfaction is a general feeling or a set of attitudes towards the various aspects of work based on the attention given to cognitive processes. Currivan indicated in 2000 that job satisfaction is a multidimensional concept based on cognitive and affective states, integrating individual factors (Bettencourt & Brown, 1997; Cunha, Rego, Cunha, & Cabral-Cardoso, 2007; Currivan, 2000) based on the work itself or on the individual's interaction with it. This concept has been explained by characteristics such as age, gender, salary, work content (Padmakumar, Swapna, & Gantasala, 2011), promotions, supervision, the characteristics of

¹ Sérgio da Borralha, University of Algarve, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (sergio_borralha@hotmail.com)

² Saul Neves de Jesus, University of Algarve, Faculty of Human and Social Sciences, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (snjesus@ualg.pt)

³ Patrícia Pinto, University of Algarve, Faculty of Economics, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (pvalle@ualg.pt)

⁴ João Viseu, University of Algarve, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (joaonrviseu@gmail.com)

colleagues, physical spaces (Cunha et al., 2007), self-esteem, self-efficacy, internal control locus, emotional stability (Judge & Bono, 2001), and emotional intelligence (Kafetsios & Zampetakis, 2008).

Studies have been performed to understand the relationship between satisfaction and: (a) addictive behaviors (Santos & Paiva, 2007); (b) service (Rebouças, Legay, & Abelha, 2007); (c) physical health (Leite & Carvalho, 2011); (d) performance (Bernhardt, Donthu, & Kenett, 2000; Bowling, 2007; Gu & Siu, 2008; Valdés-Flores & Campos-Rodriguez, 2008); (e) empowerment (Harris, Wheeler, & Kacmar, 2009; Hechanova, Alampay, & Franco, 2006; Laschinger, Finegan, Shamian, & Wilk, 2004; Pelit, Öztür, & Arslantür, 2011); (f) individual factors or general job satisfaction (Almeida, Faisca, & Jesus, 2012; Karatepe, Urludag, Menevis, Hadzimehmedagic, & Baddar, 2006; Mazler & Renzl, 2007; O'Neil & Davis, 2011); (g) work-family conflict (Calvo-Salguero, Carrasco-González, & Lecea, 2010; Karatepe & Sokmen, 2006; Qu & Zhao, 2012; Padmakumar et al., 2011); (h) organizational commitment (Chen, 2006; Currivan, 2000; Feather & Rauter, 2004); (i) hospitality (Aksu & Aktlas, 2005; Fisher & McPhail, 2011; Fisher, MacPhail, & Mengetti, 2010; Gallardo, Sánchez-Cañizares, López-Guzmán, & Jesus, 2009; Gunlu, Aksarayli, & Perçin, 2009); (j) workers, customers, and financial performance (Chi & Gursoy, 2009; Donovan, Brown, & Mowen, 2004); (k) work and intention to quit (Chang, Jiang, Klein, & Chen, 2012; Chen, 2006); (l) self-esteem, self-efficacy, and emotional stability (Judge & Bono, 2001); (m) national culture (Sledge, Miles, & Coppage, 2008); (n) flexibility (Lee, Magnini, & Kim, 2011); and (o) virtual work (Golden & Veiga, 2008).

Other studies have attempted to understand the importance of satisfaction in the workplace in general. In 1995 Thomas and Ganster mentioned that job dissatisfaction could have consequences for psychological well-being. Later, in 2001, Judge, Thoresen, Bono, and Patton, in a literature review composed of 301 articles, indicated the existence of a moderate correlation between satisfaction and work performance and asserted that satisfaction is a predictor of performance. Other authors (e.g., Judge & Watanabe, 1994; Saari & Judge, 2004; Tait, Padgett, & Baldwin, 1989) have underlined that satisfaction is directly associated with life satisfaction and that this relationship can be reciprocal. In 2004 Saari and Judge reported that job satisfaction could be strongly influenced by working conditions, which is why organizations should continue to work on a set of measures aiming to increase satisfaction and prevent job dissatisfaction from influencing an individual's life satisfaction and well-being. In hotels in particular, satisfaction has been associated with less effort, acceptance of the existing policies, the best possible salary (Locke, 1976), working hours (McNamara, Pitt-Catsouphes, Matz-Costa, Brown, & Valcour, 2013), employees' behaviors, service excellence (Bettencourt & Brown, 1997), and even family conflict (Namasivayam & Zhao, 2007), with some results indicating that organizational justice (Nadiri & Tanova, 2010), affective commitment (Lee, Song, Lee, Lee, & Berhard, 2013; Namasivayam & Zhao, 2007), emotional intelligence and intellectual capital (Kafetsios & Zampetakis, 2008), working conditions (Poggi, 2010), and the type of organization (Ogaard, Marnburg, & Larsen, 2008) are directly associated with higher levels of job satisfaction. Similarly, their absence leads to negative behaviors, such as wanting to leave the company (i.e., turnover intention), showing an attitude of indifference and passivity, and, in extreme cases, exhibiting a total lack of interest in the work context (Cunha et al., 2007).

As pointed out by Dawson et al. (2011), companies are aware of the importance of satisfaction in hotel workers. Furthermore, in a previous systematic review (Borralha, Jesus, Valle, & Viseu, in press), in which studies about hotel professionals published between 2000 and 2014 were collected from the Web of Knowledge, Web of Science (Social Sciences Index Expanded, Social Sciences Citation Index, Medline), and Science Direct databases, it was noticed that the most studied variable among these professionals was job satisfaction. However,

we have not identified any previous systematic reviews of studies about the satisfaction of hotel workers. It is important to study job satisfaction because, as a general attitude that relates to subjective well-being, it can influence employees' performance as well as the work itself. While a range of other important variables exists in the context of hospitality workers, job satisfaction has gained a leading role because of its complexity and the combination of many other variables that play a very specific role in individuals' satisfaction. As a variable that results from the combination of multiple factors, it is important to identify these factors so that, in a universe of subjectivity, managers can organize a set of objective measures that increase this satisfaction and play an important role in each worker's need.

Accordingly, it is important to understand the role that job satisfaction plays for employees, what its predictors are, how it can translate into a higher or lower quality of work, and even whether or not it relates to increased productivity and profitability for companies. This article aimed to collect and condense information about which variables are associated directly and indirectly with increasing satisfaction by condensing and grouping the main results presented in the articles collected in the systematic review. Our aim was to review the articles published on the satisfaction of hotel professionals to understand how this construct is related to productivity, profitability, performance, overall satisfaction, and subjective well-being by condensing, gathering, and reducing the spread of information that exists on this issue and understanding how it mediates or is mediated by other constructs that are directly related to the health of organizations. With the information collected we hoped to contribute directly and indirectly to increasing employees' subjective well-being, organizational health, and productivity by improving their performance. A greater understanding of this variable, as well as the perception that a focus on satisfaction equates to better individual and organizational health, meaning more satisfied and committed individuals, will enable the managers of hotel properties to create a set of actions that can trigger this satisfaction. Condensing this information and pinpointing the factors that promote and predict job satisfaction as well as job dissatisfaction may be beneficial for managers by clarifying the role that job satisfaction plays and indicating how human resources can be managed, taking into account the healthy balance between the employees, the managers, and the outcome of the hotel operation itself.

2. METHOD/PROCEDURE

This review was conducted in January 2015 based on the Web of Knowledge, Web of Science (Social Sciences Index Expanded, Social Sciences Citation Index, Medline), and Science Direct databases. We used the variables "hospitality," "tourism," and "hotel" and crossed them with "professionals," "employees," and "workers." A filter was added for the years of publication to collect all the references published between 2000 and 2014. Table 1 indicates the number of references found from the crossing of the variables.

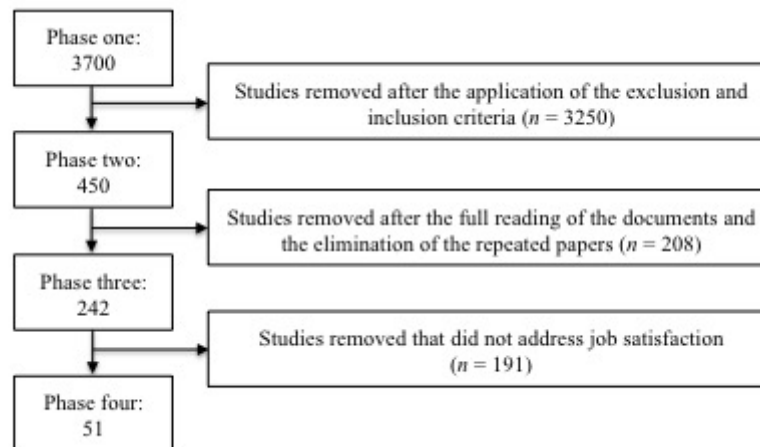
Table 1. Number of references resulting from the keyword crossing

Variables	Crossings	Nº references
Hospitality	Professionals	134
	Employees	407
	Workers	282
Tourism	Professionals	517
	Employees	313
	Workers	304

Hotel	Professionals	313
	Employees	894
	Workers	536

In phase one, resulting from the crossing of the variables, 3700 references were collected. In phase two all the references that did not portray satisfaction from the perspective of hotel employers were excluded: references that: (a) portrayed the reality of other professionals than hotel ones; (b) approached hoteliers from the perspective of customers and not workers; (c) addressed the theme of hotels but without studying the employees' perspective; (d) lacked an empirical approach, and (e) did not focus on job satisfaction. In addition, the following inclusion criteria were taken into account: (a) the presentation of the studied variables (i.e., job satisfaction); (b) studies conducted using questionnaires validated for the populations concerned; (c) the existence of information about what was studied, how it was studied, and what the obtained results were; and (d) studies realized in several countries and in different contexts to avoid skewness in the results. The exclusion and inclusion criteria meant that the only studies contemplated were studies that addressed the variable job satisfaction directly from the perspective of hotel employers and not others as well as studies that addressed employees from the hotel industry and no others. Based on these criteria, 450 references were selected. In phase three, after reading and eliminating repeated references, we achieved a final sample of 242 articles about hotel employees. This procedure was performed in a previous study (Borralla et al., in press), in which we found that job satisfaction was the most studied variable. In the context of the research conducted on hoteliers, we identified 51 studies (phase four). We took into account all the references that considered job satisfaction as a dependent, independent, or mediator variable (Figure 1).

Figure 1. Flow of studies in each phase of the systematic review



For each of the 51 articles that portrayed satisfaction, the following information was collected: (a) references; (b) sample; (c) methodology; and (d) main results.

3. RESULTS

This literature review on job satisfaction in hotel staff identified 51 articles realized in different countries that met the inclusion criteria. Of the total number of studies, 42 were conducted with employees and 4 with directors, 4 were mixed, and 1 was a meta-analysis. The most used measure was the Minnesota Satisfaction Questionnaire (MSQ) (8 studies).

Of the 51 articles, the majority were published from 2008 onwards, so we can infer that the knowledge relating to this variable, in this context, is recent. Table 2 indicates the main information about the studies collected.

Table 2. Main results of the studies conducted about job satisfaction in hotel workers

References	Sample	Methodology	Main results
Upchurch, R., Davies, R., & Sverdlin, O. (2000)	202	Experimental study; descriptive statistics	The results indicated that wages, safety, and working conditions are the basis of motivation and contribute to above-average satisfaction levels.
Lam, T., Zhang, H., & Baum, T. (2001)	287	Experimental study; ANOVA; t-test for independent samples	Employees with higher levels of education were not satisfied with work and presented higher levels of aggression. Higher education levels and working in the organization for over ten years were synonyms of dissatisfaction, especially when the leadership was autocratic and the employees felt that they did not have an important role at work. The main factors of satisfaction were maturity and promotion prospects.
Karatepe, O., & Sokmen, A. (2006)	723 (52.7% males)	Experimental study; self-report questionnaires; confirmatory factor analysis; internal consistency analysis (Cronbach's alpha); correlation analysis	Work-family and family-work conflict, intention to leave, role conflict, and conflict of ambiguity; ambiguity of paper, work-family conflict, and family-work conflict were significant predictors of service recovery performance and the intention to leave. Greater job satisfaction decreased the intention to leave the hotel. Stress related to role and work-family conflict showed a significant negative relationship with the satisfaction of front-office employees. This situation was not verified for work-family conflict.
Hechanova, R., Alampay, R., & Franco, E. (2006)	954	Experimental study; self-report questionnaires; correlation analysis; independence tests; ANOVA; ANCOVA	Psychological empowerment was positively correlated with job satisfaction and performance. Despite intrinsic motivation being associated with higher levels of empowerment and job satisfaction, it did not moderate the relationship with empowerment, job satisfaction, and performance. Males showed greater empowerment than females.
Karatepe, O., Uludag, O., Menevis, I., Hadzimehmedagic, L., & Baddar, L. (2006)	448 (63.8% males)	Experimental study; self-report questionnaires; confirmatory factor analysis; correlation analysis	Competitiveness, self-efficacy, and effort were performance predictors. However, the direct effect of competitiveness in performance was stronger than the effect of effort. The direct effect of self-efficacy on job satisfaction was stronger than the effect of effort. Job satisfaction was negatively correlated with the intention of leaving, while performance was not.
Namasivayam, K., & Zhao, X. (2007)	93	Experimental study; hierarchical linear regression	Family roles that interfere with work roles were negatively associated with satisfaction. The affective component of organizational commitment had a stronger direct effect on satisfaction than the normative component. Affective commitment moderated the effects of job roles on work satisfaction.
Mazler, K., & Renzl, B. (2007)	752	Experimental study; exploratory factor analysis; regression analysis	The existence was confirmed of an asymmetric relationship between satisfaction involving individual and collective factors. Colleagues, managers, development, and the content of work were not important if workers were satisfied, but if they started to become dissatisfied, the abovementioned factors became important. Salaries and responsibility were positively correlated with satisfaction. Time and maturity were useful factors to increase satisfaction.

Tian, X., & Pu, Y. (2008)	413	Experimental study; factor analysis	In China the satisfaction levels in the hotel industry were low and differed with age and gender. The factors that contributed to employees' satisfaction were the growth opportunities in the company and the growth of hotels.
Gu, Z., & Siu, R. (2008)	892 (52.9% males)	Experimental study; self-report questionnaires; descriptive statistics; correlation coefficients; regression analysis	Weak interpersonal skills were the biggest limitation of the labor force. Job satisfaction was correlated with performance. Training opportunities, wages, and benefits, as well as perceived support, were important predictors of job satisfaction.
Ogaard, T., Marnburg, E., & Larsen, S. (2008)	734	Experimental study; correlation analysis; regression models	Employees' perception of their work environment differed from directors' perception. Employees perceived the organization less organically. Both perceptions were positively associated with the subjective evaluation of performance, commitment, and satisfaction.
Yang, J. (2008)	428	Experimental study; Pearson correlation coefficients; multiple regression models	Socialization of employees enabled the organization to benefit from increased commitment and satisfaction and a decline in the number of new professionals wanting to leave. Commitment determined the intention to leave, while satisfaction reinforced commitment.
Sledge, S., Miles, A., & Coppage, S. (2008)	81	Observational study; observation; structured interview	The results partially supported the theory and suggested that culture influences the degree of satisfaction. It reinforced the importance of the work itself to satisfaction. The hygiene factors that promoted job satisfaction were salary, company, and administration policies.
Brown, S., & Lam, S. (2008)	28	Meta-analysis	The perception of service quality by customers mediated the relationship between satisfaction and customer satisfaction.
Gallardo, E., Sanchez-Canizares, S., Lopez-Guzmán, T., & Jesus, M. (2009)	2064 (Andaluzia) 461 (Algarve)	Experimental study; self-report questionnaires; t-test; logistic regression; ANOVA	An acceptable level of job satisfaction in both regions was registered. The importance of wages in reported satisfaction was not confirmed.
Chi, C., & Gursay, D. (2009)	2023; 3346; 250	Experimental study; self-report questionnaires; structural equation modeling	Customer satisfaction had a positive impact on financial performance. Employee satisfaction had no significant direct impact on financial performance. The indirect relationship between employee satisfaction and financial performance was mediated by customer satisfaction.
Gunlu, E., Aksarayli, M., & Perçin, N. (2009)	123 (64% males)	Experimental study; self-report questionnaires; internal consistency analysis (Cronbach's alpha); exploratory factor analysis; t-test for independent samples; correlation analysis; regression analysis	Overall, intrinsic and extrinsic work satisfaction had a significant effect on normative and affective commitment. The dimensions of job satisfaction did not have a significant effect on the directors' continued commitment. When age was considered, wages and academic instruction established a significant relationship with extrinsic work satisfaction. Wages indirectly affected affective commitment.
Duygulu, E., & Kurgan, O. (2009)	293	Experimental study; hierarchical regression analysis	A strong correlation between entrepreneurial behavior and satisfaction was obtained. Entrepreneurial behavior explained 75% of satisfaction.
Liao, S., Hu, D., & Chung, H. (2009)	303	Experimental study; structural equation modeling	Satisfaction mediated the relationship between organizational commitment and leader-employee relationship.

Kim, B., Murrmann, S., & Lee, G. (2009)	320	Experimental study; confirmatory factor analysis; hierarchical regression analysis	The role of stress in satisfaction was significantly higher in females and supervisors than in males and non-supervisor employees.
Zhen, L., & Jie, J. (2009)	218	Experimental study; regression models; Kaiser-Meyer-Olkin test; multiple regression analysis	Three factors were related to work satisfaction: (a) wages and organizational structure; (b) hotel direction; and (c) interpersonal relationships. A relationship was not indicated between gender, education level, marital status, number of working hours, department, position, and satisfaction.
Karadal, H., & Arasli, H. (2009)	400; 1155	Experimental study; confirmatory factor analysis	Employees perceived that their work environments were politically dominated and that there were limitations on issues related to growth, salary increase, and training, resulting in a reduction of their satisfaction and in negative attitudes and behaviors.
Yang, Y. (2010)	671 (71.2% males; 28.8% females)	Experimental study; self-report questionnaires; descriptive analysis; confirmatory factor analysis; structural equation modeling	Role conflict, burnout, socialization, and autonomy at work were significant predictors of job satisfaction. The greater the job satisfaction, the greater the commitment and the lesser the intention to quit.
Nadiri, H., & Tanova, C. (2010)	248	Experimental study; correlation analysis; hierarchical regression	Compared with procedural justice, distributive justice was the greatest predictor of all the studied variables. The sense of fair outcomes that employees had exerted a greater impact on the intention to leave, satisfaction, and organizational citizenship behaviors than the perceived fairness of the firm's procedures. Although satisfaction was related to organizational citizenship behaviors, organizational justice was the factor that had the greatest impact on satisfaction and organizational citizenship behaviors.
Fisher, R., McPhail, R., & Menghetti, G. (2010)	3606; 7896	Experimental study; self-report questionnaires; internal consistency analysis (Cronbach's alpha); t-test for independent samples; measures of association; Cohen's d; Spearman correlation	Commitment, job satisfaction, and organizational citizenship behaviors were significantly associated with financial performance but not with customer satisfaction.
Hon, A., & Lu, L. (2010)	286	Experimental study; structural equation modeling	In expatriates, affective trust mediated satisfaction with organizational commitment. Affective trust mediated satisfaction with expatriates and altruism towards these.
Lee, C., & Way, K. (2010)	359	Experimental study; factor analysis; multiple regression analysis	Different factors had different roles in measuring the satisfaction and retention of employees according to different work characteristics. Factors of the work environment, such as location, communication, results, and departments, might be studied independently of other work characteristics.
Lee, G., Magnini, V., & Kim, B. (2011)	210 (52% females)	Experimental study; self-report questionnaires; structural equation modeling	Emotional intelligence and satisfaction served as antecedents of satisfaction with the flexibility of the working schedule. The intention to leave was a consequence of dissatisfaction with flexible working hours.

Fisher, R., & McPhail, R. (2011)	1792; 3969	Experimental study; self-report questionnaires; internal consistency analysis (Cronbach's alpha); t-test for independent samples; regression analysis; ANOVA	The operation of an internal labor market was supported by effective human resource management policies and actions associated with high levels of commitment and job satisfaction and lower intentions to quit.
Pelit, E., Ozturk, Y., & Arslanturk, Y. (2011)	1854 (59.2% males)	Experimental study; self-report questionnaires; correlation analysis; linear regression	The positive aspects that were more related to satisfaction were the relationships with colleagues and physical working conditions and the most negative were low salaries. Psychological and behavioral empowerment had a significant effect on satisfaction; this effect was higher when these variables were considered together.
O'Neill, J., & Davis, K. (2011)	98; 66	Experimental study; structured interviews and questionnaires; regression analysis; t-test for independent samples	The main stressors were interpersonal stress and workload. Hotel directors felt more stress than employees paid by the hour. The stressors of employees and colleagues were linked to symptoms of negative physical health. Interpersonal stress at work was linked to job satisfaction and the intention to leave.
Fock, H., Chiang, F., Au, K., & Hui, M. (2011)	564	Experimental study; confirmatory factor analysis; principal component analysis	The collectivist orientation raised the effect of self-determination in satisfaction.
Dawson, M., Abbott, J., & Shoemaker, S. (2011)	741	Experimental study; principal component analysis	The following organizational factors were taken into account: (a) management principles; (b) the relationship with customers; (c) work variety; and (d) job satisfaction, as well as personal factors: (a) principles; (b) leadership; (c) risk taking; and (d) precision.
Zhao, X., Qu, H., & Ghiselli, R. (2011)	121	Experimental study; structural equation modeling; MANOVA; confirmatory factor analysis; estimation models of maximum likelihood	Work-family and family-work conflict had a significant negative association with job satisfaction. Only family-work conflict decreased the cognitive evaluation of work. Affective reactions had a significant positive correlation with life satisfaction. Conflict situations, in which the family interferes with work, were negatively associated with life satisfaction.
Kim, W., & Brymer, R. (2011)	305	Experimental study; structural equation modeling	Ethical leadership was positively related to satisfaction and affective commitment. Satisfaction was positively related to organizational commitment.
Almeida, M., Faísca, M., & Jesus, S. (2012)	303 (65.1% females)	Experimental study; self-report questionnaires; Pearson correlation coefficient; hierarchical regression analysis	The effect of mediation clarified the importance of affective commitment, overall satisfaction, and satisfaction oriented towards the client on work features (work motivation, perception of alternatives, and sacrifice perception) and how these aspects affect workers' behavioral intentions as regards the leaving intention and recommendation of the organization.
Qu, H., & Zhao, X. (2012)	121	Experimental study; self-report questionnaires; analysis of hierarchical regression; MANOVA; ANOVA	Employees subject to less conflict between work and family transported positive aspects of day-to-day activities to the workplace. There was a management effort to create a favorable organizational climate for employees' families.
Jang, J., & George, R. (2012)	609	Experimental study; confirmatory factor analysis; structural equation modeling	Performing more than one task simultaneously contributed positively to job satisfaction and negatively to turnover intentions.

Zhao, X., & Namasivayam, K. (2012)	284	Experimental study; hierarchical regression analysis	Self-regulatory processes were moderators between work–family conflict and satisfaction. High levels of work–family conflict negatively influenced satisfaction in individuals with a focus on chronic promotion.
Lee, J., & Ok, C. (2012)	309	Experimental study; structural equation modeling	Emotional intelligence had: (a) a direct and positive impact on emotional effort and personal development; and (b) a direct and negative influence on emotional dissonance and depersonalization. Indirectly, emotional intelligence affected satisfaction and emotional exhaustion through the mediation of personal accomplishment and emotional dissonance. Emotional dissonance affected, directly and indirectly, depersonalization and satisfaction, respectively, by emotional exhaustion. Emotional effort affected personal fulfillment directly and satisfaction indirectly through personal achievement.
Bilgin, N., & Demirer, H. (2012)	271	Experimental study; correlation analysis; regression analysis	Perceived organizational support had a positive effect on both commitment and satisfaction. Affective commitment had a positive effect on satisfaction.
Lee, C., Song, H., Lee, H., Lee, S., & Bernhard, B. (2013)	387	Experimental study; structural equation modeling; confirmatory factor analysis	Organizational trust positively affected satisfaction, which in turn had a positive effect on customer orientation.
Kong, H. (2013)	1012	Experimental study; structural equation modeling	There was a positive relationship between supervisors who support the work–family dynamic and career skills. Career skills contributed positively to satisfaction and job involvement.
Yeh, C. (2013)	336	Experimental study; structural equation modeling	There was a positive relationship between tourist involvement and satisfaction and between tourist involvement and commitment to satisfaction. Commitment was a partial mediator between tourist involvement and satisfaction.
Lin, J., Wong, J., & Ho, C. (2013)	587	Experimental study; confirmatory factor analysis	Work–leisure conflicts were negatively related to the quality of life. Satisfaction with leisure provision systems was positively related to the quality of life. The effect of leisure provision systems on satisfaction with leisure was greater than that on satisfaction.
Madera, J., Dawson, M., & Neal, J. (2013)	130	Experimental study; multiple regression models	Directors who perceived climate diversity positively showed less ambiguity and role conflict and more satisfaction. Ambiguity and role conflict were mediators of the relationship between satisfaction and climate diversity.
Cheng, P., Yang, J., Wang, C., & Chu, M. (2013)	377	Experimental study; confirmatory factor analysis; analysis of hierarchical regression; mediated regression analysis	An ethical framework was a significant predictor of satisfaction and intention to leave. Work values and perceived organizational support moderated and mediated the relationship between the ethical context and the working answers.
Ineson, E., Benke, E., & László, J. (2013)	622	Experimental study; principal component analysis with varimax rotation; Pearson correlation coefficient	Personal satisfaction gained by participation and recognition, social involvement, career development, salaries, and benefits were identified as potential contributors to job satisfaction. For loyalty the following contributors were identified: (a) commitment to the directors and company; (b) working conditions; (c) benefits; (d) service; (e) location; (f) career; and (g) status. The way in which directors treat employees and the positive benefits of social involvement in the workplace had a greater impact on loyalty than maturity.

Lee, C.-S., Chen, Y.-C., Tsui, P.-L., & Yu, T.-H. (2014)	492	Structural equation modeling; factor analysis; correlation analysis; regression analysis	A positive climate of innovation positively influenced satisfaction. The organizational level positively influenced both the innovation climate and satisfaction.
Chiang, F., Birtch, T., & Cail, Z. (2014)	302	Interviews; confirmatory factor analysis; hierarchical regression analysis	Work pressure decreased satisfaction. This relationship was mediated through work content, training, and rewards.
Zopiatis, A., Constanti, P., & Theocharous, A. (2014)	482	Structural equation modeling	A positive association between involvement and normative and affective commitment to satisfaction and between organizational commitment and satisfaction was registered. Negative associations were found between affective commitment, satisfaction, and intention to leave.
Arasli, H., & Baradarani, S. (2014)	314	Structural equation modeling	Leadership, management by facts, employee orientation, and continued improvement were positively associated with satisfaction.

4. DISCUSSION

Satisfaction is one of the main traits that companies require of hotel workers (Dawson et al., 2011). Most of the studies agreed on the factors that promote satisfaction. According to the literature (e.g., Lee & Way, 2010), several factors have different weights in satisfaction, depending on workers' individual characteristics, so this aspect makes addressing job satisfaction in hotel contexts a complex task. The most frequently mentioned factors were: (a) wages, benefits, training, workplace safety, working conditions, salaries, and promotions (Fisher & McPhail, 2011; Gallardo et al., 2009; Gu & Siu, 2008; Ineson et al., 2013; Lam et al., 2001; Mazler & Renzl, 2007; Upchurch et al., 2000; Zhen & Jie, 2009); (b) the type of work and the feeling of doing things (Gallardo et al., 2009; Sledge et al., 2008); (c) socialization (Yang, 2008, 2010); (d) entrepreneurial behavior (Duygulu & Kurgan, 2009); (e) organizational justice (Nadiri & Tanova, 2010); (f) relationships with colleagues and physical conditions at work (Gallardo et al., 2009; Pelit et al., 2011; Zhen & Jie, 2009); (g) leadership (Arasli & Baradarani, 2014; Kim & Brymer, 2011); (h) perception and support (Bilgin & Demirel, 2012; Fisher & McPhail, 2011); (i) flexible working hours (Gallardo et al., 2009; Lee et al., 2011); (j) tourist involvement and commitment (Yeh, 2013; Zopiatis et al., 2014); (k) the working environment (Madera et al., 2013); (l) the type of organization (Lee et al., 2014; Ogaard et al., 2008); (m) the importance of the work (Gallardo et al., 2009); (n) affective commitment and autonomy (Yang, 2010; Zopiatis et al., 2014); (o) empowerment (Hechanova et al., 2006); (p) an innovation climate (Lee et al., 2014), and (q) financial results (Fisher et al., 2010). No studies were found that presented different results from the analyzed ones. Although most studies indicated a direct relationship between demographic factors and satisfaction (Tian & Pu, 2008), there was no consensus between researchers. In a study performed in 2009, Zhen and Jie did not establish any relationship between gender, education level, marital status, and the number of working hours, department, position, and job satisfaction. However, these results were not the same in most of the realized studies.

Apart from demographic characteristics, studies were consensual in identifying some predictors of job satisfaction, namely: (a) growth prospects within the organization and the hotel unit growth (Tian & Pu, 2008); (b) competitiveness, self-efficacy, and effort (Karatepe et al., 2006); (c) empowerment (Fock et al., 2011; Pelit et al., 2011); (d) the ability to perform multiple tasks simultaneously (Jang & George, 2012); (e) feelings of collectivism (Fock et al., 2011); (f) ethical behavior (Cheng et al., 2013); (g) emotional intelligence

(Lee et al., 2011; Lee & Okay, 2012); (h) personal satisfaction, social involvement, wages, and benefits (Ineson et al., 2013); (i) trust in the organization (Lee et al., 2013); (j) greater satisfaction with life (Qu & Zhao, 2012); (k) career skills and support from the supervisor (Kong, 2013); (l) a low education level (Gallardo et al., 2009); and (m) work in independent hotels (Gunlu et al., 2009). Studies also indicated a number of factors that contribute to work dissatisfaction. These factors were: (a) the existence of conflicts and high levels of academic training (Karatepe & Sokman, 2006; Lam et al., 2001; Lin et al., 2013; Namasivayam & Zhao, 2007; Pelit et al., 2011; Qu & Zhao, 2012; Zhao et al., 2011); (b) low wages and job security, policies, and inadequate administration (Gallardo et al., 2009; Sledge et al., 2008); (c) problems with colleagues (O'Neil & Davis, 2011); (d) the existence of multiple stressors (Karatepe & Sokman, 2006); (e) a rigid system of leadership and few growth opportunities (Karadal & Arasli, 2009); (f) pressure at work (Chiang, 2014); (g) low organizational commitment (Zopiatis et al., 2014); (h) reduced work prestige and advanced age (Gallardo et al., 2009); and (i) few tasks to accomplish (Jang & George, 2012). The results of the intention to leave, the high staff turnover rate, and the consequences of such turnover, which affect profitability, all seem to be directly connected to low satisfaction levels (Cheng et al., 2013; Karatepe et al., 2006; Yang, 2010; Zopiatis et al., 2014) and the stress felt at work (Kim et al., 2009). On the other hand, the highest satisfaction levels increase the intention to stay and loyalty towards the business (Gu & Siu, 2008). Based on the results collected from studies conducted in various countries, which were thus independent of the cultural context, it is understood that satisfaction is largely related to financial results (Fisher et al., 2010); this aspect underlines the necessity to improve subjective well-being in current hotel management.

Some of the major limitations presented by the studies were: (a) the sample representativeness (Almeida et al., 2012; Fisher et al., 2010; Gallardo et al., 2009; Gu & Siu, 2008; Gunlu et al., 2009; Pelit et al., 2011; Qu & Zhao, 2012); (b) the measures used (Gu & Siu, 2008; Karatepe & Sökmen, 2006; Karatepe et al., 2006; Lee et al., 2011); (c) the collection of data in different periods, possibly causing distortion in the perception of working conditions in each of the different regions studied (Gallardo et al., 2009); (d) the use of few variables related to satisfaction (Almeida et al., 2012; Chi & Gursoy, 2009; Lee et al., 2011); (e) the use of satisfaction as a one-dimensional construct (Chi & Gursoy, 2009); (f) studies of satisfaction and other relatable concepts that can easily contribute to misunderstandings in the results' interpretation (Qu & Zhao, 2012); and (g) the use of the same sample to evaluate all the constructs addressed (Karatepe & Sökmen, 2006; Karatepe et al., 2006). The use of different measures for the same construct can interfere with the main results, meaning that it is difficult to pinpoint the aspects of the construct that indeed were evaluated. The same applies to the different country samples. Different country samples should be evaluated with regard to their relationship with the variable job satisfaction before they are included in studies.

Another limitation of this work is that it should have divided the employees into different categories, meaning that general employees should appear in a different category from managers and so on. In our paper 42 studies were performed with employees, 4 were conducted with directors, and another 4 were mixed. Different aspects of job satisfaction can have different impacts on employees depending on their working category. Future studies should contemplate this reality.

Because of this, the results presented must be interpreted with caution, since the generalization of results can be imprecise and produce skewness, making it difficult to generalize them to other populations than the ones studied.

5. CONCLUSIONS

Regardless of culture, satisfaction is one of the most important factors in the profitability, financial performance, and efficiency of organizations (Yang, 2010), acting as a mediator between customer satisfaction and financial performance. Several factors contribute to satisfaction. Organizations must adapt their methods of management in terms of human and financial resources through the creation of mechanisms that allow their employees to have: (a) more autonomy and independence; (b) decision-making responsibilities; (c) safety; (d) flexible schedules; and (e) better physical working conditions (Gunlu et al., 2009). Associated with increased satisfaction is the training given to employees. Managers should invest in training, allowing employees to address different personal work-related questions with implications for work results related to emotional intelligence, self-efficacy, stress, conflict resolution, and general satisfaction with life. The major difficulties in these areas are directly related to greater job dissatisfaction and consecutively lower performance levels and efficiency of organizations. The results also indicate that wages and reduced benefits are determinants of dissatisfaction and poor performance. Thus, we suggest the realization of further studies to enable the assessment of employees' performance either using the salary issue or offering a range of promising benefits, prompting organizations to consider the importance of more balanced wages and better benefits for hotel employees. Future studies should take into account different working classes of employees as well as the relation between job satisfaction, productivity, and profitability, as there are not enough studies promoting such information.

From the perspective that satisfaction mediates customers' satisfaction and their return to the hotel, this return reflects better financial performance, so it is extremely important to make a detailed assessment of the cost analysis. An evaluation comparing the costs of the implementation of a program to increase job satisfaction with increased company profitability figures is essential to provide information about the influence of this concept on hotel profitability. This analysis would highlight the importance and the benefit for the staff and company of the implementation of standards and rules for increasing employee satisfaction. Likewise, we suggest the realization of meta-analyses to clarify the results. The implications from this study for the professionals leading organizations are the responsibility to create better working environments, providing working conditions that facilitate the feeling of greater job satisfaction and well-being. Managers and directors should address the issue of job satisfaction from a perspective other than cost and a factor that is no concern of their own, providing their staff with better working conditions and a set of benefits that are favorable to the working hotel staff. We believe that a change in job satisfaction will be apparent in the actual human resource management paradigm.

As regards the academic implications, the results of this study may call for further studies in areas that cross the study of variables directly related to job satisfaction as well as studies that comprehend and deepen the relation between staff job satisfaction and increased productivity and profitability.

ACKNOWLEDGMENTS

This paper is financed by National Funds provided by FCT- Foundation for Science and Technology through project UID/SOC/04020/2013.

REFERENCES

- Aksu, A. A., & Aktas, A. (2005). Job satisfaction of managers in tourism: Cases in the Antalya region of Turkey. *Managerial Auditing Journal*, 20, 479-488.
- *Almeida, M. H. R.G., Faísca, L. M. M., & Jesus, S. N. (2012). Positive attitudes at work, some of its consequents and antecedents: A study with hotel professionals. *International Journal of Economics and Management Sciences*, 6, 71-88.
- *Arasli, H., & Baradarani, S. (2014). Role of job satisfaction in the relationship of business excellence and OCB: Iranian hospitality industry. *Procedia-Social and Behavioural Sciences*, 109, 1406-1415.
- Bernhardt, K. L., Donthu, N., & Kennett, P. A. (2000). A longitudinal analysis of satisfaction and profitability. *Journal of Business Research*, 47, 161-171.
- Bettencourt, L., & Brown, S. (1997). Contact employees: Relationship among workplace fairness, job satisfaction and prosocial service behaviours. *Journal of Retailing*, 73, 39-61.
- *Bilgin, N., & Demirer, H. (2012). The examination of the relationship among organizational support, affective commitment and job satisfaction of hotel employees. *Procedia, Social and Behavioural Sciences*, 51, 470-473.
- Borralha, S., Jesus, S. N., Valle, P., & Viseu, J. (in press). Hotel employees: A systematic literature. *Tourism and Management Studies*.
- Bowling, N. A. (2007). Is the job satisfaction-job performance relationship spurious? A meta-analytic examination. *Journal of Vocational Behaviour*, 71, 167-185.
- *Brown, S., & Lam, S. (2008). A meta-Analysis of relationships linking employee's satisfaction to customer responses. *Journal of Retailing*, 84, 243-255.
- Calvo-Salguero, A., Carrasco-González, A. M., & Lecea, J. M. S. (2010). Relationship between work-family conflict and job satisfaction: The moderating effect of gender and the salience of family and work roles. *African Journal of Business Management*, 4, 1247-1259.
- Chang, C., Jiang, J., Klein, G., & Chen, H. (2012). Career anchors and disturbances in job turnover decisions: A case study of IT professionals in Taiwan. *Information & Management*, 49, 309-319.
- Chen, C. (2006). Job satisfaction, organizational commitment, and flight attendant's turnover intentions: A note. *Journal of Air Transport Management*, 12, 274-276.
- *Cheng, P., Yang, J., Wang, C., & Chu, M. (2013). Ethical contexts and employee job responses in the hotel industry: The role of work values and perceived organizational support. *International Journal of Hospitality Management*, 34, 108-115.
- *Chi, C. G., & Gursoy, D. (2009). Employee satisfaction, customer satisfaction, and financial performance: An empirical examination. *International Journal of Hospitality Management*, 28, 245-253.
- *Chiang, F., Birtch, T., & Cai, Z. (2014). Front-line service employees' job satisfaction in the hospitality industry: The influence of job demand variability and the moderating roles of job content and job context factors. *Cornell Hospitality Quarterly*, 55, 398-407.
- Cunha, M. P., Rego, A., Cunha, R. C., & Cabral-Cardoso, C. (2007). *Manual de Comportamento organizacional e Gestão*. Lisboa: Editora RH.
- Curran, D. (2000). The causal order of job satisfaction and organizational commitment in models of employee turnover. *Human Resource Management*, 9, 495-524.

- *Dawson, M., Abbott, J., & Shoemaker, S. (2011). The hospitality culture scale: A measure organizational culture and personal attributes. *International Journal of Hospitality Management*, 30, 290-300.
- Donovan, D. T., Brown, T. J., & Mowen, J. C. (2004). Internal benefits of service-worker customer orientation: Job satisfaction, commitment, and organizational citizenship behaviours. *Journal of Marketing*, 68, 128-146.
- *Duygulu, E., & Kurgan, O. (2009). The effect of managerial entrepreneurship on employee satisfaction: Hospitality manager's dilemma. *African Journal of Business Management*, 3, 715-726.
- Feather, N. T., & Rauter, K. A. (2004). Organizational citizenship behaviours in relation to job status, job insecurity, organizational commitment and identification, job satisfaction and work rules. *Journal of Occupational and Organizational Psychology*, 77, 81-94.
- *Fisher, R., & McPhail, R. (2011). Internal labour markets as a strategic tool: A comparative study of UK and Chinese hotels. *The Service Industries Journal*, 31, 137-152.
- *Fisher, R., McPhail, R., & Menghetti, G. (2010). Linking employee attitudes and behaviours with business performance: A comparative analysis of hotels in Mexico and China. *International Journal of Hospitality Management*, 29, 397-404.
- *Fock, H., Chiang, F., Au, K., & Hui, M. (2011). The moderating effect of collectivistic orientation in psychological empowerment and job satisfaction relationship. *International Journal of Hospitality Management*, 30, 319-328.
- *Gallardo, E., Sánchez-Cañizares, S-M., López-Guzmán, T., & Jesus, M. (2009). Employee satisfaction in the Iberian hotel industry: The case of Andalusia (Spain) and the Algarve (Portugal). *International Journal of Contemporary Hospitality Management*, 22, 321-334.
- Golden, T. D., & Veiga, J. F. (2008). The impact of superior -subordinate relationships on the commitment, job satisfaction, and performance of virtual workers. *The Leadership Quarterly*, 19, 77-88.
- *Gu, Z., & Siu, R. C. S. (2008). Drivers of job satisfaction as related to work performance in Macao casino hotels. *International Journal of Contemporary Hospitality Management*, 21, 561-578.
- *Gunlu, E., Aksarayli, M., & Perçin, N. S. (2009). Job satisfaction and organization commitment of hotels managers in Turkey. *International Journal of Contemporary Hospitality Management*, 22, 693-717.
- Harris, K. J., Wheeler, A. R., & Kacmar, K. M. (2009). Leader-member exchange and empowerment: Direct and interactive effects on job satisfaction, turnover intentions, and performance. *The Leadership Quarterly*, 20, 371-382.
- *Hechanova, M. R. M., Alampay, R. B. A., & Franco, E. P. (2006). Psychological empowerment, job satisfaction and performance among Filipino service workers. *Asian Journal of Social Psychology*, 9, 72-78.
- *Hon, A., & Lu, L. (2010). The mediating role of trust between expatriate procedural justice and employee outcome in Chinese hotel industry. *International Journal of Hospitality Management*, 29, 669-676.
- *Ineson, E., Benke, E., & László, J. (2013). Employee loyalty in Hungarian hotels. *International Journal of Hospitality Management*, 32, 31-39.
- *Jang, J., & George, R. (2012). Understanding the influence of polychronicity on job satisfaction and turnover intention: A study on non-supervisory hotel employees. *International Journal of Hospitality Management*, 31, 588-595.

- Judge, T. A., & Watanabe, S. (1994). Individual differences in the nature of the relationship between job and life satisfaction. *Journal of Occupational and Organizational Psychology*, 67, 101-107.
- Judge, T. A., Thoresen, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*, 127, 376-407.
- Judge, T., & Bono, J. (2001). Relationship of core self-evaluations traits-self-esteem, generalized self-efficacy, locus of control, and emotional stability-with job satisfaction and job performance: A meta-analysis. *Journal of Applied Psychology*, 86, 80-92.
- Kafetsios, K., & Zampetakis, L. (2008). Emotional intelligence and job satisfaction: Testing the mediatory role of positive and negative affect at work. *Personality and Individual Differences*, 44, 712-722.
- *Karadal, H., & Arasli, H. (2009). The impacts of superior politics on frontline employees' behavioural and psychological outcomes. *Social Behaviour and Personality*, 37, 175-190.
- *Karatepe, O. M., Uludag, O., Menevis, I., Hadzimehmedagic, L., & Baddar, L. (2006). The effects of selected individual characteristics on frontline employee performance and job satisfaction. *Tourism Management*, 27, 547-560.
- *Karatepe, O. M., & Sokmen, A. (2006). The effects of work role and family role variables on psychological and behavioural outcomes of frontline employees. *Tourism Management*, 27, 255-268.
- *Kim, B., Murrmann, S., & Lee, G. (2009). Moderating effect of gender and organizational level between role stress and job satisfaction among hotel employees. *International Journal of Hospitality Management*, 28, 612-619.
- *Kim, W., & Brymer, R. (2011). The effects of ethical leadership on manager job satisfaction, commitment, behavioural outcomes, and firm performance. *International Journal of Hospitality Management*, 30, 1020-1026.
- *Kong, H. (2013). Relationship among work-family supportive supervisors, career competencies, and job involvement. *International Journal of Hospitality Management*, 33, 304-309.
- *Lam, T., Zhang, H., & Baum, T. (2001). An investigation of employees' job satisfaction: the case of hotels in Hong Kong. *Tourism Management*, 22, 157-165.
- Laschinger, H. K. S., Finegan, J. E., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behaviour*, 25, 527-545.
- *Lee, C., & Way, K. (2010). Individual employment characteristics of hotel employees that play a role in employee satisfaction and work retention. *International Journal of Hospitality Management*, 29, 344-353.
- *Lee, C., Song, H., Lee, H., Lee, S., & Bernhard, B. (2013). The impact of CSR on casino employees' organizational trust, job satisfaction, and costumer orientation: An empirical examination of responsible gambling strategies. *International Journal of Hospitality Management*, 33, 406-415.
- *Lee, C., Chen, Y., Tsui, P., & Yu, T. (2014). Examining the relations between open innovation climate and job satisfaction with a PLS path model. *Quality and Quantity*, 48, 1705-1722.
- *Lee, G., Magnini, V. P., & Kim, B. (2011). Employee satisfaction with schedule flexibility: Psychological antecedents and consequences within the workplace. *International Journal of Hospitality Management*, 30, 22-30.

- *Lee, J., & Ok, C. (2012). Reducing burnout and enhancing job satisfaction: Critical role of hotel employees' emotional intelligence and emotional labour. *International Journal of Hospitality Management*, 31, 1101-1112.
- Leite, C., & Carvalho, R. (2011). Gestão da ergonomia para a saúde ocupacional dos gerentes hoteleiros. *International Journal on Working Conditions*, 1, 110-128.
- *Liao, S., Hu, D., & Chung, H. (2009). The relationship between leader-member relations, job satisfaction and organizational tourist hotels in Taiwan. *The International Journal of Human Resource Management*, 20, 1810-1826.
- *Lin, J., Wong, J., & Ho, C. (2013). Promoting frontline employees' quality of life: Leisure benefit systems and work-to-leisure conflicts. *Tourism Management*, 36, 178-187.
- Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1297-1349). Chicago. Rand McNally.
- *Madera, J., Dawson, M., & Neal, J. (2013). Hotel managers perceived diversity and job satisfaction: The mediating effects of role ambiguity and conflict. *International Journal of Hospitality Management*, 35, 28-34.
- *Mazler, K., & Renzl, B. (2007). Assessing asymmetric effects in the formation of employee satisfaction. *Tourism Management*, 28, 1093-1103.
- McNamara, T., Pitt-Catsoupes, M., Matz-Costa, C., Brown, M., & Valvour, M. (2013). Across the continuum of satisfaction with work-family balance: Work hours, flexibility-fit, and work-family culture. *Social Science Research*, 42, 283-298.
- *Nadiri, H., & Tanova, C. (2010). An investigation of the role of justice in turnover intentions, job satisfaction, and organizational citizenship behaviour in hospitality industry. *International Journal of Hospitality Management*, 29, 33-41.
- *Namasivayam, K., & Zhao, X. (2007). An investigation of the moderating effects of organizational commitment on the relationship between work-family conflicts and job satisfaction among hospitality employees in India. *Tourism Management*, 28, 1212-1223.
- *O'Neil, J. W., & Davis, K. (2011). Work stress and well-being in the hotel industry. *International Journal of Hospitality Management*, 30, 385-390.
- *Ogaard, T., Marnburg, E., & Larsen, S. (2008). Perceptions of organizational structure in the hospitality industry: Consequences for commitment, job satisfaction and perceived performance. *Tourism Management*, 29, 661-671.
- Padmakumar, R., Swapna, B., & Gantasala, V. (2011). Work environment, service climate, and customer satisfaction: Examining theoretical and empirical connections. *International Journal of Business and Social Sciences*, 2, 121-132.
- *Pelit, E., Öztür, Y., & Arslantürk, Y. (2011). The effects of employee empowerment on employee job satisfaction. *International Journal of Contemporary Hospitality Management*, 23, 784-802.
- Poggi, A. (2010). Job satisfaction, working conditions and aspirations. *Journal of Economic Psychology*, 31, 936-949.
- *Qu, H., & Zhao, X. (2012). Employees' work-family conflict moderating life and job satisfaction. *Journal of Business Research*, 65, 2-28.
- Rebouças, D., Legay, L., & Abelha, L. (2007). Satisfação com o trabalho e impacto causado nos profissionais de serviço de saúde mental. *Revista de Saúde Pública*, 41, 244-250.
- Saari, L., & Judge, T. (2004). Employee attitudes and job satisfaction. *Human Resources Management*, 43, 395-407.

- Santos, A., & Paiva, V. (2007). Vulnerabilidade ao VIH: Turismo e uso de álcool e outras drogas. *Revista de Saúde Pública*, 41, 80-86.
- *Sledge, S., Miles, A. K., & Coppage, S. (2008). What role does culture play? A look at motivation and job satisfaction among hotel workers in Brazil. *The International Journal of Human Resource Management*, 19, 1667-1682.
- Spector, P. (1997). *Job satisfaction, application, assessment, causes and consequences*. United Kingdom: Sage.
- Tait, M., Padgett, M. Y., & Baldwin, T. T. (1989). Job and life satisfaction: A revaluation of the strength of the relationship and gender effects as a function of the date of the study. *Journal of Applied Psychology*, 74, 502-507.
- Thomas, L. T., & Ganster, D. C. (1995). Impact of family-supportive work variables on work-family conflict and strain: A control perspective. *Journal of Applied Psychology*, 80, 6-15.
- *Tian, X., & Pu, Y. (2008). An artificial neural network approach to hotel employee satisfaction: The case of China. *Social Behaviour and Personality*, 36, 467-482.
- *Upchurch, R., Davies, R., & Sverdlin, O. (2000). Motivation of the Russian worker: An evolutionary process. *Tourism Management*, 21, 509-514.
- Valdés-Flores, P., & Campos-Rodriguez, J. A. (2008). Personal skills, job satisfaction, and productivity in members of high performance teams. *College Teaching Methods & Styles Journal*, 4, 81-86.
- *Yang, J. (2008). Effects of newcomer socialization on organisational commitment, job satisfaction, and turnover intention in the hotel industry. *The service Industries Journal*, 28, 429-443.
- *Yang, J. (2010). Antecedents and consequences of job satisfaction in the hotel industry. *International Journal of Hospitality Management*, 29, 609-619.
- *Yeh, C. (2013). Tourism involvement, work engagement and job satisfaction among frontline hotel employees. *Annals of Tourism Research*, 42, 214-239.
- *Zhao, X., & Namasivayam, K. (2012). The relationship of chronic regulatory focus to work-family conflict and job satisfaction. *International Journal of Hospitality Management*, 31, 458-467.
- *Zhao, X., Qu, H., & Ghiselli, R. (2011). Examining the relationship of work-family conflict to job and life satisfaction: A case of hotel sales managers. *International Journal of Hospitality Management*, 30, 46-54.
- *Zhen, L., & Jie, J. (2009). A study on job satisfaction of hotel employees. *Communication presented at the Conference on Information Management, Innovation Management and Industrial Engineering*. Department of International Business, second Polytechnic University, Shanghai.
- *Zopiatis, A., Constanti, P., & Theocharous, A. (2014). Job involvement, commitment and turnover: Evidence from hotel employees in Cyprus. *Tourism Management*, 41, 129-140.

PERSPECTIVES FROM POSITIVE PSYCHOLOGY IN OLDER ADULTS: BRIEF LITERATURE REVIEW

Nathália Brandolim Becker¹

Karine Alexandra Del Rio João²

Saul Neves de Jesus³

João Bonança⁴

Rute Martins⁵

ABSTRACT

The present review aims to determine the main findings concerning positive psychology in older adults. We used the electronic databases Web of Science and EBSCO, which were efficient tools to find the necessary heterogeneity for the selection of studies published between 2005 and 2015, through the following keywords: “Positive Psychology” and “Older”. After selecting 12 studies, they were assessed regarding the following information: (a) source; (b) setting; (c) number of older adults (participants); (d) average age (SD); (e) inclusion criteria for each study; (f) instruments; and (g) the results of our investigative question. The results show that interventions with a positive psychology approach are favorable to the reduction of symptoms (anxiety and depression) and the increase of well-being; and positive psychology constructs have the same impact on well-being and on reducing symptoms, portraying a promising approach to public health. Our investigation showed the necessity to develop a new perspective on aging. Some of the assessed studies reported that it is possible to achieve this with the inclusion of positive psychology, which can facilitate this development.

Keywords: Older Adults, Elderly, Positive Psychology, Review.

JEL Classification: I31

1. INTRODUCTION

The world’s population is aging and the World Health Organization (WHO, 2015) reported that, in the next decades, namely by 2050, the world’s population aged over 60 years will have increased from the current 841 million to 2 billion, making the well-being of seniors a new challenge in global public health. In 2020, for the first time in history, the number of people over 60 years old will be higher than that of children up to 5 years old (WHO, 2015). Unfortunately, the increasing number of elderly people has not been accompanied by an increase in public services ready to take care of them (WHO, 2015). A contradiction is apparent in this situation, because higher life expectancy is not directly related to healthy living, since many elderly people are living longer but without quality of life, currently

¹ Nathália Brandolim Becker, University of Algarve, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (nathalia_brandolim@msn.com)

² Karine Alexandra Del Rio João, University of Algarve, Faro, Portugal. (delriokarina@gmail.com)

³ Saul Neves de Jesus, University of Algarve, Faculty of Human and Social Sciences, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (snjesus@ualg.pt)

⁴ João Bonança, University of Algarve, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (joaobonanca@gmail.com)

⁵ Rute Martins, University of Algarve, Faro, Portugal. (a47281@ualg.pt)

depending on drugs or being kept in specialized institutions. This scenario indicates a public health problem that needs to be solved. The latest world report on ageing and health highlighted the need for a new global framework to cover the wide diversity of older populations and address the inequalities beneath it (WHO, 2015). From a global perspective, the described needs focus on the development of new health care systems in the long term; a change in the way of understanding aging; encouraging the development of new processing approaches; and strengthening the capacity to assist older people in adapting to the changing environment (WHO, 2015).

We suggest that the need to change the understanding of aging might be addressed with positive psychology. The focus is currently still on the disease model (WHO, 2015), of which the main feature is the repair operation of human injury (Seligman & Csikszentmihalyi, 2000), an approach that has not been adequate (WHO, 2015). In addition, positive psychology produced the goal of “catalyzing a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities” (Seligman & Csikszentmihalyi, 2000, p. 6). Thus, positive psychology has offered a new approach to mental health promotion (Kobau et al., 2011).

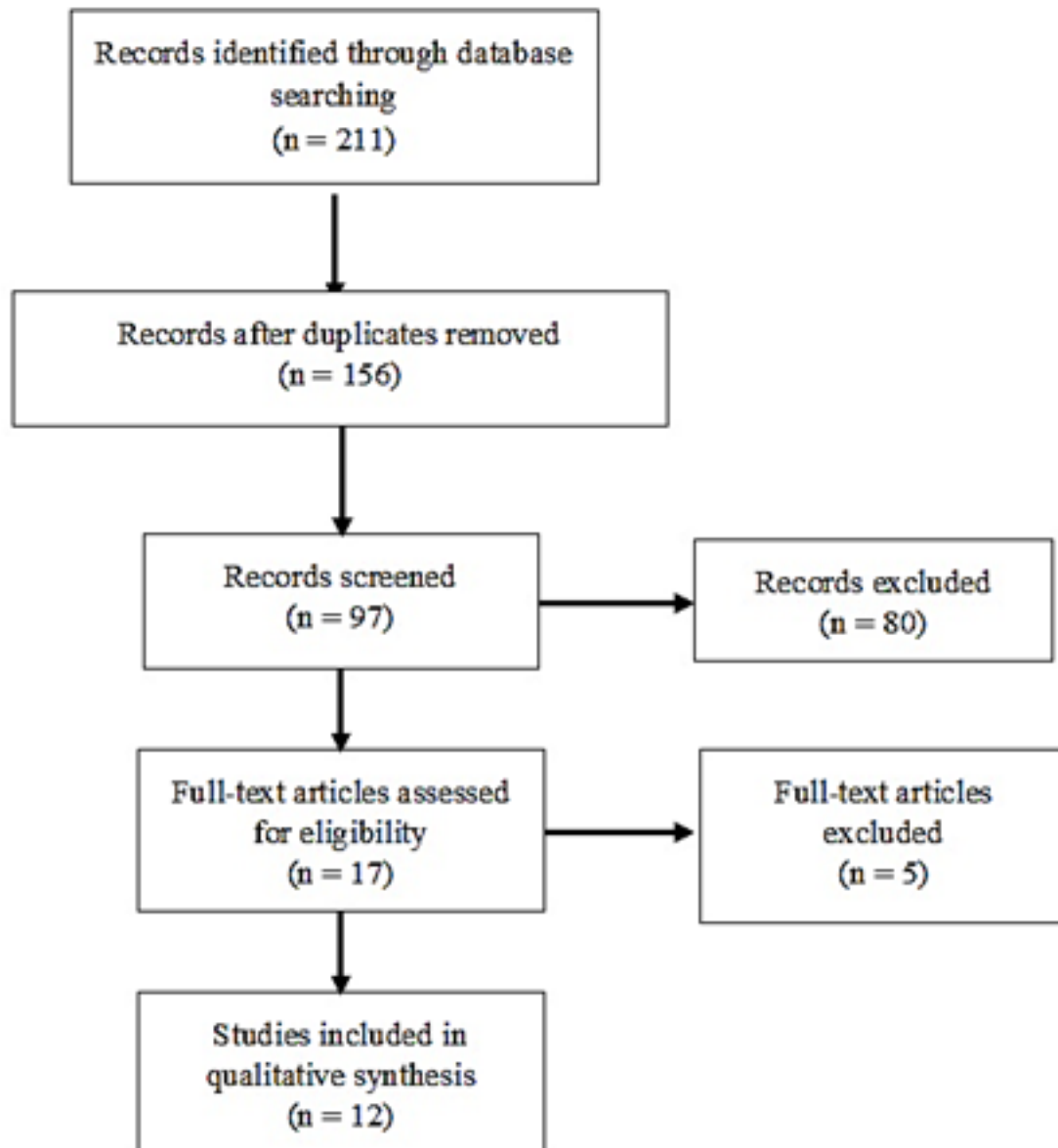
Investigations with seniors have used interventions of positive psychology methods with positive effects on well-being and on reducing anxiety and depression (Ho, Yeung, & Kwok, 2014; Proyer, Gander, Wellenzohn, & Ruch, 2014; Ramírez, Ortega, Chamorro, & Colmenero, 2014). Increasing the scientific redirection of negative affect (Seligman & Csikszentmihalyi, 2000) in future research may be essential to promoting well-being and long-term quality of life for elderly people. With this in mind, it becomes important to check the main studies that use the measurement of at least one of the constructs of positive psychology. No recent literature review dealing with a specific examination of the variables of positive psychology (measurable) in the elderly was found.

This brief literature review aims to determine the main findings in terms of positive psychology in the elderly, focusing on the prospects for future research. In this way we will try to clarify what has been found in the past decade in published empirical studies, so that, in accordance with the guidelines presented by the WHO (2015), subsequent research can contribute efficiently to the development of strategies and effective public policies with regard to aging.

2. METHOD

The present review reports an investigation of positive psychology aspects in older adults undertaken during the month of November 2015. We used the electronic databases Web of Science and EBSCO, which were efficient tools in finding the necessary heterogeneity for the selection of studies published between 2005 and 2015 through the keywords “positive psychology” and “older,” covering the largest possible amount of studies ($n = 211$). The next step consisted of removing the duplicated findings ($n = 156$) and considering some eligibility criteria: the samples should a) consist exclusively of older people or they should be clearly differentiated from the overall sample; b) be empirical studies; c) measure a certain range or actual effectiveness of any program related to positive psychology; d) provide sufficient results for the discussion of the measurement of a particular variable of positive psychology; and e) be written in the English or Portuguese language. Then, the articles assessed as eligible ($n = 15$) were evaluated. A further 3 studies were excluded given that they did not show the statistical information necessary to understand the results and did not present cohesive conclusions about a construct of positive psychology in older people.

Figure 1. Phases of the review. The number (n) of studies that remained in the sample was present in each phase



Source: Own elaboration

After the selection of 12 studies, they were assessed regarding the following information: (a) source; (b) setting; (c) number of older adults (participants); (d) average age (SD); (e) inclusion criteria for each study; (f) instruments; and (g) the results of our investigative question. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) was applied to the method of selection and classification of the studies under review (Liberati et al., 2009).

3. RESULTS

The characterization of “positive psychology” followed the same approach. All the investigations measured at least one scale of a construct of positive psychology, but some interventions were carried out using the approach of positive psychology with regard to the

use of the variables that comprise it (Ho et al., 2014; Proyer et al., 2014; Ramírez et al., 2014). The theoretical perspective was confirmed by the selection of studies with identical subjects (i.e. older adults). Some studies used the general population for comparative purposes (Işık & Üzbe, 2015; Ruch, Proyer, & Weber, 2010; Westerhof & Keyes, 2010); however, we considered only those that differentiated the elderly population in the analysis of the results.

In these investigations the constructs of “positive psychology” measured through self-report questionnaires were: a) life satisfaction; b) happiness; c) well-being; d) gratitude; e) meaning in life; f) positive emotions; and g) quality of life. The methodological approach was not common to all the studies: some were studies on methods of intervention and quantitative studies, though all were considered to be empirical studies.

Table 1 displays the source, setting, number of older adults overall and per genre, average age, standard derivation, and inclusion criteria for the sample in each investigation. The total number of participants was 4823 (2580 females and 2243 males). This figure does not take into consideration 2 samples for which their papers did not present the exact values of the group of older adults (Işık & Üzbe, 2015; Westerhof & Keyes, 2010). The average age was 73.29 years, calculated from the average values given in the papers comprising only older adults as participants. In the selected investigations, different ages were considered for older adults: a) people over 50 years old (Proyer et al., 2014; Yamada, Merz, & Kisvetrova, 2014); b) people over 55 years old (Smith & Hollinger-Smith, 2015); c) people over 60 years old (Gana, Bailly, Saada, Joulain, & Alaphilippe, 2013; Ho et al., 2014; Ramírez et al., 2014); and d) people over 65 years old (Homan, 2014; Işık & Üzbe, 2015; Koopmans, Geleijnse, Zitman, & Giltay, 2010; Ruch et al., 2010; Westerhof & Keyes, 2010; Wolverson, Clarke, & Moniz-Cook, 2010).

Regarding the setting (Table 1), the majority (n = 9) of the papers considered persons of the general community, namely people who were without cognitive deterioration, non-institutionalized, and not undergoing current psychotherapeutic or psychopharmacological treatment, meaning that most of the participants in these investigations were possibly not sick. On the other hand, three studies were performed with older adults who were using permanent medical services, that is, residents of nursing homes, people diagnosed with dementia, or home care clients.

Table 1. Articles Included in the Literature Review, Participant Characterization, Setting, and Inclusion Criteria (N = 12)

Source	Setting	Number of older adults (F/M)	Average age (SD)	Inclusion criteria
Ramírez et al. (2014)	DC ¹	46 (29/17)	71.18 (7.06)	Did not demonstrate cognitive deterioration, aged 60 or older, and gave their informed consent.
Koopmans et al. (2010)	NI ²	861 (451/410)	75.00 (5.70)	Non-institutionalized elderly men and women aged 65, who agreed to be interviewed at baseline (informed consent)
Ruch et al. (2010)	CD ³	1792 (919/873)	37.83 (12.80)	German-speaking, completed the questionnaires online
Homan (2014)	CP ⁴	106 (73/33)	75.30 (7.0)	People from three community programs aimed at older adults who gave informed consent
Yamada et al. (2014)	HC ⁵	361 (239/122)	77.30 (n.i.)	Aged 50 years old and lacking cognitive impairments
Westerhof & Keyes (2010)	NI ²	1340 (670/670)*	48.32 (17.66)	Dutch-speaking non-institutionalized individuals, households in the Netherlands

Proyer et al. (2014)	OR ⁶	510 (163/347)	55.58 (5.16)	Adults over 50 years old, completed baseline questionnaires online, currently not in psychotherapeutic or psychopharmacological treatment, and no current use of illegal drugs on a regular basis
Ho et al. (2014)	CC ⁷ ; NH ⁸	74 (66/8)	77.97 (7.03)	Adults over 60 years old, not clinically depressed, and with intact verbal and hearing abilities for interpersonal communication
Gana et al. (2013)	NI ²	899 (512/387)	72.73 (5.68)	Non-institutionalized age cohort of residents from the "Center of France" region
Smith & Hollinger-Smith (2015)	CC ⁷	164 (121/43)	n.i.	Aged 55 or older, living in a large metropolitan area, and agreed to participate in the study
Wolvenson et al. (2010)	MC ⁹	10 (7/3)	81.10 (n.i.)	Diagnosis of dementia, within the mild level of severity of the MMSE ¹⁰ , an awareness of memory difficulties and diagnosis, people over the age of 65, with sufficient verbal fluency and able to give informed consent
Işık & Üzbe (2015)	CD ³	335 (190/145)*	n.i.	Adult population

* All participants (all ages)

DC¹ – day center (members); NI² – non-institutionalized; CD³ – community dwelling; CP⁴ – community programs aimed at older adults; HC⁵ – home care clients; OR⁶ – online registration; CC⁷ – community centers; NH⁸ – nursing homes; MC⁹ – memory clinic; MMSE¹⁰ – Mini Mental State Exam.

Table 2 presents the main results according to the purpose of this review and the instruments used to collect data from each study conducted from the perspective of positive psychology in older adults. The evaluation tools were separated into three categories: a) negative measures of states of humor and affection; b) measures of cognition and health status; and c) positive measures of states of humor and affection. Regarding the main results, a positive psychology approach decreased the state/symptoms of anxiety and depression, reducing the negative impact of comorbidity as well as increasing specific memory, life satisfaction, happiness, and gratitude. It was also demonstrated that constructs of positive psychology, such as life satisfaction, resilience, happiness, and the ability to enjoy positive experiences (i.e. psychological well-being), had an impact on reducing mortality and depression in older adults, even though they showed lower levels of subjective well-being than younger ones.

Table 2. Main Results of the Studies Conducted on Positive Psychology in Older People (N = 12)

Source	Instruments	Results
Ramírez et al. (2014)	STAI ¹ ; BDI ² ; AMT ³ ; MEC ⁴ ; LSS ⁵ ; SHS ⁶	Those participants who followed the program showed a significant decrease in states of anxiety and depression as well as an increase in specific memories, life satisfaction, and subjective happiness compared with the control group.
Koopmans et al. (2010)	SSWO ⁷ ; PA ⁸	Happiness predicted lower mortality, which may partly be mediated by more physical activity and lower morbidity.
Ruch et al. (2010)	VIA-IS ⁹ ; SWLS ¹⁰ ; OTH ¹¹	Humor presented a strong positive correlation with life satisfaction, as well as with a pleasurable and engaged life, but a weaker one with meaningful life. The oldest participants had the lowest correlation coefficients.
Homan (2014)	AGI ¹² ; ECR ¹³ ; PWB ¹⁴	Secure (non-anxious) attachment to God predicted positive relationships with others, self-acceptance, environmental mastery, and personal growth. Avoidant attachment did not predict any of the well-being indices.

Yamada et al. (2014)	CCI ¹⁵ ; QOL ¹⁶ ; AAQ ¹⁷	The negative impact of comorbidity on the quality of life might be mitigated by promoting a positive self-perception of aging in older people.
Westerhof & Keyes (2010)	MHC-SF ¹⁸ ; BSI ¹⁹ ; PC ²⁰ ; ADL ²¹ ; SH ²²	Older adults, except for the oldest, scored lower on psychopathological symptoms and were less likely to be mentally ill than younger adults. Although there were fewer age differences for mental health, older adults experienced higher levels of emotional well-being, similar levels of social well-being, and slightly lower levels of psychological well-being.
Proyer et al. (2014)	AHI ²³ ; CES-D ²⁴	Three out of the four interventions (i.e. gratitude visit, three good things, and using signature strengths in a new way) increased happiness, whereas two interventions (three funny things and using signature strengths in a new way) led to a reduction of depressive symptoms in one post-measure. Positive psychology interventions yielded similar results in people aged 50 and above and in younger people.
Ho et al. (2014)	GDS ²⁵ ; GQ ²⁶ ; LSL ⁵ ; SHS ⁶	The intervention reduced the number of depressive symptoms and increased the levels of satisfaction, gratitude, and happiness.
Gana et al. (2013)	SWLS ¹⁰ ; SPH ²⁷	The findings from both unconditional and conditional models indicated a linear increase in LS for an eight-year period. As expected, the results showed significant random variation in both interception and slope, indicating that the participants started at different levels and changed at different rates.
Smith & Hollinger-Smith (2015)	SBI ²⁸ ; ROAS ²⁹ ; SL ³⁰ ; SHS ⁶ ; CES-D ²⁴	In older adults greater resilience and greater ability to savor positive experiences both predicted greater happiness, lower depression levels, and greater life satisfaction (i.e., greater psychological well-being). However, the relationship between savoring experiences and psychological well-being was stronger in people with lower resilience.
Wolverson et al. (2010)	MMSE ³¹ ; GRAD ³² ; CSDD ³³ ; SEIS ³⁴	Eight themes were extracted and subsumed under two higher-order themes: “live in hope or die in despair” and “keep living and keep living well.” The participants described how their internalized hope-fostering beliefs, which were often learned during childhood, were challenged by the reality of hope-hindering experiences associated with old age and dementia. A balancing process of reappraisal enhanced resolution and the sense of stability and then allowed them to develop positive attitudes towards common age-related health constraints and social circumstances.
Işık & Üzbe (2015)	MLQ ³⁵ ; PANAS ³⁶ ; ABPT ³⁷	Young adults’ search for meaning in life was higher than that of either middle-aged adults or older adults. Positive affect, extroversion, openness to experiences, agreeableness, and conscientiousness correlated with both the presence of meaning in life and the subject’s search for meaning in life.

STAI¹ – State and Trait Anxiety Inventory; BDI² – Beck Depression Inventory; AMT³ – Autobiographical Memory Test; MEC⁴ – Mini-Cognitive Exam; LSS⁵ – Life Satisfaction Scale; SHS⁶ – Subjective Happiness Scale; SSWO⁷ – Scale of Subjective Well-being for Older Persons; PA⁸ – physical activity; VIA-IS⁹ – Values in Action Inventory of Strengths (humor scale); SWLS¹⁰ – Satisfaction with Life Scale; OTH¹¹ – Orientations to Happiness Scale; AGI¹² – Attachment to God Inventory; ECR¹³ – Experiences in Close Relationships Scale; PWB¹⁴ – psychological well-being; CCI¹⁵ – Charlson Comorbidity Index; QOL¹⁶ – Quality of Life (World Health Organization), Whoqol-Bref and Whoqol-Old; AAQ¹⁷ – Attitudes to Aging Questionnaire; MHC-SF¹⁸ – Mental Health Conditions; BSI¹⁹ – Brief Symptom Inventory; PC²⁰ – physical conditions; ADL²¹ – activities of daily living; SH²² – subjective health; AHI²³ – Authentic Happiness Inventory; CES-D²⁴ – Center of Epidemiologic Studies Depression Scale; GDS²⁵ – Geriatric Depression Scale; GQ²⁶ – Gratitude Questionnaire; SPH²⁷ – self-perceived health; SBI²⁸ – Savoring Beliefs Inventory; ROAS²⁹ – Resilience in Older Adults Survey; SL³⁰ – satisfaction with life; MMSE³¹ – Mini Mental State Exam; GRAD³² – Guidelines for Rating Awareness in Dementia; CSDD³³ – Cornell Scale for Depression in Dementia; SEIS³⁴ – Semi-structured Interview Schedule; MLQ³⁵ – Meaning in Life Questionnaire; PANAS³⁶ – Positive and Negative Schedule; ABPT³⁷ – Adjective-Based Personality Scale.

4. DISCUSSION

This brief literature review intended to perform a survey of the empirical studies conducted in the last decade on positive psychology in the elderly, taking into consideration the results found. It also aimed to report the perspectives that are still essential in this field of research,

hence enabling a dialogue with the guidelines presented by the WHO (2015) and making it possible to explore perspectives for future research in this area of investigation. The age defined by each paper for older adults presented variations starting at 50 years old, showing a lack of consensus (Proyer et al., 2014; Yamada et al., 2014). However, around the age of 60, when major disabilities and losses are more obvious (WHO, 2015), one can be considered an older adult. This difference is evident according to countries' income, since, on average, the health conditions of older people are worse in countries where the income is low than in higher-income countries, as well as the life expectancy, considering the lower average of older people (WHO, 2015). However, regardless of the country in which the investigations were conducted, a standard age could be established to consider aging and therefore enable greater generalization power and comparability of the results presented worldwide.

We understand that the age considered is important for us to know a person's point in life, their capabilities and limitations, and whether they can expect a healthy or ailing old age. This subject is associated with healthy aging considering the process of developing and maintaining the functional ability that enables well-being in old age (WHO, 2015). Thus, well-being along with quality of life are the main goals of mental health promotion as understood by the approach of "positive psychology" that is at issue in this review (Kobau et al., 2011).

The contents of the analyzed studies were presented as the ability to understand and intervene, taking into consideration positive attributes, psychological assets, and strengths, through positive emotions, positive individual traits, positive relationships among groups, and enabling institutions that foster positive outcomes (Kobau et al., 2011). The majority of them ($n = 9$) were performed with people who were considered to be healthy, an important indicator that research has been seeking possible contributions from non-clinical specimens or samples without limiting diseases. In view of what Buysse (2014) reported on the need for special care to look more at good health, perhaps science can move forward and contribute to people's health.

The need to change focus has also been reported more recently by the World Health Organization (2015) as being essential for a new way of understanding aging. Therefore, when we consider the results of these investigations, we notice that a positive psychology approach shows favorable results in reducing symptoms (anxiety and depression) and increasing well-being; positive psychology constructs have the same impact on well-being and on the reduction of symptoms, portraying a promising approach to public health (Kobau et al., 2011).

It is important to consider that there are limitations in this research with regard to the non-tireless conducting of empirical studies on the subject, and we cannot determine the generalizability of the presented results with complete accuracy. It is also important to note that, regardless of the inability to reach the maximum total number of studies, it was possible to access recent information sources, including articles published in recent years. The studies contained in this brief literature review can be used as a source capable of dealing with the most recent guidelines for thematic research on the elderly.

Finally, our study showed the necessity to develop a new perspective on aging. Some studies reported that it is possible to achieve this, and the inclusion of positive psychology can make the task easier. The best way to give our older people better life quality is through positive actions, which will demonstrate a better view of life.

ACKNOWLEDGMENTS

This paper is financed by National Funds provided by FCT- Foundation for Science and Technology through project UID/SOC/04020/2013.

N.B. Becker received a doctoral fellowship from Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) process BEX 1990/15-2.

REFERENCES

- Buyse, D. J. (2014). Sleep Health: Can We Define It? Does It Matter? *Sleep*, 37, 9–U219. doi:10.5665/sleep.3298
- Gana, K., Bailly, N., Saada, Y., Joulain, M., & Alaphilippe, D. (2013). Does life satisfaction change in old age: Results from an 8-year longitudinal study. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 68(4), 540–552. doi:10.1093/geronb/gbs093
- Ho, H. C. Y., Yeung, D. Y., & Kwok, S. Y. C. L. (2014). Development and evaluation of the positive psychology intervention for older adults. *The Journal of Positive Psychology*, 9(3), 187–197. doi:10.1080/17439760.2014.888577
- Homan, K. J. (2014). Symbolic Attachment Security and Eudemonic Well-Being in Older Adults. *Journal of Adult Development*, 21, 89–95. doi:10.1007/s10804-013-9182-6
- Işık, Ş., & Üzbe, N. (2015). Personality Traits and Positive / Negative Affects : An Analysis of Meaning in Life among Adults. *Education Sciences: Theory and Practice*, 15(3), 587–596. doi:10.12738/estp.2015.3.2436
- Kobau, R., Seligman, M. E. P., Peterson, C., Diener, E., Zack, M. M., Chapman, D., & Thompson, W. (2011). Mental Health Promotion in Public Health: Perspectives and Strategies From Positive Psychology. *American Journal of Public Health*, 101(8), e1–e9. doi:10.2105/AJPH.2010.300083
- Koopmans, T. A., Geleijnse, J. M., Zitman, F. G., & Giltay, E. J. (2010). Effects of Happiness on All-Cause Mortality During 15 Years of Follow-Up: The Arnhem Elderly Study. *Journal of Happiness Studies*, 11(1), 113–124. doi:10.1007/s10902-008-9127-0
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gotzsche, P. C., Ioannidis, J. P. A., ... Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *Bmj*, 339(jul21 1), b2700–b2700. doi:10.1136/bmj.b2700
- Proyer, R. T., Gander, F., Wellenzohn, S., & Ruch, W. (2014). Positive psychology interventions in people aged 50-79 years: long-term effects of placebo-controlled online interventions on well-being and depression. *Aging & Mental Health*, 18(4), 37–41. doi:10.1080/13607863.2014.899978
- Ramírez, E., Ortega, A. R., Chamorro, A., & Colmenero, J. M. (2014). A program of positive intervention in the elderly: memories, gratitude and forgiveness. *Aging & Mental Health*, 18(4), 463–70. doi:10.1080/13607863.2013.856858
- Ruch, W., Proyer, R. T., & Weber, M. (2010). Humor as a character strength among the elderly: empirical findings on age-related changes and its contribution to satisfaction with life. *Zeitschrift Für Gerontologie Und Geriatrie*, 43(1), 13–18. doi:10.1007/s00391-009-0090-0

- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: an introduction. *American Psychologist*, 55(1), 5–14.
- Smith, J. L., & Hollinger-Smith, L. (2015). Savoring, resilience, and psychological well-being in older adults. *Aging & Mental Health*, 19(3), 192–200. doi:10.1080/13607863.2014.986647
- Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17(2), 110–119. doi:10.1007/s10804-009-9082-y
- Wolverson, E. L., Clarke, C., & Moniz-Cook, E. (2010). Remaining hopeful in early-stage dementia: A qualitative study. *Aging & Mental Health*, 14(4), 450–460. doi:10.1080/13607860903483110
- World Health Organization. (2015). World report on ageing and health. (W. H. Organization, Ed.) World Health Organization. Luxembourg: World Health Organization. doi:10.1007/s13398-014-0173-7.2
- Yamada, Y., Merz, L., & Kisvetrova, H. (2014). Quality of life and comorbidity among older home care clients: role of positive attitudes toward aging. *Quality of Life Research*, 1661–1667. doi:10.1007/s11136-014-0899-x

EMOTION REGULATION AND PSYCHOTHERAPY: ADAPTATION AND ELABORATION OF AN APPLICATION MANUAL OF THE OBSERVER MEASURE OF AFFECT REGULATION (O-MAR)

Catarina Almeida¹

Diogo Silva²

Daniela Nogueira³

Cristiana Fernandes⁴

Saul Neves de Jesus⁵

João Salgado⁶

ABSTRACT

The aim of this work was to adapt and develop a Portuguese manual for the Observer Measure of Affect Regulation (O-MAR; Watson & Prosser, 2006), an observational measure of clients' emotion regulation in psychotherapy. Since the scale has not yet been adapted to Portuguese, initially a translation was performed. Then, to elaborate the manual, the middle 20 minutes of 20 therapy sessions were observed and classified and 2 illustrative excerpts were selected by consensus for each level of analysis of the various domains of the scale. All these videotaped sessions were collected in a randomized clinical trial carried out in Portugal for the treatment of depression, comparing 2 empirically supported models for the treatment of this disorder – cognitive behavioral therapy and emotion-focused therapy. All the participants were initially evaluated and diagnosed with mild or moderate major depressive disorder, and they attended 16 sessions of psychotherapy.

Keywords: Emotion Regulation, Psychotherapy, O-MAR.

JEL Classification: I10

1. INTRODUCTION

After a period during which emotions were regarded as a mysterious phenomenon and inaccessible to scientific research (Gross, 2007), currently there are no doubts about their importance to individuals' lives. In recent decades several scientific works have been conducted (Greenberg, 2002) in an attempt to understand the set of processes linked to emotions and their role in terms of physical and mental health (Davidson, Scherer, & Goldsmith, 2003; Fredrickson & Cohn, 2008; Gross, 2007).

Over their life cycle, human beings are faced with several challenges, difficulties, and distress situations, and emotions play a key role in adapting to these demands by organizing

¹ Catarina Almeida, University of Algarve, Faro, and University Institute of Maia, Maia, Portugal. (clima@docentes.ismai.pt)

² Diogo Silva, University Institute of Maia, Maia, Portugal. (Diogo_sousa_silva@hotmail.com)

³ Daniela Nogueira, University Institute of Maia, Maia, Portugal. (dnogueira@docentes.ismai.pt)

⁴ Cristiana Fernandes, University Institute of Maia, Maia, Portugal. (fcrisfernandes@gmail.com)

⁵ Saul Neves de Jesus, University of Algarve, Faculty of Human and Social Sciences, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (snjesus@ualg.pt)

⁶ João Salgado, University Institute of Maia, Maia, and Psychology Center of the University of Porto, Porto, Portugal. (jsalgado@ismai.pt)

actions (Reeve, 2009). According to Greenberg (2006), emotions inform individuals that a particular purpose or need may be favorable or unfavorable, reflecting a biological trend determined to act according to our assessment of a situation based on goals, needs, or concerns. In this way, through emotions, the individual carries out an initial assessment of the situation, a key feature that informs the individual of the importance of events, preparing him or her for rapid adaptive action and directing his or her behavior (Greenberg, 2002). Consequently, the role of emotions in human psychological functioning is fundamental since they provide vital functions, such as guiding, communicating, preventing, signaling, and preparing for action.

Despite this adaptive character, emotions can emerge as pleasant or unpleasant, euphoric or dysphoric yet adaptive or maladaptive experiences according to what is appropriate in each situation experienced by individuals (Barrett & Wager, 2006; Greenberg, 2002). In this way, and as stated by Gross (2002, p. 281), “*One of life’s great challenges is successfully regulating emotions.*” In the field of scientific research, there do not seem to be any doubts about the importance of emotion regulation in the various dimensions of people’s lives. Emotion regulation is a core competence in social interaction, influencing emotional expression and behavior (Lopes, Salovey, Cote, & Beers, 2005). It is an important factor in determining the well-being and adaptive functioning of human beings (Cicchetti, Ackerman, & Izard, 1995), preventing high levels of stress and maladaptive behaviors in emotionally demanding situations (Gross, 1998).

In spite of the substantial amount of research attention paid to emotion regulation in recent years, there are different definitions of this construct. For instance, Thompson (1994, cit. Sloan & Kring, 2007, pp. 27–28) stated that emotion regulation “Consists of intrinsic and extrinsic processes responsible for monitoring, evaluating and modifying emotion reactions, especially their intensive and temporal features, to accomplish one’s goals.” Similarly, Gross (1998, p. 275) defined emotion regulation as the process by “which individuals influence which emotions they have, when they have them, and how they experience and express these emotions.” Considering the functional nature of emotion responses, Gratz and Roemer (2004, cit. Berna, Ott, & Nandrino, 2014; Slee, Spinhoven, Garnefski, & Arensman, 2008) defined emotion regulation from a more clinical perspective, integrating four dimensions into this process: awareness and understanding of emotions; acceptance of emotions; ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative emotions; and ability to use contextually appropriate emotion regulation strategies to modulate emotional responses as desired to meet individual goal and situation demands. Despite the lack of consensus, there are common points to the several conceptions of emotion regulation. For Berking and colleagues (2008) and Watson, McMullen, Prosser, and Bedard (2011), regulating emotions comprises the ability to process, model, and express the emotional experience. It is this perspective that underlies the development of this work.

The way in which we regulate our emotions is fundamental to our lives and therefore may be adaptive or maladaptive. According to Bridges, Denham, and Ganiban (2004), to be able to regulate their emotions, individuals need flexibility and the ability to adapt to the current circumstances and modulate their emotions. Such skills suggest, for instance, the initiation or maintenance of positive emotional states and the attenuation of negative emotional states. From this perspective, Cole, Martin, and Dennis (2004) reported that emotion regulation is associated with changes in activated emotions, taking into account their nature, intensity, and duration, or psychological processes such as memory and social interaction. Nevertheless, authors like Eisenberg and Spinrad (2004) supported a more specific view, suggesting that the concept of emotion regulation should be directed to the regulation of emotions and not to the regulation of cognitive, behavioral, and relational processes of emotions. Thus, the authors argued that emotion regulation may be understood

as the process of initiating, avoiding or maintaining, and modulating the occurrence, form, intensity, or duration of the emotional states.

Individuals' capacity to recognize and sustain emotions, to approach and/or move away from emotions like sadness and discouragement, to interpret the physiological activation, to develop effective self-control skills, and to understand emotions as an enhancing factor of performance are extremely important dimensions of their success in regulating emotions (Greenberg, 2004; Gross & Thompson, 2007). According to Greenberg (2004), it is essential to recognize and sustain emotions because only then can we eventually tolerate pleasant or unpleasant emotions. At this level Elliott, Watson, Goldman, and Greenberg (2004) underlined that the immediate difficulty that could arise is becoming disconnected from one of the emotion dimensions. For instance, a person can have difficulties in accessing the bodily experience of emotions or fail in the process of symbolizing them.

Currently emotion regulation research is considered to be extremely relevant to multiple areas of psychology. The importance of emotion regulation has been well documented, for instance in cognitive psychology, social psychology, and psychobiology, among other areas. However, being fundamental to the adaptive functioning and mental health of human beings, emotion regulation represents an extremely relevant field for clinical psychology and specifically for psychotherapy (Greenberg, 2004; Gross, 1998; Watson et al., 2011). In fact, as human beings, we constantly try to make sense of our experiences (Greenberg & Pascual-Leone, 1995). We seek to explain them and give them meaning by narrating them in a way that enables us to tell a continuous story about the person's life path. Giving words to emotions allows the non-symbolized previous experience to be assimilated in the person's consciousness and then facilitates reflections on what is felt, the creation of new meanings, and eventually the construction of a coherent story (Greenberg, 2008). The meaning that we take from our emotional experiences makes us what we are. All emotions stem from stories or significant events, and all events or stories involve significant emotions (Greenberg & Angus, 2004).

In fact, difficulties in emotion regulation are a common factor in the development and maintenance of several psychological disorders, and their treatment involves promoting emotion regulation skills (Berking, Wupperman, Reichardt, Pejic, Dippel, & Znoj, 2008; Fowler et al., 2014). While a person with depression fights not to cry during dinner at home, an obsessive-compulsive person feels intense anxiety and washes his or her hands many times before dinner. As Werner and Gross (2010) argued, despite the differences between disorders, many of them are characterized by the experience of negative emotions and the attempt to regulate them (e.g. suppressing the experience or the expression). The authors stressed that more than 75% of the diagnostic categories of psychopathology in the *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM-IV; APA, 1994) are characterized by problems with emotion or with emotion regulation, so it is not surprising that emotion regulation deficits are integrated into many psychopathology models (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Berking & Wupperman, 2012; Forkmann et al., 2014). Depression, complicated grief, opiate addiction, bulimia, chronic fatigue (Watson, McMullen, Prosser, & Bedard, 2011), borderline personality disorder, and post-traumatic stress disorder (Fowler et al., 2014) are some examples of situations involving difficulties in emotion regulation. A study directed by Whelton and Greenberg (2001) found lower resistance to self-criticism in more subjects who were vulnerable to depression than in the less vulnerable population, which showed a greater ability to use positive emotional resources against the negative experiences. Some authors have argued that depression can be seen as a result of successive dysfunctional attempts to regulate emotions and of excessive use of maladaptive strategies like rumination (Campbell-Sills & Barlow, 2007; Kring & Werner, 2004). In fact, depressed people have difficulty in accepting negative emotions and a lower perception of the meaning of their own emotions

(Rude & McCarthy, 2003). Thus, promoting adaptive ways and skills of emotion regulation as acceptance of negative emotions seems to be very relevant to the process of change and therefore to the success of psychotherapy (Barlow, Allen, & Choate, 2004). For Watson and colleagues (2011), emotion regulation should be a target of change in psychotherapy.

Berking and colleagues (2008) argued that therapeutic success may be related to the development and training of emotion regulation strategies, since many of the problematic issues that lead individuals to seek therapy are in fact based on uncertainties about the meaning of their emotions and a lack of abilities to regulate them. Psychotherapy can then provide the client with adaptive ways of controlling unregulated emotions (Ochsner & Gross, 2005). As mentioned before, emotion regulation involves consciousness, symbolization, and adaptive use of emotions to deal with possibly difficult situations (Greenberg, 2002). Every emotion has its own purpose, so therapists should guide their interventions based on the individual situation and the ongoing emotional process. Indeed, Watson (2007) stated that it is important to identify the key aspects to be used with clients to adapt the different ways of working better to solve the problems brought to the therapeutic process. Therapists should lead clients to understand their problems, goals, and objectives, demonstrating that they are involved and interested in solving their problems based on pillars such as the congruence and openness of both parties. Leading clients to develop their acceptance, modification, and tolerance of negative emotions is the largest and most consistent gain that can be achieved through therapeutic intervention.

Thus, several forms of psychotherapy, sometimes with different theoretical conceptions, seem to share the idea that emotional work, including emotion regulation, is a critical requirement for a good therapy outcome (Elliot, Watson, Goldman, & Greenberg, 2004; Greenberg, 2006; Greenberg & Pascual-Leone, 2006; Whelton, 2004). Providing the exploration and identification of clients' emotions in the therapeutic process certainly appears to be a core issue for change (Greenberg, 2008). Subsequently, the assessment of emotion regulation through the therapeutic process can help in gaining an understanding of the development of the same.

In recent years some measures have been developed with good psychometric features and with different methodologies (e.g., self-report; observational and psychophysiology) (Sloan & Kring, 2007). Actually, a considerable number of measures can be used in psychotherapy research and practice. Sloan and Kring (2007) asserted that it is important to include these measures as an indicator of the effectiveness of the therapy. However, they stressed that therapists should use these measures as an indicator of psychotherapy progress to provide a form of monitoring of the process.

In the field of psychotherapy research and practice, we should be aware that these several measures assess different aspects of the emotional process, like emotional experience, emotional expression, and emotion regulation (Sloan & Kring, 2007). Another consideration that should be taken into account is the fact that different measures have different conceptions of these processes, as is the case of emotion regulation. Sloan and Kring (2007) reviewed these measures and made suggestions regarding the appropriate selection of them. Based on a literature review, we will present below some of the most used measures of emotion regulation in psychotherapy research and practice.

Self-report measures

The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003)

The ERQ (Gross & John, 2003) is based on the process model of emotion regulation pioneered by Gross (1998), which contemplates different emotion regulation strategies. The perspective of the model is that emotion regulation strategies can be classified into

two categories: antecedent focused and response focused. The ERQ was designed to assess the individual differences in two of them: cognitive reappraisal and expressive suppression (Sloan & Kring, 2007).

Cognitive reappraisal is defined as an antecedent cognitive strategy, since it occurs before a person faces the situation and looks for a change in its emotional impact. On the other hand, expressive suppression is a response-focused strategy because it occurs when the person is already engaged in the situation and feeling the emotion and is seeking the inhibition of the ongoing emotion-expressive behavior (Sloan & Kring, 2007).

The ERQ is composed of a 10-item scale, each item of which measures respondents' tendency of emotion regulation in terms of cognitive reappraisal and expressive suppression on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores reflecting a better emotion regulation tendency. Earlier research by Gross and John (2003) conducted with a sample of 1483 undergraduate students showed an adequate factor structure and Cronbach's alpha (on average .79 for cognitive reappraisal and .73 for expressive suppression).

The ERQ was translated into Portuguese and validated for the Portuguese population by Vaz and Martins (Questionário de Regulação Emocional – QRE; 2009). To evaluate the replication of the two factors of the original model, the authors conducted a principal component analysis followed by varimax rotation that confirmed the existence of two explanatory factors accounting for 49.64% of the variance in a sample of 851 participants. The first factor was assigned to cognitive reappraisal and explained 32.77% of the variance, and the second factor was emotion suppression and explained 16.78% of the variance. In the Portuguese version, 1 item is not part of the same scale as in the original version, corresponding to item 5 (“When I’m faced with a stressful situation, I force myself to think about that situation in a way to help me stay calm”). In the original version, this item belongs to the scale of cognitive reappraisal, and in the Portuguese version it is integrated into emotion suppression. Vaz and Martins (2009) considered that the difference in psychometric behavior of this item may be related to the cultural differences between Portugal and the United States of America. In the Portuguese sample, the change of thought associated with the experienced emotion can be interpreted as a way to suppress the enthusiasm that the individual intends to express, taking control of emotion activation and then greater discomfort (Vaz & Martins, 2009). Test-retest analysis with a 6-week interval revealed acceptable time stability for both scales (Vaz & Martins, 2009).

Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004)

Gratz and Roemer (2004) developed this self-report measure to assess the complexities and clinical difficulties of emotion regulation in adults. The DERS contains 36 items for which clients are asked to indicate how often each applies to themselves on a 5-point Likert-type scale that ranges from 1 (almost never) to 5 (almost always). The specific emotion regulation difficulties assessed are: a) non-acceptance of emotional responses (non-acceptance); b) difficulties in engaging in goal direction when experiencing unpleasant emotion (goals); c) impulse control difficulties (impulse); d) lack of emotional awareness (awareness); e) limited access to emotion regulation strategies (strategies); and f) lack of emotional clarity (clarity) (Sloan & Kring, 2007). In the DERS higher scores indicate more difficulties in regulating emotions.

The initial validity study of the scale reported that the six factors are significantly correlated and that the total DERS has a high degree of internal consistency ($\alpha = .93$), as each of the six subscales has a Cronbach's $\alpha > .80$. Good test-retest reliability for a period between four and eight weeks (.80) was also found. In the case of the subscales, the results

indicated a modest to good test–retest reliability: non-acceptance (.69); goals (.69); impulse (.57); awareness (.68); strategies (.89); and clarity (.80).

The DERS was translated into Portuguese and adapted to the Portuguese population by Vaz, Vasco, and Greenberg (Escala de Dificuldades de Regulação Emocional – EDRE; 2009, cit. Coutinho, Ribeiro, Ferreirinha, & Dias, 2010). In the Portuguese version, high to moderate internal consistency values were found for the six subscales, with the non-acceptance (.87), impulse (.84), and strategies (.83) subscales showing higher alpha values. The results showed a very similar factor structure to the original version, very good test–retest reliability ($r = .82$), and very good internal consistency (Cronbach's $\alpha = .93$).

This study provided an important starting point that could fill a gap experienced by Portuguese clinicians in terms of emotion regulation assessment. The authors found statistically significant differences between clinical and non-clinical subjects in terms of difficulties in emotion regulation that represent empirical support for the idea that these difficulties are in some way related to clinical problems.

Emotion Regulation Skills Questionnaire (ERSQ; Berking & Znoj, 2008)

The ERSQ is a 27-item self-report measure that was developed to assess the adaptive emotion regulation skills taking into account the Adaptive Coping with Emotions Model (ACE; Berking, 2010, cit. Berking et al., 2011). The ACE model contemplates 9 dimensions/abilities in the process of emotion regulation: (a) be aware of emotions, (b) identify and label emotions, (c) correctly interpret emotion-related body sensations, (d) understand the prompts of emotions, (e) actively modify negative emotions to feel better, (f) accept negative emotions when necessary, (g) tolerate negative emotions when they cannot be changed, (h) confront (vs. avoid) distressing situations to attain important goals, and (i) compassionately support oneself in emotionally distressing situations (Berking et al., 2011).

Each ability is assessed on a five-point Likert-type scale (0 = not at all to 4 = almost always) and with a subscale of three items preceded by the stem, “Last week ...”: “I paid attention to my feelings” (awareness); “my physical sensations were a good indication of how I was feeling” (sensations); “I was clear about what emotions I was experiencing” (clarity); “I was aware of why I felt the way I felt” (understanding); “I accepted my emotions” (acceptance); “I felt I could cope with even intense negative feelings” (tolerance); “I did what I had planned, even if it made me feel uncomfortable or anxious” (readiness to confront distressing situations); and “I was able to influence my negative feelings” (modification). The ERSQ total score is computed as the average of all the items (Berking, Orth, Wupperman, Meier, & Caspar, 2008).

Berking and colleagues (2011) stated that the ERSQ total score showed adequate-to-good internal consistency (Cronbach's $\alpha = .90$) and adequate retest stability ($rtt = .75$; 2-week interval). The support for the dimensionality of the measure was provided by the exploratory and confirmatory factor analyses, and the sensitivity to change has been demonstrated in multiple samples of clients in psychotherapeutic treatment. All the scales have shown negative associations with measures of ill-being, psychopathology, and emotion regulation difficulties and positive associations with measures of well-being and mental health (Berking & Znoj, 2008).

In our review we did not find a Portuguese version of the ERSQ.

Cognitive Emotion Regulation Questionnaire (CERQ; Garnefsky, Kraaij, & Spinhoven, 2001)

The CERQ is a multidimensional self-report measure consisting of 36 items in a 5-point Likert response format ranging from 1 (almost never) to 5 (almost always), which have been used to assess the conscious cognitive components of emotion regulation (Garnefski &

Kraaij, 2007). Specifically, 9 cognitive emotion regulation strategies are distinguished, each of them referring to a person's thoughts after experiencing a negative or traumatic event. They are: acceptance, positive refocusing, refocusing on planning, positive reappraisal, putting into perspective, self-blame, rumination, catastrophizing, and blaming others.

The CERQ has shown good psychometric properties with alpha coefficients ranging between .70 and .80 and can be applied to people over the age of 12 years. Lately a short version has been developed, containing 18 items that could be used as a fast screening instrument that is useful, for instance, for psychiatric patients (Garnefski & Kraaij, 2006).

The CERQ was translated into Portuguese and validated for the Portuguese population by Castro, Soares Pereira, Chaves, and Macedo (Questionário da Regulação Emocional Cognitiva – QREC; 2013) with a sample of 344 university students. The Portuguese version of the CERQ revealed good psychometric properties, like a Cronbach's alpha of "very good" (.89) and a high, positive, and significant test-retest correlation coefficient ($r = .58$; $p < .001$). The factorial structure of the Portuguese version also significantly overlaps with the original version.

Emotion Regulation Profile – Revised (ERP-R; Nelis, Quoidbach, Hansenne, & Mikolajczak, 2011)

The ERP-R is a revision of the Emotional Regulation Profile Questionnaire, an unpublished measure (ERP-Q; Quodiach, Nelis, Mikolajczak, & Hansenne, 2007, cit. Nelis et al., 2011). The ERP-R includes the regulation of positive emotions, which was not included in the original ERP.

The ERQ-R is a vignette-based measure that includes 15 scenarios with different situations in terms of the types of emotion elicited (e.g. fear, shame, anger, sadness, among others), which are followed by 8 possible reactions. For each scenario people are asked to choose the strategy(ies) (4 adaptive and another 4 maladaptive) that best illustrates their most likely reaction in that situation. In the original study, the reliability of the global ERP-R score was good ($\alpha = .84$), and the 2-factor analysis showed satisfactory internal consistency (down-regulation of negative emotions $\alpha = .83$ and up-regulation of positive emotions $\alpha = .79$). In terms of convergent and discriminant validity, the ERP-R demonstrated evidence with a large number of other variables (Nelis et al., 2011).

There is a short version of these measures that was adapted to and validated for the Brazilian population by Gondim and colleagues (cit. Rocha, 2015). In this version only 6 scenarios are presented. It is also composed of the 2 dimensions corresponding to the 2 types of emotion regulation strategies: up-regulation of positive emotions – joy, admiration, and pride (3 items, $\alpha = .60$) – and down-regulation of negative emotions – sadness, jealousy, and fear (3 items, $\alpha = 0.60$) (Gondim et al., cit. Rocha, 2015). The measurement of the 2 factors is performed by the score in each scenario. Each scenario provides 8 response options and the individual receives 1 point for each functional strategy activated and -1 point for each dysfunctional strategy chosen. Thus, the individual scores between -4 and 4 points.

Observational measures

In our review of the literature, we found just one observational measure of emotion regulation processes, namely the Observer Measure of Affect Regulation.

Observer Measure of Affect Regulation (O-MAR; Watson & Prosser, 2006)

The O-MAR is an observational measure that allows the assessment of clients' affect regulation in terms of multiple domains and emotion regulation strategies. This scale was developed based on the theoretical and empirical literature related to emotion regulation and emotional processes and allows the rating of clients' level of emotion regulation at the

moment when they are evaluated (Watson, McMullen, Prosser, & Bedard, 2011). Clients' affect regulation is assessed based on five subscales of emotional processing: 1) Level of Awareness; (2) Modulation and Arousal; (3) Modulation and Expression; (4) Acceptance of Affective Experience; and (5) Reflection on Experience. Each of the subscales is rated on a seven-point Likert scale with lower scores reflecting lower levels of functioning. The average of the five ratings gives an overall score of affect regulation.

Watson and colleagues (2011) reported that the preliminary findings showed that the O-MAR has high internal consistency (early O-MAR = .86; late O-MAR = .93). The O-MAR's scores also demonstrate evidence of construct and predictive validity.

Usually data collection for emotional processes' research is carried out with self-report measures. These measures could be retrospective (relative to the emotional experience of individuals in the past) or in the present by the analysis of the individual emotional responses at the moment. However, in addition to the use of self-report measures to assess the emotional processes, we can apply observational measures (Watson et al., 2011). In the case of randomized control trials, this could be a particularly important or the only way to study these processes when they were not contemplated at the beginning of the research.

The aim of this study

The manual of application of the O-MAR is available from the authors (Watson & Prosser, 2006). Nevertheless, the original manual lacks specific examples of the different levels of emotion regulation. Therefore, besides translating the manual into the Portuguese language, our main goal was to expand the manual with specific useful clinical illustrations of the different coding possibilities. Based on the consensual discussion of four different cases, we will present each domain and the level of the O-MAR with those clinical vignettes in the remainder of this article. Our goal is to support the future training of judges and to increase the reliability of the application of this scale.

2. METHOD

Judges and auditor

The procedure was carried out by two judges and an auditor. The two judges were master's students in clinical and health psychology and the auditor was a doctoral student in psychology with previous training in empathy and emotion-focused therapy. It is important to mention that the judges and the auditor were not aware of the therapeutic outcome of each case.

Clinical material

The clinical sample for this work consisted of four clients who participated in the ISMAI Depression Study (Salgado, 2014), a randomized clinical trial (RCT) for the treatment of depression, which compared the efficacy of two empirically supported therapeutic models for the treatment of this disorder – cognitive-behavioral therapy (CBT) and emotion-focused therapy (EFT). All the clients in this RCT were initially evaluated and diagnosed with a mild or moderate major depressive disorder, and they completed sixteen sessions of psychotherapy with trained therapists. The inclusion criteria for the ISMAI Depression Study were being diagnosed with a major depressive disorder (AGF > 50) and not being medicated. The exclusion criteria were: currently taking medication or following another form of treatment; currently or previously being diagnosed with one of the following DSM-IV Axis I disorders: substance abuse, panic, bipolar, psychosis, or eating disorder; having one of the following DSM-IV Axis II disorders: antisocial, narcissistic, borderline, or schizotypal; or being at

high risk of suicide. All the four clients who made up part of this sample met the criteria for inclusion in the study after being assessed with the Structural Clinical Interview for the DSM-IV-TR (First, Spitzer, Gibbon, & Williams, 2002). They were all equally randomly assigned to the CBT group treatment or to the EFT group treatment. Three of the selected cases were part of the CBT group and the other case belonged to the EFT group. The sessions were recorded with the consent of the client to allow their further study. The cases used for the manual elaboration were randomly selected among those who had completed the sixteen sessions of psychotherapy at the time and were available with tapes. We present below a brief description of the cases selected.

Case A

The depressive symptoms were particularly related to being unemployed and overweight, difficulties in terms of body image, and relationship difficulties with her mother.

Case B

The depression symptoms were associated with difficulties in the relationship with the client's husband and difficulty in dealing with her mother's illness. There was also some performance anxiety and complaints about occupational lack of self-actualization.

Case C

The depression symptoms were related to difficulties in personal relationships, difficulties in being alone and trusting people, and problems with systematic engagement in new relationships. The client's unstable relationship with her father and some conflicts within the family were also a problem.

Case D

The depressive symptoms were associated with relationship problems with the client's ex-husband and difficulties in her relationship with her father. At the same time, some anxiety and easy irritability were particularly related to not being able to keep her family together.

Measure

Observer Measure of Affect Regulation (O-MAR; Watson & Prosser, 2006) – Unpublished measure developed in the Department of Adult Education and Counseling Psychology, OISE, University of Toronto

As referred to earlier in the literature review, the O-MAR is an observational measure used to assess clients' level of emotion regulation in the therapy process. The scale includes five domains (subscales) in terms of emotion regulation, each rated with a score ranging from one to seven points from a series of instructions, with one being the value associated with the lowest level of functioning and seven the value associated with the highest level of functioning. The final score of the client's emotional level is the average of the ratings. Watson and Prosser (2006) mentioned in the scale that the domain "awareness/labeling" refers to the emotion experience and to its level of arousal. Regarding the domain "modulation of arousal/experience," it assesses the capacity to vary and adjust the intensity, duration, and/or state as well as the ability to generate and sustain emotional experiencing. "Modulation of expression" is related to a visible outward expression/display of emotions, while "acceptance of experience" involves the inner relationship that the person has with his or her own feelings (if they are accepted, suppressed, neglected, avoided, annihilated, controlled, nurtured, etc.). Finally, "reflective of feelings/experience" refers to the level of reflection of the client. The

domains (subscales) of emotion regulation assessed are presented below but not in as much detail as in the original scale.

Table 1 – O-MAR subscales

Awareness/Labeling
1. Very low awareness;
2. Labeling of behaviors and action tendencies or somatic sensations, with little awareness of emotional experience;
3. Labeling of some emotions without awareness or awareness without labeling;
4. Some awareness; undifferentiated description of feelings using simple terms; few emotion words;
5. Some differentiated labeling of feelings with restriction in range; increased awareness of arousal and emotions;
6. Differentiated description of feelings using a range of feeling terms;
7. Highly differentiated description of feelings – finely attuned to nuances. Aware of momentary flow and tracking it.
Modulation of Arousal/Experience
1. Excessively under- or over-modulated;
2. Modulation somewhat impairs functioning in a number of different areas or significantly impairs functioning in one or two areas;
3. Some modulation but strategies usually don't enhance functioning;
4. Some modulation and use of strategies that enhance functioning;
5. Increased modulation that enhances functioning;
6. Modulation frequently enhances functioning; frequently functioning well;
7. Modulation enhances functioning in most areas of life.
Modulation of Expression
1. Excessively under- or over-modulated expression of emotions;
2. Expression/response impairs functioning;
3. Expression/response sometimes appropriate but still significant over/under-modulation of expression evident;
4. Increased modulation of expression;
5. Expression somewhat enhances functioning;
6. Expression/response frequently enhances functioning; frequently functioning well;
7. Expression/response enhances functioning in most areas of life. Not over- or under-modulated.
Acceptance of Experience
1. Denial/disavowal of experience (repression, annihilation). Emotion is cut off;
2. Very negative evaluation of experience. Rigid standards about experience and expression;
3. Negative evaluation of experience but standards around experience and expression are not as rigid. Feelings often not owned;
4. Some negative evaluation of certain aspects of experience but acceptance of other aspects;
5. Moderate acceptance of experience. Recognition of experience with some attempts to use it to guide actions;
6. Approaching 7 but not quite as high (accepting but may not be as nurturing as at level 7);
7. High acceptance of experience (nurturing). Emotions fairly to fully integrated.
Reflective of Feelings/Experience
1. No reflection. Simple presentation of a problem with no reflection;
2. Primarily ruminative;
3. Some rumination. Some reflection;
4. Little rumination. A little reflection but not posing questions;
6. Fairly high reflection. Beginning to solve questions; entertaining new perspectives;
7. High reflection. Questions posed are solved or being solved at the moment. Resolution.

Procedures

The first phase of this work involved the translation of the scale into the Portuguese language. Consent for the translation of the scale and its adaptation to the Portuguese population was obtained through personal contact with one of the scale authors (Jeanne Watson).

In this first phase, to achieve conceptual definitions, it was necessary to clarify the concepts that are part of the original O-MAR to ensure that they will be equivalent in

the Portuguese language/culture. Some concepts were not recognized or were meaningless, so work was undertaken to accommodate the cultural values. The initial translation was subsequently reviewed by experts in the field via a spoken reflection process. The final phase was a backward translation carried out by a bilingual person to check that the translated version actually reflects the contents of the original version.

The second phase was the application of the scale to psychotherapy sessions following the instructions of the authors, coding the middle 20 minutes of the sessions (Watson et al., 2011). To gain a perspective of the cases' progress throughout the sessions and simultaneously to allow the collection of data for future works, 5 sessions were evaluated by case (S1/S4/S8/S12/S16). In total 20 sessions of the 4 randomly selected cases (Case A, Case B, Case C, and Case D) were observed and rated. The initial procedure was rating, followed by a discussion and an attempt to reach inter-judge agreement (consensual discussion; Hill, Thompson, & Williams, 1997). Thus, the middle 20 minutes of each session were viewed and then each judge rated the 5 subscales. At the end of this process, each rating of each subscale of the O-MAR was discussed until consensus was reached. At the end of each case, the judges selected extracts that could represent good examples of each level and domain, and later on these were subjected to a consensual discussion with the auditor. After assessing the 20 sessions, the excerpts that best exemplify each level were selected. Thus, the manual provides a total of 70 excerpts, specifically 2 excerpts for each level of each domain of the scale. In this article, however, we will present only 1 clinical vignette per level.

3. RESULTS

In this section we present some excerpts from the manual that illustrate each level of emotion regulation of each subscale, followed by a brief justification for the selection of that passage.

Domain: Awareness/Labeling

For this domain the selected clinical vignettes are as follows:

Level 1: Very low awareness

T: ... but do you feel sad?

C: I don't know how to describe ... I think the right word is tired ... (Case C/s4/13.30 sec.)

The client shows very little awareness of feelings and emotions and the labeling is mainly somatic.

Level 2: Labeling of behaviors and action tendencies or somatic sensations, with little awareness of emotional experience

C: ... I take everything very seriously, everything, and I'm always there "hammering" the same ... I don't know what for, because it doesn't take me anywhere ... (Case B/s1/14.22 sec.)

The client labels behaviors and action trends but has little awareness of the emotional experience.

Level 3: Labeling of some emotions without awareness or awareness without labeling

C: ... I will seriously think a little more about me ... I feel very, very, very stuck in a hole ...

T: Mm-hmm.

C: Really a lot ... (Case B/s1/58.20 sec.)

The client is aware that something does not feel right ("stuck in a hole") but cannot label the emotion.

Level 4: Some awareness; undifferentiated description of feelings using simple terms; few emotion words

C: ... I don't know what you do to me here but I am much better ... I go with ideas a little more organized ... I go with another spirit and I face problems in another way ... Maybe I feel safest now ... I don't know ... (Case B/s12/2.06 sec.)

The client reveals some awareness and describes feelings using simple terms. However, few words translate into an emotional state.

Level 5: Some differentiated labeling of feelings with restriction in range; increased awareness of arousal and emotions

C: ... The problem is that I don't have an obvious reason for this ... do you realize? Whatever ...

T: I don't want to look for the reason ... I just want to know how it is ... how is it inside ... what is happening?

C: How am I? First of all I feel like an idiot ...

T: Mm-hmm.

C: And then is like ... furthermore ... I feel lost, frightened, alone ... (Case D/s4/1.58 sec.)

The client shows some differentiation in identifying feelings but with a restricted range and little experience of consciousness. There is increased awareness of arousal and of emotion.

Level 6: Differentiated description of feelings using a range of feeling terms

C: ... I'm feeling as someone else ... no doubt ... by the way I don't need to feel ... people around me say that I'm not the same person I was ... I'm much better, much more positive ... I'm not very playful ... I am not ... But I like some jokes sometimes. I am more extroverted than I was ... I was much shrunken, very shy. This project changed me ... (Case B/s16/50.52 sec.)

The client reveals awareness and a wide range of terms about feelings. She also uses metaphorical language.

Level 7: Highly differentiated description of feelings – finely attuned to nuances. Aware of momentary flow and tracking it

C: I don't know ... I speak for me ... I am a bit insecure. In fact, I am very insecure, I know I am ... It costs me to take the first step, I do not throw myself easily and lately I venture a little more ... I venture.

T: And when you take the risk, how do you feel?

C: It is something new, a good feeling, some of these risks are not always calculated ... Then I regret it, but it is done, and I really have to be that way ... If I don't take the risk, I won't know what the flavor is ...

T: Mm-hmm, in other words, what you tell me is that when we don't take risks we avoid the bad things but also avoid the good things ...

C: Because ... How do I know the result if I did not get there?

T: Therefore, you are taking risks, a little bit more ...

C: A little more ... let's not think I've changed completely, which is not true ... I'm still insecure and shy ...

T: Did you want to change completely?

C: I don't know ... I am used to the person I am ... This is my character, my way of being and I don't believe that people change radically from day to night ... but I was a little more retiring ... not now ... I'm a little bit untied ... (Case B/s8/7.28 sec.)

The client shows herself to be very aware of the arousal and experience and reveals a differentiated description of feelings.

Domain: Modulation of Arousal/Experience

For this domain the selected clinical vignettes are the following:

Level 1: Excessively under- or over-modulated

(Talking about the client's difficulty in maintaining her personal relationships)

C: (with a very monochord voice) ... I am beginning to fall into disbelief of myself, and ...

T: And that means what? That you will probably never be able to develop a loving relationship?

C: I don't know ... I don't know what does it mean ... Honestly I don't know what it means, you know, I don't miss games, but I miss seeing myself excited about something, with someone ...

T: Mm-hmm.

C: And I can't, is that ... (Case C/s16/23.15 sec.)

In this case over-modulation significantly impairs functioning. The affect is very low, the voice is monotonic, and there is numbness, as if the client is not feeling what she is saying.

Level 2: Modulation somewhat impairs functioning in a number of different areas or significantly impairs functioning in one or two areas

C: ... In these days I was so depressed for being upset with my mother that I didn't feel like doing anything ... So I stayed stuck at home and I still felt even more depressed, and then I eat what I shouldn't eat and I become even more depressed because I eat and I should not ... So, when I have this type of conflict or so is when I feel worse ... (Case A/s1/57.23 sec.)

In this example, the client is relating an example of how she has been under-modulating her feelings and how that leads her to episodes in which she breaks her diet (she is fasting, because she needs to lose weight). The client's modulation significantly impairs her functioning: she still takes refuge in food when feeling depressed. There is also significant rumination, discomfort, and depression.

Level 3: Some modulation but strategies usually don't enhance functioning

C: ... We had a snack at my house, and of course it always has bread with something, and other things, and I ate a little bit of everything ... it was not correct but it wasn't overkill.

T: It was an exception to our system but ...

C: It was not exaggerated ...

T: It was not exaggerated ...

C: And that's why I get frustrated, I could understand if I had not lost weight, if I had kept, but my frustration is "Gee! I make so much effort to achieve weight loss, I pass all the week making enough effort and then I leave off the normal just for one day and instead of keeping the weight, which is what happens to ordinary mortals, my weight just increases, why?" That causes me a lot of confusion ... (Case A/s4/6.29 sec.)

There are some modulation strategies but they do not improve the global functioning. Thus, she was able to express her frustration and not let herself immediately engage in a binge episode. However, this does not make a real change to her global well-being.

Level 4: Some modulation and use of strategies that enhance functioning

C: After I arrived there at the weekend, because of a handful of little things, it looks like it will all just go downhill, all the effort that I went downhill, and I was a bit down because of that ... I was sad ... but then I think that I have to have the courage not to give up. (Case A/s4/1.45 sec.)

In this passage activation is apparent and intense feelings are acknowledged, but there is also some indication that the client uses adaptive coping strategies to modulate her emotions.

Level 5: Increased modulation that enhances functioning

(Talking about her emotional change)

C: ... Before, I had no time to think right or wrong, and most of the time I thought wrong, because everything that is done in a rush and impulsive most of the time is bad, and I had many troubles for being like that, and my mother said "don't do that ... count to ten," but when I had arrived at three I had lost count, "one, three, ten ..." and now ...

T: Is it calmer?

C: I'm more thoughtful, you see Dr?

T: Mm-hmm.

C: Of course that doesn't mean to have times that I'm not 100% right?

T: It feels that somehow that person, who felt so down, so depreciated, looks like she was growing, right?

C: Exactly, it was really ... not in size but in strength, in ability ...

T: Security.

C: Autonomy, security, and I think that I'm much more ...

T: Much higher ...

C: Exactly, I'm big! I am tiny in size but big ... in depth, I'm big ... (Case D/s12/34.58 sec.)

The client's modulation improves her functioning despite occasional difficulties. She expresses her feelings in an embodied way.

Level 6: Modulation frequently enhances functioning, and the client is frequently functioning well

(Talking about therapeutic change observed by the client)

T: And looking at you today, what do you see?

C: Hum ... I'm much more pleased with myself, I am much more satisfied with others ... I feel much stronger, more able to make decisions regardless of their impact.

T: Mm-hmm.

C: I feel more quiet, I can soothe myself ... I take a breath ... Doesn't mean I go free of my explosive state sometimes because it is already part of my way of being ... (Case D/s16/57.11sec.)

The client is able to soothe herself, distract herself, and solve her problems. Modulation often improves her functioning.

Level 7: Modulation enhances functioning in most areas of life

(Talking about the improvement in the relationship with her ex-husband)

C: ... Alone with him ... of course I won't go out, that's unquestionable, right? Especially because I have ...

T: A person ...

C: And my mind tells me that this should not be done, right? But when I go for a stroll with the kids, of course, they are two kids and they are selfish, and he says, "you could also come." Why don't I go? There is no problem, to everywhere I go, I know very well what I should do, there is no problem, and I think that this is how it should be ...

T: Feels safer, more determined ...

C: I feel ... I feel ...

T: And this, gives us power ...

C: And there is no longer any doubt if I would do well or not ... What happened, happened, the decisions that were taken, were taken, I already said that there are decisions that I don't know if I made well ...

T: You are quieter, calmer.

C: Completely, it gives me more peace and quiet and I appreciate myself more ... (Case D/s12/53.42 sec.)

The client's modulation improves her functioning and her emotions are well modulated. She retrieves the experience in a way that allows her to have a friendly relationship again with her ex-husband.

Domain: Modulation of Expression

For this domain the selected clinical vignettes are as follows:

Level 1: Excessively under- or over-modulated expression of emotion

(Talking about her ex-boyfriend)

C: ... I first did not find him very funny ... I noticed him later ... and then we started talking and we started going out, and he is also like me ... fantastic ... because I have this aim to hit always on those who are the wrong ones ... (Case C/s1/58 sec.)

The response significantly impairs functioning in a number of different areas. She expresses no feelings or needs in the way in which she related to her ex-boyfriend.

Level 2: Expression/response impairs functioning

(Talking about her possibility of going back to the gym, something that would be very good for her and that she would like to do)

C: ... But I don't do it because I can't leave my husband to work alone and it would be only me enjoying that pleasure.

T: Mm-hmm.

C: Because I would have to tell him ... To feel less pressured ... (Case B/s1/54.15 sec.)

The expression/response impairs functioning. The client wants and feels that it would be beneficial to return to physical activity, but by over-modulating her experience she refuses to do so exclusively due to not wanting to leave her husband to work alone and due to being afraid of what he might say. Needs are expressed but with some embarrassment and little liveliness.

Level 3: Expression or response sometimes appropriate but still significant over/under-modulation of expression evident

(Talking about her difficulty in telling people that she is unemployed)

C: ... I find it ridiculous, ridiculous ... I'm so irritated with myself for not being able to tell people openly, because it is like that ... I try to explain why this has happened and sometimes I think like this "ok ... At that time I wasn't ok, I didn't feel right," so I was not feeling comfortable to justify ... because I was really very, very down.

T: Mm-hmm ...

C: Then, to lie is like a snowball, right? Going, growing, growing and we're in such a way that we don't even know where we should turn ... (Case A/s4/52.47 sec.)

In this passage there is some expression of feelings but with a high level of complaints mixed with some withdrawal and anger.

Level 4: Increased modulation of expression

(Talking about a course)

C: Oh yes, more, I won in terms of contact, trust, in contact with the unknown ... both with colleagues and with trainers ...

T: Of the institution.

C: Yeah ... I am in the training and I feel perfectly at ease to put questions that are sometimes even a bit nonsensical or ridiculous ... I don't think about it ...

T: Mm-hmm.

C: Before I thought thirty times, "and now I ask you this? But is this nonsense? Will it look bad?" Now I don't feel this so much ... I feel better in that sense, I won a lot in terms of confidence, I won so much ... I express myself better ... (Case A/s12/23.35 sec.)

There is an expression of feelings but still without identifying needs. Something that was previously seen as negative (out of the comfort zone, contact with strangers) is now faced with some security.

Level 5: Expression somewhat enhances functioning

(Talking about the help that the therapy has been giving)

C: ... I don't believe in miracles, they don't even exist, I have to look inside of me, I have to make an effort, have to stop being lazy, in the good sense ... Mm-hmm... But really, yes ... I think this effort is really worth it.

T: Mm-hmm.

C: I'm feeling a little bit of courage.

T: What is this courage?

C: Mm-hmm ... Valuing me a little bit more ... (Case B/s4/7.28 sec.)

Somehow, expression promotes functioning. The client expresses feelings and needs with some strangeness and caution, which can be seen in the constant hesitations in her speech.

Level 6: Expression/response frequently enhances functioning; frequently functioning well

(The client talks about a job interview)

C: ... I forced myself to take the first step and schedule the interview ... Mm-hmm ... Also because at that time I was feeling capable of doing it, I didn't feel so down, so insecure, I already felt a greater ability to be with the unknown, and then it was also that push from our talks, isn't it? Okay, now we have to go, we are already at a stage where we need to progress, isn't it ... (Case A/s12/12.26 sec.)

In this passage there is an expression of feelings and needs that promote functioning.

Level 7: Expression/response enhances functioning in most areas of life. Not over- or under-modulated

(The client talks about her feelings)

C: ... I feel more confident ... like this ... as you had told me several times, I don't have to be accepted by all because we don't accept all of ...

T: Mm-hmm ...

C: Each of us is as one is ... I do not have to be accepted by everyone, I know I do not like everyone else, no doubt, but in my way I try to do my best and I don't get down my head so much.

T: Mm-hmm ...

C: I don't walk with my head in the sand, I face things differently, in another way, more positive ... (Case B/s12/24.15 sec.)

The expression/response promotes functioning in most areas of life. She understands needs and action tendencies and clearly expresses herself in a way that promotes her functioning. The expression/answer meets the implicit need of the feelings. The way in which the client expresses her feelings promotes herself and her relationship with others.

Domain: Acceptance of Experience

For this domain the selected clinical vignettes are the following:

Level 1: Denial/disavowal of experience (repression, annihilation). Emotion is cut off

(Talking about men who have passed through her life)

C: ... I don't feel what people expect me to feel ...

T: Mm-hmm ... And what do you feel for them now?

C: I don't even stop to think, to analyze, or to find out.

T: Mm-hmm ...

C: Perhaps I could like it, but since I don't give it time, I don't understand, and if the person leaves the circle, I don't miss that person ... (Case C/s1/13.18 sec.)

In this passage there is an annihilation or disavowal of the experience and the emotion is cut off. The client does not feel anything for other people.

Level 2: Very negative evaluation of experience. Rigid standards about experience and expression

(The client talks about the absence of her ex-husband and how that affects her children)

C: I know that my kids need to feel that their father loves them ... and I know they need it, they even say "oh I don't need my father for anything" but suddenly I realize that there is something missing ...

T: That they feel something missing ...

C: And it is like this ... Sometimes I like to snoop in my daughters' things because ... even to be aware because at certain ages they often don't feel at ease ...

T: Do not tell things ...

C: And I got to catch some small clippings wherein the older one talked about her father, and of course I know she feels hurt ... I know ... I know ... she feels hurt.

T: Sad ...

C: Because she misses her father, she even said “I miss you and you abandoned me when I needed you most” ... (Case D/s8/20.13 sec.)

The client is externally focused (on her children lacking the presence of their father): too focused on her children’s feelings without focusing on herself.

Level 3: Negative evaluation of experience but standards around experience and expression are not as rigid. Feelings are often not owned

C: ... I can’t explain why, it is something that perhaps we can also work on ... I was ashamed to tell people that I’m unemployed. I didn’t say ... even today many people don’t know that I’m unemployed ... at that time I didn’t feel good and therefore I couldn’t even talk, I couldn’t say ... (Case A/s1/10.57 sec.)

In this passage there is a negative evaluation of experience with some focus on herself. She expresses needs but is negligent in terms of feelings.

Level 4: Some negative evaluation of certain aspects of experience but acceptance of other aspects

(The client talks about a discussion she had with a boyfriend)

C: ... I felt embarrassed by the things he said ... I think my thought was “I have to leave here, I want to be out of here, get me out of here” ... hmm ... he told me the truest things, right?

T: Mm-hmm ...

C: And the truth sometimes is hard to listen to ...

T: Mm-hmm ...

C: And I did not even oppose him, because I thought I shouldn’t even try to argue, because he was right ...

T: Mm-hmm.

C: And arguing would have been creating more stories and more fantasies and feeding things that made no sense, so I did not even defend myself ... (Case C/s4/5.05 sec.)

Although the client did not like to hear some critical remarks, ultimately she recognized and accepted the criticisms and did not avoid the feeling of embarrassment.

Level 5: Moderate acceptance of experience. Recognition of experiences with some attempts to use them to guide actions

T: In relation to weight issues, how are we? Have you gone for your walks?

C: The weight issue is always like that, it goes up and down, up and down, but I do not let myself go down ...

T: Because you have already created other habits, haven’t you?

C: Exactly, and I’m starting raising up ... (Case A/s16/19.06 sec.)

There is a moderate acceptance of experience.

Level 6: Approaching 7 but not quite as high (accepting but may not be as nurturing as at level 7)

C: I was at 181.5 lbs, I never got out from there, but okay ... It's to say that was not too bad, I understand that even failing ...

T: You don't explode ...

C: Right ... it doesn't mean that everything goes back behind, so I am a little more used to, I realize that I will go slowly but at the end of the week I didn't stay so stressed and so nervous ... (Case A/s8/2.23 sec.)

The acceptance is approaching level 7 but still not that high. The client accepts the experience and no longer deregulates emotionally but it is not at its maximum. Emotion is tightly integrated and awareness is evident about what her emotions/feelings really are.

Level 7: High acceptance of experience (nurturing). Emotions fairly to fully integrated

C: ... When I started the treatment, everything that was expected are all my little big trophies ... and it is for all those changes that have occurred that I feel great, I feel more capable, stronger, more relaxed, more confident.

T: Mm-hmm.

C: I don't need others to respect me because I respect myself and that's enough, is not it? But I demand that they respect me ...

T: Mm-hmm, and you are feeling that?

C: And I'm feeling it ... (Case D/s16/67.35 sec.)

The client shows a high level of acceptance and is connected with the experience. There is emotional congruence and valuation of feelings.

Domain: Reflective of Feelings/Experience

For this domain the selected clinical vignettes are as follows:

Level 1: No reflection. Simple presentation of a problem with no reflection

C: I don't feel capable to manage anything alone, anything, anything at all ... (Case B/s1/16.12 sec.)

There is no reflection, only a very simple and general presentation of a problem.

Level 2: Primarily ruminative

C: I have a huge amount of shame because I think people should look at me and say: "she's so fat, she's misshapen." I can't say that I felt it from friends ... That, I don't feel ... but one thing was, if I was so fat throughout all life, but as I was before and how I am now, it is a very big change in physical terms, and not only but particularly in physical terms ... (Case A/s1/9.57 sec.)

In this passage the discourse is mainly ruminative, telling the same story and not adding anything new.

Level 3: Some rumination. Some reflection

C: ... But I place the weight as the big factor ... it is not the only one, of course, but I place it as the major factor of feeling less ...

T: Lively?

C: Exactly ... maybe I talk less and feel less comfortable than when I felt good ... (Case A/s1/62.45 sec.)

In this passage there is some reflection but also some rumination. The client was reflective enough to conjecture a possible connection between her depression and her weight. Nevertheless, she was still ruminating about her weight.

Level 4: Little rumination. A little reflection but not posing questions

C: ... I would like to have more confidence in myself and say what I think at the time ... when I think that is not right ... if I decided at the time I wouldn't stay with that ... massacring me ... (Case B/s4/11:50 sec.)

There is little rumination and some reflection but without questions. The client is aware of what she does and of the consequence but does not look at the experience in a new way.

Level 5: Moderate reflection. Posing questions. Working with/looking at experiences in a new way

C: I think I don't put so much pressure on me to be perfect ... I face the error in a different way, perhaps more as learning, isn't it?

T: Mm-hmm.

C: Everyone makes mistakes and I will also make mistakes ... (Case A/s16/26.51 sec.)

In this excerpt the client is starting to engage in moderate reflection and in questioning her experience by tentatively arguing that maybe she is dealing with mistakes in a different way. She also views the experience in a new way, trying to gain clarification of the meaning.

Level 6: Fairly high reflection. Beginning to solve questions; entertaining new perspectives

T: In what do you feel more confident?

C: I am able to make decisions.

T: Mm-hmm ...

C: Without being worried about what will or may happen, I assume my responsibilities, and before, I didn't even assume anything.

T: Mm-hmm.

C: Now if I have to do it, I will do it, and I will endure the consequences, I'm an adult, bigger, but I also think that I lose more if I do not try ... (Case B/s16/22.26 sec.)

The client is showing a high level of reflection. She is beginning to solve her issues and create new perspectives, showing that she knows what she needs and what actions she should take.

Level 7: High reflection. Questions posed are solved or being solved in the moment. Resolution

C: ... I don't get out of here and get into my car with my problems solved. What I have to do is to get out of here and face them in another way.

T: Mm-hmm.

C. Because they are not solved, and I know that with another stance I could lead this in another way ...

T: Mm-hmm ...

C: I also accommodate myself to everything and I can't change all these things from one day to another. It is necessary to change a little inside here, in myself, but it's not from one day to another, you know ... (Case B/s4/25.01 sec.)

Questions are being solved at the moment and there is a high degree of reflection in the way in which the client talks about her experience.

4. FINAL REMARKS

Currently, in the field of emotion regulation research, there are some measures with good psychometric features, and some of them have been validated for the Portuguese population. However, all of the measures validated for the Portuguese population are self-report measures. As mentioned before, in some cases the only way to collect data implies the use of observational measures. Moreover, from a clinical point of view, it is important to develop these kinds of measures as guidelines for the training of future professionals. In our review we did not find any observational measure to assess emotion regulation in the clinical context adapted to the Portuguese population. Consequently, this work represents an important step in filling a gap that currently exists.

In addition, the current work stemmed from the need to support the training of judges – and for training psychotherapists or other professionals interested in assessing emotion regulation – in the application of this measure, expanding the original manual with clinical vignettes. As an innovative measure in Portugal, this measure could be an important resource to facilitate the growth of understanding of the functioning of emotion regulation in different populations and with different symptomatology.

ACKNOWLEDGMENTS

This paper is financed by National Funds provided by FCT- Foundation for Science and Technology through project UID/SOC/04020/2013.

REFERENCES

- Aldao, A., Nolen-Hoeksema, S. e Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: a meta-analytic review. *Clinical Psychology Review*, 30(2): 217-237. doi: 10.1016/j.cpr.2009.11.004
- Barlow, D. H., Allen, L. B. e Choate, M. L. (2004). Toward a unified treatment for emotional disorders. *Behavior Therapy*, 35(2): 205-230. doi:10.1016/S0005-7894(04)80036-4
- Barret, L. F. e Wager, T. (2006). The structure of emotion: Evidence from neuroimaging of emotion. *Current Directions in Psychological Science*, 15(2): 79-83. doi: 10.1111/j.0963-7214.2006.00411.x
- Berking, M., Margraf, M., Ebert, D., Wupperman, P., Hofmann, S. G. e Junghanns, K. (2011). Deficits in emotion-regulation skills predict alcohol use during and after cognitive behavioral therapy for alcohol dependence. *Journal of Consulting and Clinical Psychology*, 79(3): 307-318. doi: 10.1037/a0023421
- Berking, M., Orth, U., Wupperman, P., Meier, L. e Caspar, F. (2008). Prospective effects of emotion regulation on emotional adjustment. *Journal of Counseling Psychology*, 55(4): 485-494. doi: 10.1037/a0013589
- Berking, M. e Wupperman, P. (2012). Emotion regulation and mental health: recent findings, current challenges, and future directions. *Current Opinion in Psychiatry*, 25(2): 128-134. doi:10.1097/YCO.0b013e3283503669
- Berking, M., Wupperman P., Reichardt, A., Pejic, T., Dippel, A. e Znoj, H. (2008). Emotion-regulation skills as a treatment target in psychotherapy. *Behaviour Research and Therapy*. 46(11): 1230-1237. doi:10.1016/j.brat.2008.08.005
- Berna, G, Ott, L. e Nandrino, J. (2014). Effects of emotion regulation difficulties on the tonic and phasic cardiac autonomic response. *PLoS ONE*, 9(7): 1-9. doi: 10.1371/journal.pone.010297
- Bridges, L. J., Denham, S. A. e Ganiban, J.M. (2004). Definitional issues in emotion regulation research. *Child Development*, 75(2): 340-345. doi: 10.1111/j.1467-8624.2004.00675.x
- Campbell-Sills, L. e Barlow, D.H. (2007). Incorporating emotion regulation into conceptualizations and treatments of anxiety and mood disorders. In: J. J. Gross (ed.), *Handbook of emotion regulation*. Guilford Press. New York, NY.
- Castro, J., Soares, M. J., Pereira, A., Chaves, B. e Macedo, A. (2013). Questionário da Regulação Emocional Cognitiva: Validação para a população portuguesa. *Psiquiatria Clínica*, 34(2): 101-109.
- Cicchetti, D., Ackerman, B. P. e Izard, C. E. (1995). Emotions and emotion regulation in developmental psychopathology. *Development and Psychopathology*, 7(01): 1-10. doi: 10.1017/S0954579400006301
- Cole, P. M., Martin, S. E. e Dennis, T. A. (2004). Emotion regulation as a scientific construct methodological challenges and directions for child development research. *Child Development*, 75(2): 317-333. doi: 10.1111/j.1467-8624.2004.00673.x
- Coutinho, J., Ribeiro, E., Ferreirinha, R. e Dias, P. (2010). The portuguese version of the Difficulties in Emotion Regulation Scale and its relationship with psychopathological symptoms. *Revista de Psiquiatria Clínica*, 37(4): 145-151. doi:10.1590/S0101-60832010000400001
- Davidson, R. J., Scherer, K. S. e Goldsmith, H. H. (2003). *Handbook of affective sciences*. Oxford University Press. New York.

- Eisenberg, N. e Spinrad, T. L., (2004). Emotion-related regulation: Sharpening the definition. *Child Development*, 75(2): 334-339. doi: 10.1111/j.1467-8624.2004.00674.x
- Elliott, R., Watson, J. C., Goldman, R. N. e Greenberg, L. (2004). Learning emotion-focused therapy: the process-experiential approach to change. American Psychological Association. Washington, DC.
- First, M. B., Spitzer, R. L., Gibbon M. e Williams, J. B. (2002). Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Patient Edition (SCID-I/P), Biometrics Research, New York State Psychiatric Institute. New York.
- Forkmann, T., Scherer, A., Pawelzik, M., Mainz, V., Druke, B., Boecker, M. e Gauggel, S. (2014). Does cognitive behavior therapy alter emotion regulation in inpatients with a depressive disorder. *Psychology Research and Behavior Management*, 7, 147–153. doi: 10.2147/PRBM.S59421
- Fowler, J., Allen, J., Hart, J., Szlykh, H., Ellis, T., Frueh, B. e Oldham, J. (2014). Intensive inpatient treatment improves emotion-regulation capacities among adults with severe mental illness. *Borderline Personality Disorder and Emotion Dysregulation*, 1(19): 1-10. doi:10.1186/2051-6673-1-19
- Fredrickson, B. L. e Cohn, M. A. (2008). Positive emotions. In: M. Lewis, J. Haviland-Jones and L. F. Barrett (eds.), *Handbook of Emotions*. 3rd edition, Guilford Press. New York.
- Garnefski, N. e Kraaij, V. (2006). Cognitive Emotion Regulation Questionnaire – development of a short 18-item version (ERQ-Short). *Personality and Individual Differences*, 41, 1045-1053. doi:10.1016/j.paid.2006.04.010
- Garnefski, N. e Kraaij, V. (2007). The cognitive emotion regulation questionnaire. Psychometric features and prospective relationships with depression and anxiety in adults. *European Journal of Psychological Assessment*, 23(3): 141-149. doi: 10.1027/1015-5759.23.3.141
- Gratz, K. L. e Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 36(1): 41-54. doi:10.1023/B:JOBA.0000007455.08539.94
- Greenberg, L.S. (2002). Emotion-focused therapy: Coaching clients to work through their feelings. American Psychological Association. Washington, DC.
- Greenberg, L. (2004). Introduction emotion special issue. *Clinical Psychology and Psychotherapy*, 11(1):1-2. doi: 10.1002/cpp.387
- Greenberg, L. (2006). Emotion-focused therapy: A synopsis. *Journal of Contemporary Psychotherapy*, 36(2): 87-93. doi:10.1007/s10879-006-9011-3
- Greenberg, L. (2008). Emotion and cognition in psychotherapy: The transforming power of affect. *Canadian Psychology*, 49(1): 49-59. doi: 10.1037/0708-5591.49.1.49
- Greenberg, L. e Angus, L. (2004). The contribution of emotion processes to narrative change: A dialectical constructivist approach. In: L. Angus & J. McLeod (eds.), *Handbook of narrative and psychotherapy: practice theory and research*. Sage Publications. Thousand Oaks, CA
- Greenberg, L. e Pascual-Leone, A. (1995). A dialectical constructivist approach to experiential change. In R. Neimeyer & M. Mahoney (eds.), *Constructivism in psychotherapy*. American Psychological Association. Washington, DC.
- Gross, J. J. (1998). The emerging field of emotion regulation: an integrative review. *Review of General Psychology*, 2(3): 271-295.

- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, 39(3): 281-291. doi: 10.1017.S0048577201393198
- Gross, J. J., (2007). *Handbook of emotion regulation*. Guilford Press. New York.
- Gross, J. J. e John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2): 348-362. doi: 10.1037/0022-3514.85.2.348
- Gross, J.J. e Thompson, R.A. (2007). Emotion regulation: Conceptual foundations for the field. In: J. Gross (ed.), *Handbook of emotion regulation*. Guilford. New York.
- Kring, A. M. e Werner, K. H. (2004). Emotion regulation and psychopathology. In: P. Philippot & R. S. Feldman (eds.), *The regulation of emotion*. Erlbaum. Mahwah, NJ.
- Lopes, P. N., Salovey, P., Cote, S. e Beers, M. (2005). Emotion regulation ability and the quality of social interaction. *Emotion*, (1): 113-118. doi: 10.1037/1528-3542.5.1.113
- Nelis, D., Quoidbach, J., Hansenne, M. e Mikolaczak, M. (2011). Measuring individual differences in emotion regulation: The Emotion Regulation Profile – Revised (ERP-R). *Psychologica*, 51(1): 49-91. doi: 10.5334/pb-51-1-49
- Ochsner, K. N. e Gross, J. J. (2005). The cognitive control of emotion. *Trends in Cognitive Sciences*, 9(5): 242-249. doi:10.1016/j.tics.2005.03.010
- Reeve, J. (2009). *Understanding motivation and emotion*. John Wiley. Hoboken, NJ.
- Rocha, T. (2015). O papel moderador de algumas características sócio-demográficas na relação entre a regulação Emocional e o bem-Estar: um estudo com trabalhadores portugueses. Dissertação de Mestrado em Psicologia das Organizações e do Trabalho não publicada. Faculdade de Psicologia e Ciências da Educação, Universidade de Coimbra.
- Rude, S. S. e McCarthy, C. T. (2003). Emotional functioning in depressed and depression vulnerable college students. *Cognition and Emotion*, 17(5): 799-806. doi:10.1080/02699930302283
- Salgado, J. (2014, June). ISMAI Depression Project: Results of a comparative clinical trial of EFT and CBT. Paper presented at the 45th Society for Psychotherapy Research Annual Meeting, Copenhagen, Denmark.
- Slee, N., Spinhoven, P., Garnefski, N. e Arensman, E. (2008). Emotion regulation as mediator of treatment outcome in therapy for deliberate self-harm. *Clinical Psychology and Psychotherapy*, 15(4): 205-216. doi: 10.1002/cpp.577
- Sloan, D. e Kring, A. (2007). Measuring changes in emotion during psychotherapy: conceptual and methodological issues. *Clinical Psychology: Science and Practice*, 14(4), 307-322. doi: 10.1111/j.1468-2850.2007.00092.x
- Vaz, F. e Martins, C. (2009). Diferenciação e regulação emocional na idade adulta: Tradução e validação de dois instrumentos de avaliação para a população portuguesa. Dissertação de Mestrado em Psicologia Clínica não publicada. Instituto de Educação e Psicologia, Universidade do Minho.
- Watson, J.C., (2007). Reassessing Rogers' necessary and sufficient conditions of change. *Psychotherapy: Theory, Research, Practice, Training*, 44(3): 268-273. doi: 10.1037/0033-3204.44.3.268
- Watson J., McMullen, E., Prosser, B. e Bedard, D. (2011). An examination of the relationships among clients' affect regulation, in-session emotional processing, the working alliance, and outcome. *Psychotherapy Research*, 2(1): 86-96. doi: 10.1080/10503307.2010.518637

- Watson, J. C. e Prosser, M. (2006). Observer-rated Measure of Affect Regulation (O-MAR). Unpublished manuscript. Ontario Institute for Studies in Education of the University of Toronto, Toronto.
- Werner, K. e Gross, J. (2010). Emotion regulation and psychopathology. A conceptual framework. In A. Kring & D. Sloan (eds.), *Emotion Regulation and Psychopathology* . THE GUILFORD PRESS. New York.
- Whelton, W. J. (2004). Emotional processes in psychotherapy: evidence across therapeutic modalities. *Clinical Psychology & Psychotherapy*, 11, 58–71. doi: 10.1002/cpp.392
- Whelton, W. J. e Greenberg, L.S. (2001). The self as singular multiplicity: A process-experiential perspective. In J.C. Muran (ed.), *Self-relations in the psychotherapy process*. American Psychological Association: Washington, DC.

THE ALCALAR MODEL, A QUALITY OF LIFE PERCEPTION: A COMPARATIVE STUDY OF INSTITUTIONALIZED ELDERLY PEOPLE

Jorge Andrez Malveiro¹

Saul Neves de Jesus²

Rui Rego³

ABSTRACT

Summary: A comparative evaluation was carried out of *quality of life* (QoL) perception in different communitarian residential institutional environments for senior citizens.

Method: A cross-sectional comparative study was conducted using a deductive and descriptive statistical method on a sample of 50 senior inhabitants of the retirement village St. Joseph of Alcalar (Alcalar group), 56 senior residents of traditional retirement homes (RSS group) and 52 senior attendees of day care institutions (DCI group). This research comprised two self-applicable questionnaires for elderly citizens, WHOQOL-BREF and WHOQOL-Old PT. We evaluated 158 senior citizens selected from 22 institutions.

Results: The QoL levels perceived by the Alcalar retirement village inhabitants were predominantly higher than the QoL levels perceived by the group of RSS residents and the DCI attendees. The trend in QoL results obtained from the Alcalar retirement village inhabitants was not absolute because it was surpassed by the DCI attendees' results in some (few) areas assessed with both WHOQOL scales.

Conclusion: The Alcalar retirement village group globally showed higher levels of quality of life perception than the other two groups of residents and attendees, respectively, from RSSs and DCIs.

Keywords: Alcalar, Elderly, Quality of Life, Retirement Village.

JEL Classification: D61, H53, I31, I38

1. THE GENESIS OF THE CONCEPT OF QUALITY OF LIFE AND ITS APPLICATION

Over the last decades of the twentieth century and the dawn of this millennium, the expression *quality of life* has been increasingly used in common language and has become customary in the current vocabulary. Historically, the expression “quality of life” was originally coined publicly in 1964 by President Lyndon Johnson in a speech in which he stated that “(...) progress on social goals cannot be measured by the size of our bank balance. They can only be measured by the quality of lives our people lead (...)” (Ribeiro, 2005: 95).

¹ Jorge Andrez Malveiro, University of Algarve, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (jmalveiro@ualg.pt)

² Saul Neves de Jesus, University of Algarve, Faculty of Human and Social Sciences, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (snjesus@ualg.pt)

³ Rui Rego, General Teaching Council for England, UK. (profdeciencias@gmail.com)

Similarly to the common language, the quality of life expression has often been used by the scientific community, which has made efforts to formulate a commonly accepted operational definition of the concept. However, reaching an accurate conceptualization of *quality of life* has not been an easy task because of its complexity: it is a concept that varies in one individual over time, from person to person, from culture to culture and even from epoch to epoch, since what was once pleasant for many may be currently unappealing to some and unacceptable to all in the future or vice versa.

Contemporary attention is increasingly being paid to qualitative concepts, such as the standard of living and quality of life (hereinafter referred to with the initials “QoL”), which are shared by social scientists, philosophers and politicians and cover care practices as well as general official policies. According to Spilker (1990), the renewed interest in QoL has been especially promoted in scientific areas such as psychology and sociology and has had great importance in the context of comprehensive health care and the political management of economic resources. According to the same author, the increase in studies on QoL was due largely to technological and civilizational progress, which led to an increase in people’s life expectancy, mostly due to changes in disease treatment or in relation to the extension of the chronological age. In this context, as society became more aware that the extension of life expectancy did not always correspond to continued well-being, a growing social and scientific concern about the concept of QoL emerged, especially when this started to be considered as a basis for decision making in relation to the duration or term of medical treatments (Spilker, 1990).

From the last third of the last century, it has been possible to find a causal relation as the basis of the development of the notion of QoL: the remarkable recent civilizational development, particularly in the technological dimension of biomedical sciences over the last 50 years, arose at the same time as growing social unrest concerning the progressive dehumanization of senior care provided to people. This unrest increased the public focus on QoL in social and humanities sciences, both of them inspired by the social humanist movement, which, in turn, played (and still plays) a substantial role in policy determination and, as might be expected, influences the biomedical sciences.

The humanizing purpose, focused on the enhancement of wider qualitative parameters than simply controlling symptoms, reducing mortality or increasing life expectancy (Fleck *et al.*, 1999), in our opinion has been ethically crucial and morally just, as it was (and unfortunately still is) relatively common in biomedicine to intend to prolong life, relegating the need to add *life* to lifetime to a secondary plane.

Nevertheless, we are aware that, due to idiosyncratic subjectivity, the concept of QoL has limitations: people’s perception tends to be unstable, because what today can be considered as a good QoL might not continue to be so in the future, as change in people and societies also modifies the way in which they evaluate their QoL. In general, despite some identified conceptual limitations, authors seem to be unanimous on two key aspects: besides being multidimensional, the characterization of the QoL notion seems to have a high correlation with the perception that people have about themselves as well as about others and is strongly influenced by the environmental context within the scope of the socio-cultural dimension in which individuals are situated. Despite its conceptual diversity, it is encouraging to note that the proliferation of definitions of QoL underlines the importance that the scientific community has assigned to this theme (Meneses, 2005). This complex conceptual situation seems to be related to the critical link between ageing and QoL, particularly given the importance that such a relationship has assumed in Western societies, in which the QoL concept is one of the main indicators to be taken into account when assessing the living conditions of the elderly (Castellón, 2003).

Therefore, one can verify that the concept of QoL has become progressively more complex over time. It covers an increasingly wide range of aspects of people's lives, among which it comprises the environmental, health (physical and mental) and societal dimensions (which include social organization, political and spiritual, including economic and cultural aspects).

We recall that in the present and future socio-demographic context wherein biotechnological developments allow increasing longevity (which is also reflected in the increased prevalence of chronic pathologies), the central objective of the QoL concept is to determine medical practices and to back up health policies that focus not only on treatment devoted to healing but also on maintaining or promoting a good life existence. However, we must bear in mind that the concept of health as it is proposed in the *Glossaire de la promotion de la santé* (WHO, 1999) implies a positive multidimensional perspective that exceeds pathology and functional deficits; therefore, such a definition should limit any QoL approaches that are exclusively of a biomedical nature, even if they are inspired by the biopsychosocial paradigm.

From a psychological point of view, the QoL results of the evaluation of various components, such as happiness or subjective well-being, self-esteem, coping and resilience, emotional and psychological stability and particularly in the case of ageing, are also dependent on an adaptable attitude towards selection optimization and compensation (Baltes & Baltes, 1990).

QoL also seems to correlate with people's *joie de vivre*, their emotional skills and the establishment and maintenance of their community participation, as well as their expectations about the future and other personal aspects. We also point out that the psychological domain is closely linked to all of the other dimensions, in particular a spiritual relationship with death and the possibility of dying, physical, functional and economic independence, social relationships and, in this particular case, the environment and the way in which individuals live in the environmental space, whether it is natural or human.

In other words, from a psychological perspective, the perceived QoL depends on the characteristics of each person in interaction with others, in view of their socio-environmental and cultural context. From this perspective, from the inclusion of the psychological domain as well as the specific features of the living space in the assessment of the QoL came the proposal to include the assessment of the environmental quality, which is a more measurable concept facilitating research; this is why the environmental domain serves as a specific indicator of QoL.

Studies of psycho-behavioral aspects connecting the surrounding environment have contributed to this understanding, which includes the correlative analysis of the perception of individuals' surroundings (whether they are natural or made by human intervention) and the quest to understand their levels of well-being in connection with the surrounding environment; these concepts have been developed since the mid-twentieth century, opening a new field of psychology – environmental psychology – that has as its main objective to study the interrelational dynamics of human behavior with the environment in which an individual operates: in other words the reciprocal relationship between the person and the environment.

Also known as spatial psychology, environmental psychology analyses human behavior in the environmental and social contexts while investigating the interrelationship between people and the environment, giving great importance to the behavior, perceptions and environmental representations.

Currently, environmental psychology investigates the effects of environmental and structural conditions on human behaviors as well as studying how people perceive the environmental conditions (natural and physical) and hence act individually in and with the environment in which the two coexist.

Claiming that environmental psychology should study the environment and analyze the behavior and perceptions (individual and community) of physical and social or communitarian contexts, Moser (2005) classifies the relationship between the person (or people) and the surroundings into four levels: i) the individual level: the private space or the micro-environment (the workplace, housing, private property, etc.); ii) the neighborhood community level: the environments shared by people or semi-public spaces (the neighborhood, apartment blocks, condominiums, nursing homes, leisure parks, etc.); iii) the individual community level: public environments, the landscape, the intermediate spaces (the settlement, the village, the town, the countryside, the beach, etc.); and iv) the social level: the global environment as a whole, encompassing both the built environment and the natural environment (the resources of a region or country, etc.).

Also according to Moser (2005), in conjunction with this detailed classification, there are four more dimensions in the person–environment interrelationship, giving it greater complexity and dynamism: the cultural, physical, social and temporal dimensions. The author argues that well-being depends on the involvement with the environmental surroundings and, concomitantly, the identity processes, arguing that the way in which people, in self-awareness, interact with the environment and with each other in the environmental context contributes to their well-being, a view with which we agree.

This means that, from the perspective of environmental psychology, natural and built components and individual and social factors interact with each other: they are interrelated. We are also inclined to agree with Ferreira (1997), who states that environmental awareness, environmental cognition, environmental stress and pro-environmental attitudes are also examples of the broad field of study that has been dedicated to contemporary environmental psychology, topics that greatly interest us in our study on residential institutions for the elderly.

All of the multiple components of everyday materials and the sensations and emotions that derive from them are not negligible, but there are other relevant factors, such as age, socio-economic patterns, ethnic and cultural origin, demographics, health and other aspects that make each person a unique being capable of perceiving reality in a unique and idiosyncratic way. All of the environmental influences on individual perceptions, particularly on QoL, are also not negligible. In association there is also the reciprocity of psychological and behavior feedback that influences, in particular, the environment itself.

Mainly from the middle of the last century, as happened with the worldwide population contingent, the average life expectancy also increased to previously unknown levels due to factors related to the tremendous scientific evolution occurring on technological and biomedical levels as well as factors attributable to socio-economic and cultural progress.

Science and clinical experience have shown us that it is not uncommon to face situations in which longevity can be problematic, since it has consequences for different dimensions of life (physical, psychological, socio-economic and cultural). This is also the prospective of Figueira *et al.* (2008), who conclude that the successive losses of autonomy, activity and social participation associated with increased age simultaneously reduce the QoL of the elderly.

It is becoming increasingly evident in contemporary society that living longer may have implications for the QoL of the long-lived, with increasing depression and anxiety and consequences of social exclusion, so often marked by family abandonment. In a way longevity also generates consequences that influence the QoL of other age groups of the population, in particular close family members and caregivers of dependent elderly people.

The arrays of elements associated with the QoL are also highlighted by Paúl (2005), who argues that the QoL of the elderly is modified to the extent that it changes the determining

factors of successful ageing: good health characteristics, personal behavior and the physical, social and economic environment.

From the foregoing, we also agree with Fernandez-Ballesteros (2000), who states that a higher or lower QoL of the elderly results strongly from the circumstances and the environmental context in which they live, also depending on their gender, social status and lifestyle, especially when the combination of all those factors is considered in the long term.

However, with respect to the representations of older people themselves about the meaning of QoL, Silva (2003) indicates that they focus on the relative dimensions of autonomy, physical health, functional independence, psychological balance, social and family relations, economic aspects, citizenship, religion, transcendence and the environment. Regarding the elderly subjects of research carried out by Fernandes (1996), the author states that, among various aspects, functional autonomy, learning about how to live well in old age, self-esteem, psychological and spiritual well-being, social relations, good neighborliness, mutual help and the ability to continue to live in their own homes for as many years as possible were particularly valued by them as leading to a good QoL.

In accordance with what has been previously exposed, we think that QoL perception in the elderly appears to result from a balanced combination of multiple biopsychological as well as socio-cultural factors, all associated with the environmental surroundings. To this end, there seem to be several causes that transmute the relational person–environment dynamic: emotional disorders, trauma and frustration in social life, among other factors, seem to justify the emergence of different (and new) diseases associated with contemporary environmental quality, mostly related to the artificialness of the natural environment, which has often been radically modified by human intervention. In this regard this issue is an important aspect of our research in that it is assumed that the environment influences the perception of QoL of the elderly in certain residential institutional contexts.

In the course of our field research, as a result of close communicative interaction with our elderly subjects, we obtained innumerable comments on their own perceptions about multiple aspects contained in our measured instruments, which are especially suited to the evaluation of their QoL. In the dialogues that we established with the elderly after running the tests, many of which enriched the relevant knowledge, there was a shared and clearly valued aspect for all of them: the importance of good health as well as a good level of functional independence. In this context it is known that, at the biological as well as the psychological level, the elderly are susceptible to potential changes in their state of health that may influence their QoL (Fernandes, 1996). Similar opinions are expressed by Garcia Banegas, Perez-Regadera, Cabrera and Rodriguez-Artalejo (2005), concluding that the health domain, when related to old age, is generally associated with lower levels of QoL. According to Bowling (2001), the elderly, compared with younger subjects, give more importance to issues related to good health throughout the senescent process, considering it precious to allow longevity with low morbidity and to facilitate many opportunities for experiences with moments of well-being, these being a vital dimension (but not exclusive) of a good QoL throughout the ageing process.

In our study we had to avoid the proliferation of QoL concepts that were strongly influenced by the Anglo-Saxon culture. Our final choice fell on the World Health Organization's (WHO) definition of QoL: "Individuals perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment" (WHOQOL Group, 1994: 28).

Our preference for the WHO QoL definition is due to its wide international and cross-cultural consensus with a multidimensional gnosiological perspective, which implicitly contains the influence of personal characteristics on individuals' interdependent relationship with the environment depending on the idiosyncratic subjective evaluation. However, it should be noted that the concept of QoL proposed by the WHO is not exempt from criticism or even immune to changes that promote greater accuracy and completeness. As a matter of fact, we think that such a definition could contemplate an *adaptive dimension* specifically applied to human development, particularly in view of the inevitable human ageing process. In this sense, to the QoL definition proposed by WHO we would like to see added the expression "(...) depending on the capacity to adapt throughout life."

2. THE ARCHITECTURAL INFLUENCE ON THE QOL OF THE ELDERLY

The improvement of living conditions, not only in developed countries but all over the globalized world, has been greatly supported by the extraordinary development of science, not only in the technological area but especially in the biomedical sciences. Such an improvement has also been supported by multiple civilization factors, for example security conditions, access to basic necessities, sanitation, increased labor rights, access to education and adequate housing, among other improvements.

However, despite the enormous civilizational and scientific development, it has not been possible to eliminate all the biological dysfunctions resulting from human senescence, so we must continue to consider the consequent limitations arising from them. With increasing life expectancy, which extends the active life, the time during which individuals live in their residence increases and that can prolong the associated needs within the housing space.

The planning of architectural projects may neglect the relational dynamics of institutionalized people and disregard the identity of residents who inexorably age, resulting in a gradual difficulty in making full use of the residential space, whether on an interrelational plane or even by enjoying their private space, which is often dramatically reduced to a bed (bedridden) and a bedside table. In this context, the architectural barriers can be subtle, unusual and vary the functional capabilities or the idiosyncrasies of the elderly residents. It also happens that, in the institutional context, several obstacles are excessively eliminated that may worsen the mental framework and the functional dependence of the institutionalized elderly, either by excessive protectionism or by the loss of the individuality of residents, which may include actions that are close to elderly abuse – both cases that are common in a residential environment with a "hospital" environment inspiration.

According to architect Sandra Carli (2004), the elderly in general feel satisfied in respect of their living places and the functional limitations in the use of the spaces as they perceive them to derive naturally from their gradual ageing.

Similarly, Luisa Pimentel (1995) finds that the majority of elderly people living in their own homes share a desire to maintain their independence from their families and to continue to reside in their own homes for as long as possible. In addition, Christenson (1990), Marsden (2005) and Paul *et al.* (2005) point out that older people express a desire to continue to reside in their own homes, even if that experience is hindered by functional limitations. In this context the possibility of suffering a domestic accident and the fears associated with that risk have dominated most regulations ad nauseam, instilling in them markedly *hospital* characteristics, which constitute the normative of the institutional spaces for residential care for elderly citizens.

For us it is clear that, as ageing progresses and functional abilities decrease, structural and operative conditions should be created that solve the frequently inadequate residential

habitat (which, however, remains almost unchanged). Conditions should be adapted to older people so that, as advocated by Baltes and Smith (2003), they can modify their patterns of behavior adequately to solve the functional and domestic difficulties caused by their progressive senescence.

Therefore, it seems to us to be desirable for the problem of senescence and the experience of residential spaces to be debated in a multidisciplinary way to promote adaptive changes, not only concerning the behavior of individuals but also through structural reforms in the housing area – whether privately owned or institutional – since there are technical solutions and different types of support, even backed up by the law, that could enable them without excesses of preventive regulation.

There may be difficulties for the elderly in the resolution of functional problems and the relationship with their residential space derived from the natural senescent process – the housing project and the environment, whether private or in the public domain, should be proactively planned in advance to enable the habitat to integrate any physical and psychological needs of all its inhabitants, from children to much older people, to ensure the full use of whatever age and functional capacity each one has. In this context Peters (1999) started his studies in the 1960s on architectural barriers and the improvement of spaces that include improved accessibility through *universal design*. Just as *universal design* seeks to adapt different spaces for people with various anthropometric needs through specific solutions to mitigate unnecessary efforts, particularly of people with physical limitations, we also differentiate ageing from deficiency, because the two singularities are often mixed up (it is quite often implied, in the available literature, that the difficulties and needs of the elderly and the disabled are the same or similar, which is incorrect). Under the principle of *universal design*, an adapted space is considered to be appropriate if a built area and its environmental surroundings are adequate and indiscriminately accessible to all. Therefore, it is the creation of an architectural design with particular concern for all its direct and indirect components – the type of materials, esthetic, function, environment, human, etc. – as a complex and interrelated system (Sandhu, 2001).

The balance in the progressive changes of the human body throughout life should influence the avoidance of obstacles in the creation of any urban project or the elimination of those obstacles in restoration projects or even urban renewal. Such assumptions facilitate and promote the full enjoyment of everyday living environments, proactively optimized so that they can be perceived not only as a residence but essentially as an enjoyable living place. In this regard the conception of the word *home* can find part of its significance to be inseparable from a person's identity in relation to his or her closest members, because, if we perceive the house as a third skin, the personal concept of *home* could act as a collective skin integrating, protecting and uniting all of its members around a central focus or even a spiritual symbol of family unification. In this sense, in its figurative significance, the *home* heats and bonds all the members of a family at the same moment, resulting in a complex condition that integrates memories and dramas, contains the past and the present and projects expectations about the future, including a combination of personal rituals and collective routines as a direct reflection of its inhabitants.

Thus, the symbolic notion of *home* is constituted as a strongly emotional concept and a result of the continuous family life within the space; the emotional stress or insensitivity, calm or an emotional storm, balance or relational disharmony, noise or the absence of sound all echo at the same time in the residential space. Consequently, the intrinsic emotional attribution to the term *home* (now trivially understood in the common vocabulary as a mere synonym for house) is the proper place where the individual interacts in intimate relational dynamics, a personal space where one can enjoy privacy and that also runs the most significant part of life in the family sphere. Therefore, we consider that a house, more

than an architected and built structure, contains huge qualitative potential and intrinsic personal value that, through the hasty contemporary life, has hardly been tapped or is often misconceived. Nevertheless, we think that we should assume it to be an architected structure that was built essentially for individual, multi-family or institutional use, and we hope that the experience of each resident or the relationship between its inhabitants can make any house a pleasing home.

3. THE TYPIFICATION OF PORTUGUESE SOCIAL CARE DIRECTED TO THE ELDERLY: RSSS, DCIS AND THE ALCALAR RETIREMENT VILLAGE PROTOTYPE

Especially in the last four decades, developed countries have witnessed a growing ageing population as well as a higher prevalence of chronic and disabling diseases. These factors entail a huge collective effort, particularly with regard to the establishment and maintenance of the social state. The increase in longevity levels in an ageing population generally corresponds to an increased need for long-term supportive care, which could include skilled or specialized care.

Portuguese social care intervention policies are centralized in the Ministry of Solidarity and Social Affairs; this Ministry is responsible for releasing regulations and signing agreements in the area as well as providing inspections that are carried out in private institutions of social solidarity or other private-oriented institutions that might provide care to the elderly.

In Portugal social care policies or long-term care for elderly dependent people have increasingly been focused – almost exclusively and traditionally – on care provision through the State, which reveals a certain distance from other support models with family-oriented and socio-communitarian integration. However, more recently, the Portuguese state has tried to share part of this responsibility with families and the non-profit private sector (IPSS/NGOs) as well as other business initiatives that are profit-oriented.

The different aid models of Portuguese social care for the elderly could be divided into three predominant models, two of them with obvious social residential community features – residential structures for seniors (RSSs) and day care institutions (DCIs) – and a third aid model with a gregarious nature aiming to maintain pre-existing conditions – home care services (HCSs). Taking into account these three main models, between 2000 and 2012, HCSs recorded the highest national growth (over 62%), followed by RSSs (44%) and DCIs (over 31%) (IGFSS, 2013). According to the latest data available (2014) from the Social Security, among the population over 65 years of age, there were 78,104 people housed in RSSs, 62,928 attendees of DCIs (42,693 attendees of day centers and 20,235 attendees of social centers) and 76,188 seniors with HCSs. Therefore, in Portugal these three models provide direct support to more than 217,000 elderly people (IGFSS, 2014; ISS, 2014b).

3.1. Residential structures for seniors (RSSs)

In Portugal homes for the elderly, nursing homes, hospice care and so on have been designated as residential structures for seniors (RSSs). This care paradigm results from the recent organizational evolution⁴ of the services and standards that were determined by official standardization of their quality requirements⁵.

RSSs are collective institutions intended for permanent residential care of the elderly, which can take different formats in regard to the accommodation provided. Each format

⁴ Modern Portuguese nursing homes are the oldest religious and mutual structures intended for the refuge of the elderly, lunatics and mendicants and were previously referred to as asylums, the origin of which dates back to the fifteenth century in Portugal.

⁵ The Portuguese legislation and the National System of Quality Management in RSSs have used as a reference the NP EN ISO 9000 (international standards used as a model for the design and implementation of quality management systems in different countries), as well as the Model Quality Evaluation of the ISS – SAD 2005 (adapted from Social Response for Elderly, SCML, 2008).

obviously differs from the others. Theoretically they are grouped into two main types: *nursing homes* and *residences for the elderly*.

In the first group of RSSs, we find structures that shelter the elderly; currently it is the most common model in Portugal. Commonly of a collective nature, these housing structures function mainly to provide basic long-term care services for institutionalized seniors. In turn, *residences for the elderly* are inspired by the *homelike* concept. They are usually made up of private rooms, suites, houses or even assisted housing that tend to be planned and organized as residential structures with a welfare purpose identical to their counterparts, *nursing homes*. These have the purpose of providing permanent care to residents. The differences between the two focus on the wider variety and better quality of accommodation and the individualized services that residences can provide as well as the degree of operational independence and freedom of choice provided to elderly residents. Given those premises, those residences are usually (but not exclusively) operated by private for-profit entities and are generally targeted structures for social classes with above-average incomes, which constitute residual markets. The housing units of *residences for the elderly* are of a personalized nature, imitating a *homelike*⁶ environment. In a collective residential model, the rooms are individual or for couples and are usually of a private nature.

Among the RSSs functioning on the Portuguese mainland in 2012, the accommodation room is the predominant model (97%). Regarding the population living in RSSs, according to the latest data, users over 80 years of age (in 2012) constituted about 70% of the total, of which 46% were 85 or older, which highlights the significant weight of this long-lived age subgroup, in which women are the majority. The statistical distribution of users according to the length of time spent in an RSS shows a large share of long stays: 50% of users remain in RSSs for 3 or more years and 30% stay for a period exceeding 5 years. Longer stays have a greater prevalence in not-for-profit entities (33% stay for over 5 years), while in for-profit entities, stays of short and medium terms record a greater weight of 66% up to 3 years (IGFSS, 2013).

According to recent data from the Portuguese Social Security (2014), there were 78,104 people over 65 years housed in RSSs (IGFSS, 2014; ISS, 2014b).

3.2. Day care institutions for the elderly: day care centers and social centers

Day care institutions (DCIs) include day care centers (DCCs) and social centers. Both establishments are social responses aimed at providing adequate care services to meet the different daily needs of the elderly and/or activities that might contribute to their socialization or even possibly delay some harmful consequences of the ageing process. Individuals attending DCIs receive daily support without residential boarding, that is, they return daily to their homes. One of the main aims of the Portuguese DCIs is to prevent isolation or social exclusion and to promote interpersonal and intergenerational relationships. DCIs support the elderly during the day and favor their permanence in their habitual residence (ISS, 2014b).

As a principle, most DCIs share some common objectives; however, between them there are differences in the variety and scope of services. Comparing day care centers with social centers, we establish DCCs as a more complete valence in which the support capacity is more comprehensive. In this sense, the day care centers provide services such as an adequate diet according to age and problematic health, proper hygiene and comfort, and cleaning and organization of their clothes, and they even facilitate access to information on different services for the community that might satisfy other needs. In DCCs it is also possible to

⁶ These institutions may provide a wide range of services (permanent ward, medical and emergency services, physical therapy, library, workshops, home automation, etc.). It is noteworthy that the most recent Portuguese homes for the elderly already provide high-quality wellness and leisure services, such as a dining a la carte service, spa, gym, personal trainer, hairdresser, beauty salon, concierge and other hospitality services. However, it is a residential market that is increasingly geared towards the elderly socio-economic elite.

provide psychosocial support and the development of socio-cultural animation activities: recreational and occupational as well as religious assistance. In turn social centers are generally institutions of less complexity that organize recreational and cultural activities involving the elderly of a local community. According to the latest data from Social Security, during the year 2012, about 20,235 attendees used the Portuguese social centers (IGFSS, 2014; ISS, 2014b). With regard to DCI attendees, in 2012 about 50% were younger than 80 years old and they were mostly composed of females, a trend that is found in all the responses directed to the elderly population, which seems to confirm the preponderance of females in the frequency of RSSs and DCIs. This factor is probably related to the supremacy in numbers of the female population groups among the oldest age groups. It should be noted that, according to recent data from the Social Security (2014), in Portugal there were about 62,928 clients who benefited from the services provided by DCIs, being, respectively, 42,693 attendees supported by DCCs and 20,235 attendees of social centers (IGFSS, 2014; ISS, 2014b).

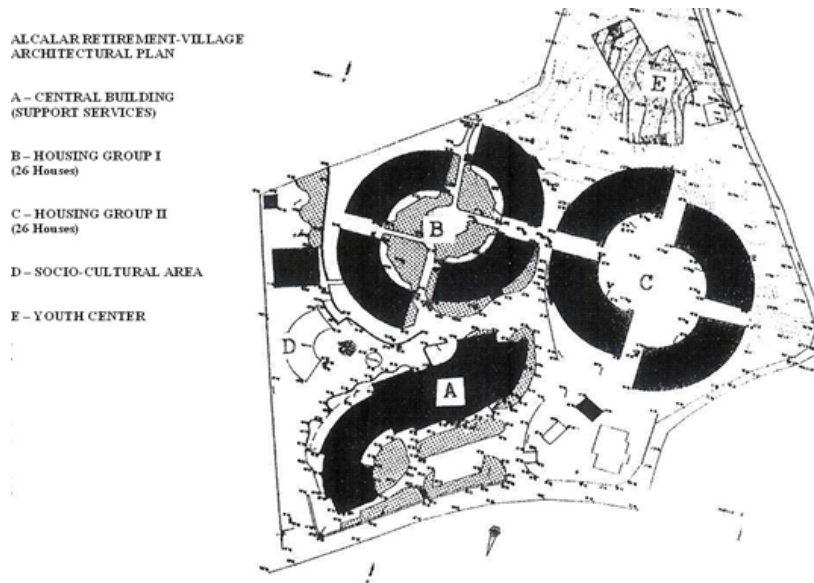
3.3. The retirement village St. Joseph of Alcalar: a community residential prototype for the elderly

In 1988 the basic conditions were met for boosting the creation of a new model of nursing home that could environmentally mimic a village. The Jesuit Father Domingos Costa began the architectural conceptualization in close collaboration with the architect Martim Afonso Pacheco Gracias. They agreed that all the buildings should have one central core, two housing nuclei consisting of the houses for the elderly families, one social center and a support center for visitors, since contact with foreign parishes favored the arrival of students and started to sow the seed of inter-generational socialization, which is today made possible by the nursery.

As shown in Figure 1, the big “S” (for solidarity), the circular development for two housing units, creating free and conveniently landscaped spaces, allows the coexistence of a great quality of life (Costa, 2000). According to architect Martin Gracias’s description (cited by Costa, 2000): “Once defined the architectural structure (...) it had been a choice of interpenetrating and engaging forms; hence the use of circular shapes (in conceptualizing the design of the proposed architecture).”

The design of the retirement village of St. Joseph of Alcalar had in mind fluid and easy access between the common areas and the promotion of a neighborhood between houses arranged around a square.

Figure 1: Alcalar village scheme, designed by architect Martin Gracias (Costa, 2000, adapt.)



The largest building in St. Joseph of Alcalar Village is the Central Services Block, which is the central core. This building is in front of the car park, and the two main entrances flank a small wall that separates the village from the municipal road. The enormous house, with two floors that follow the gentle slope of the entrance to the property, was the first building to be built during the three phases of construction of the village. In it are installed various support services (the kitchen, storerooms and community dining hall, the doctor, nursing and physiotherapy offices, a hairdressing salon, laundry and ironing, cleaning services and household support, the general store, administrative services, a meeting room, a multi-purpose workshop, a chapel, a library and a huge ballroom).

Surrounding the central core of the main building (A) is the Socio-Cultural Area. This recreation area welcomes us with a huge carob tree alongside a stone amphitheater in a clear and moving evocation of the Mediterranean. Adjacent is a small building that houses the bar run by village residents. The building once housed a small grocery store and bar intended for use by residents, which, however, ended as a result of excess regulatory requirements by the Ministry of Finance. In this area we can find outdoor exercise equipment and a communal barbecue area.

Each of the 2 housing units consists of 26 houses of T1 (29.00 m²), 18 of T2 (48.60 m²) and 8 of T3 (60.40 m²), amounting to 52 houses in the village. Divided by 2 circular cores, the buildings form 2 garden squares limited by long circular porches, under which is the private access to each residence. The Alcalar retirement village has a maximum capacity of 130 habitants. The sequential circular arrangement of houses is extended outwards by the protecting traditional porch, which facilitates the use of the living space. The communal porch promotes coexistence with neighbors, with connecting personalized spaces, and functions as a conduit passage between premises.

Each long porch could provide private or public use at the same time. As it is circular and covered around the square, it provides protection for pedestrians, sheltering them from the sun and the rain. It is also a recreational area as the circular layout of the buildings serves as a proximity link by allowing visual connection with all the neighbors of the 26 houses in each residential core. The extensive porches see their function multiplied by the customization of the inhabitants, who use them as an area for meals, relaxation or playing cards.

Both garden squares resulted from the circular layout of the buildings. The two housing units are delimited by four symmetrical and diametrically arranged passages, which serve as access streets between cores or to other built areas and the adjacent natural environment. Thus, with the arrangement of passages properly paved, the flow between the core and the housing is not a problem even considering people with disabilities. The community gardens were an initiative undertaken by the most active residents. They are grown at the rear of the housing core (B and C) but a little could appear everywhere, as the inhabitants plant in pots and make beds of vegetables and herbs. Sometimes they even attach areas for the garden each time that the grass is scarce. In addition to the gardens and flower beds cultivated by the elderly, there are some domestic animals, such as chickens, some adopted cats and a donkey called Buda.

The entrance to each residence connects to an open space that integrates a living room, a dining room and a kitchenette with basic equipment. All the residences are equipped with a full bathroom, hot and cold water, electricity, land line telephone, central heating, TV installation, stove, oven and fridge. The residents are free to bring or purchase appliances, furniture or other facilities that they deem necessary for their comfort. The house is decorated in accordance with the taste of each resident, allowing the space to be transformed into a homelike environment. If residents prefer, the Board of the retirement village of St. Joseph of Alcalar can provide equipment and miscellaneous furniture, which are usually donated by companies or individuals.

Note also that the nearly 2 hectares of property also incorporate a youth center attended throughout the week by about 140 children distributed between the nursery, kindergarten and after-school activity.

Located on the outskirts of Portimão city in the Algarve, Portugal, the retirement village of St. Joseph of Alcalar is not a traditional RSS, and it is not a resort for rich elderly people. The doors of the village houses are always open to neighbors, friends and family. Visits are always welcome, during the day or at night. Users move in and out at will and help each other in the spirit of a good neighborhood.

The Alcalar retirement village houses were designed for elderly people who cannot or do not want to live alone and do not want merely to survive. In this retirement village, people live in a community type of environment, embedded in nature, and can enjoy their privacy or live more socially as they please. In their living quarters, which are decorated according to the ability and the taste of each one, the elderly residents are formally institutionalized but feel completely autonomous, allowing them to live affectively in the space to the extent that they could consider it their *home*.

4. METHODOLOGY

The main objective of this study focuses on the comparative study of the perception of elderly people⁴ who attend a communitarian residential institution. In this context the main challenge of this study is the investigation of any relevant perceptual differences in their view of their quality of life in terms of the different residential institutional contexts considered. We analyzed the results through a comparative differential intergroup perspective.

Data were obtained from sample groups of institutionalized elderly people in three different community residential environmental contexts: residents of the retirement village of Alcalar, residents of RSSs and attendants of DCIs.

After choosing the target institutions, preliminary exploratory contact was made to reveal our intentions and the subsequent commitment to the study. We started with sample selection, which faced some restraints caused by representation of equiproportionality.

The sample selection variables chosen for each case tried to match the field reality to increase the quality of the data and their degree of reliability, avoiding biased conclusions by standardizing illegitimately. In this sense subjects diagnosed with severe psychiatric pathologies and neurodegenerative diseases were excluded from the records. Consequently, we successfully established a sample of 158 subjects, divided into 3 sub-samples representing each residential institution type. For comparative purposes the intergroup sample was divided into 3 similar groups. In each sub-sample randomly selected subjects were chosen from the available and mentally fit individuals according to the technical and clinical information collected beforehand in each institution, all according to the protocol procedures described below.

Thus, three sub-samples were created with the intention of studying the intergroup comparison. The samples were constituted respectively of: i) the Alcalar subsample formed by residents of the retirement village of St. Joseph of Alcalar (n=50); ii) the RSS subsample, consisting of elderly residents of an RSS (n=56); and iii) the DCI subsample, consisting of elderly attendees of a DCI (n=52). By gender, the sample consisted of 117 elderly women (77%) and 41 elderly men (23%).

We opted to follow a customized methodology with questionnaires that were self-applied or mediated by an investigator. When applicable, we handed out questionnaires to subjects who were able to respond autonomously so we could allow the elaboration to proceed without oversight. We provided prior instructions so they could understand the type of questionnaire applied, and at the end (when we collected the questionnaires) we reviewed each item fully. In the cases in which it was not possible to apply the method under these conditions (for the most varied reasons, from lack of vision to illiteracy), the questionnaires were administered by a field investigator through reading aloud, in a strictly impartial and directive way, with prior deontological information and safeguard privacy. The consecutive duration of the implementation of the set of tests did not exceed 45 minutes each, during which we managed the length of time. The intervals between passages varied according to the availability of subjects; we imposed a rule imposed that breaks were not shorter than 15 minutes between each period of continuous application. The application of the evaluation instruments began in September 2012 with completion in December of the same year.

We performed a descriptive and inferential study as it was intended to describe and summarize the data analyzed using descriptive statistics and generalize the results to the population studied; for this purpose appropriate inferential statistical tests were applied. The data were collected through questionnaires applied within a given time without any interference by the investigator in the behavior of the studied individuals and therefore the study may be classified as a transversal and observational study. In the inferential statistical testing, it was intended to compare the individuals of the three sample groups considered (Alcalar, RSS and DCI) for the studied instruments, that is, how the perception of QoL depends on the group. Therefore, the variable defining the group is the independent variable and the remaining variables included in the inferential tests are the dependent variables.

5. RESULTS

We can point out that the average age of the subjects of the DCI group (80.1 years) is lower than the average age of the subjects of the Alcalar group (84.02 years) and the RSS group (83.52 years). Regarding the schooling level of the three groups analyzed, more than half of the inhabitants in the Alcalar group (54%) are unable to read or write compared with 28.6% of the residents in RSSs and 23.1% of the attendees of DCIs.

Compared with Alcalar, the RSS and DCI groups have a wider distribution with regard to schooling education. In this context the Alcalar group consists of a large majority of illiterate or poorly schooled individuals. With regard to the professional area before retirement, most people in the retirement village of Alcalar (72%) were working in the primary sector, compared with 28.6% of the residents of RSSs and 17% of the attendees of DCIs. In these last two groups, there is a prevalence of labor activity in the tertiary sector.

Regarding marital status, about 36% of the elderly people in the Alcalar group are married or in a long-term committed relationship compared with 12.5% of the subjects in the RSS group and 15% of the subjects in the DCI group. In the three groups, there is a predominance of widowers; however, widowhood concerns only 52% of the population of Alcalar compared with 76.8% of the residents of RSSs and 69.2% of the DCI attendees. Furthermore, in these last two groups, the percentage of older people reporting their situation as separated/divorced is more than double that of the elderly in the Alcalar group.

As for cohabitation and direct social support or proximity support, the Alcalar and DCI groups scored very high values and showed comparable close nuclear family cohabitation (respectively 46% and 50%), while the RSS group scored a low value (3.6%) for this type of cohabitation. The attendees of DCIs revealed a partition between nuclear family cohabitation and living alone, respectively 50% and 42.3%, while the inhabitants of the Alcalar retirement village expressed an approximate equidivision between nuclear family cohabitation and living with mates or friends. Notice that, given the constraints related to the dynamics and establishment of affective relationships (including romantic relationships) among people, it was expected that there would be no complete match between the percentages relating the civil status and the assessment regarding the form of cohabitation.

In relation to the economic situation in terms of monthly income, 44% of the inhabitants of the retirement village of Alcalar, at the time of the data collection (end of 2012), enjoy an income with values ranging between 485 euros (€) and €970, which, in percentage terms, outperforms the other two groups in the study. About 24% of the inhabitants of the Alcalar retirement village mentioned incomes ranging between €254 and €485, while 30% of those people reported incomes between €152.4 and €254; in the range of extremes, only one individual in the Alcalar group (2% of the sub-sample) had an income exceeding €970 and another (also equivalent to 2% of the sub-sample) reported receiving an income below €152.4.

In turn, the income distribution of the elderly population in RSSs differs from the distribution of income of the inhabitants of the retirement village, specifically at the extreme levels: 7.1% of RSS residents have incomes above €970 and, at the other extreme, 10.7% have incomes below €152.5.

As for the attendees of DCIs, compared with the other groups, they show the highest percentage of individuals with incomes above €970 (23.1%), with some notable differences in the distribution of income; particularly at the higher end, the intermediate level of disability and old age pensions add up to two minimum wages (17.3%, compared with 24% and 26.8%, respectively, of the Alcalar and RSS groups).

Health being an essential domain in the perception of QoL, there are differences between sample groups regarding the perception of diseases, as there are differences between the groups regarding the consistency of their perception of diseases and the identification of the existence of chronic diseases. In this context, among the three sample groups, the subjects of the Alcalar group feel healthier, with 60% of older people denying that they have any illness. This group also reveals consistency with regard to the recognition of chronic diseases, with 40% confirming that they suffer from chronic diseases.

Regarding the statistical consistency of the aspects of diseases, half of the members of the RSS group feel sick but more than half (51.8%) claim to have chronic diseases. The same

applies to the attendees of DCIs, among which only 48% say that they feel sick when 51.8% claim to have a chronic disease.

A curious fact of this study is that it was expected that the groups with a higher mean age and longer-lived samples (as with the Alcalar group and, to some extent, the residents of RSSs) would be more affected by health conditions. However, if this comparative assumption is confirmed between the RSS and the DCI group, the results obtained in this dimension are relatively favorable to the Alcalar group: despite Alcalar being the group with the highest mean age and the most long-lived sample compared with the DCI group, the inhabitants of the retirement village presented results that are comparatively favorable in aspects related to disease. This comparative intergroup trend will be confirmed in the other domains evaluated, as will be proven below.

5.1. Perception of QoL through the WHOQOL-BREF

Following the application of the WHOQOL-BREF scale to the sample (N = 158), the analysis of the consistency revealed that the subscales Physical Domain ($\alpha = .836$) and Psychological Domain ($\alpha = .802$) showed good internal consistency. The subscale Environmental Domain presented weak internal consistency ($\alpha = .677$) and the subscale Relationships Domain showed an unacceptable Cronbach's alpha value ($\alpha = .402$), even taking into account the fact that it only contains three items.

Regarding the evaluation of the *quality of life perception*, the results in Table 1 showed the level of overall perception of QoL in the sample of the Alcalar group to be higher than the corresponding perception assessed by the samples in RSSs and DCIs. The differences between the Alcalar group and the other two were statistically significant ($p < .001$ in both comparisons). Specifically, between the RSS and DCI groups, it also reveals a significant difference in that domain ($p = .006$). Just as for the Alcalar group, as we compared the DCI with the RSS group, it showed a significantly lower level of perception of the quality of life than the latter one. Consequently, in this particular domain, the Alcalar group had a measurably and significantly higher level of perception of the quality of life, while the RSS group was found to have a significantly lower one.

As regards the perception of the health domain, no statistically significant differences were identified between the three sample groups ($X^2 [2] = 2.495$; $p = .287$).

In the physical domain, the RSS group had a lower average when compared with the Alcalar and DCI groups, with statistically significant differences between the RSS and the DCI group ($p = .014$) and differences at the limit of statistical significance between the RSS and the Alcalar group ($p = .054$). We did not identify statistically significant differences between the Alcalar and the DCI group ($p = .614$).

In the psychological domain, the RSS group showed a lower average than the Alcalar and DCI groups, with significant differences in the two groups ($p = .004$ and $p = .011$, respectively). In this area there were no statistically significant differences between the Alcalar and the DCI group ($p = .719$).

Table 1: WHOQOL-BREF – value comparison between groups

GROUPS→ DOMAINS ↓	Alcalar (n1 = 50)	RSS (n2 = 56)	DCI (n3 = 52)	KRUSKAL WALLIS (1)	MULTIPLE COMPARISONS (2)
Quality of Life Perception	M = 3.96 SD = 0.49	M = 3.05 SD = 0.72	M = 3.42 SD = 0.75	$X^2 (2) = 44.254$ $p < .001$	A vs. RSS -> $p < .001$ A vs. DCI -> $p < .001$ RSS vs. DCI -> $p = .006$
Health Perception	M = 3.26 SD = 1.01	M = 2.96 SD = 1.08	M = 3.19 SD = 0.91	$X^2 (2) = 2.495$ $p = .287$	No significant differences

Physical Domain	M = 60.14 SD = 20.99	M = 54.21 SD = 17.44	M = 62.77 SD = 19.01	$X^2(2) = 6.805$ $p = .033$	A vs. RSS -> $p = .054$ A vs. DCI -> $p = .614$ RSS vs. DCI -> $p = .014$
Psychological Domain	M = 63.92 SD = 15.94	M = 55.43 SD = 15.53	M = 62.90 SD = 15.31	$X^2(2) = 10.043$ $p = .007$	A vs. RSS -> $p = .004$ A vs. DCI -> $p = .719$ RSS vs. DCI -> $p = .011$
Relationships Domain ¹	M = 64.67 SD = 11.97	M = 60.42 SD = 11.81	M = 66.99 SD = 13.40	$X^2(2) = 9.595$ $p = .008$	A vs. RSS -> $p = .058$ A vs. DCI -> $p = .269$ RSS vs. DCI -> $p = .002$
Environmental Domain ²	M = 69.50 SD = 8.83	M = 59.38 SD = 7.95	M = 66.47 SD = 10.65	$X^2(2) = 34.059$ $p < .001$	A vs. RSS -> $p < .001$ A vs. DCI -> $p = .110$ RSS vs. DCI -> $p < .001$

1) Kruskal–Wallis test statistics and significance value; (2) significance value of multiple comparisons tested using the Dunn procedure

Regarding the relationships domain, the RSS group had a lower result than the Alcalar and DCI groups. In this area the difference was statistically significant only between residents of RSSs and attendees of DCIs ($p = .002$).

Still concerning the relationships domain, despite the statistical difference between the Alcalar and the RSS group, it was close to the limit of significance ($p = .058$) and cannot be considered statistically significant; however, we must stress that this is an indicator of a tendency to take into account. In addition, there were no statistically significant differences between the Alcalar and the DCI group ($p = .269$).

As for the environment domain, the RSS group showed lower values than the Alcalar and DCI groups, with statistically significant differences in the two groups ($p < .001$ in both cases); in this domain there were no statistically significant differences between the Alcalar and the DCI group ($p = .110$).

5.2. Perception of QoL through the WHOQOL-OLD Portugal

To evaluate the psychometric properties of the WHOQOL-OLD Portugal (PT) in this sample, we used a Portuguese version adapted by Canavarro and colleagues (2006). This version consists of 26 items of the original scale, with the same method of listing on a 5-point Likert scale. The WHOQOL-OLD instrument globally showed good internal consistency with a Cronbach's alpha value of 0.884. With respect to each of the 6 subscales, there was poor consistency in the past, present and future activities domain ($\alpha = .662$). In turn, the domains of independence and spiritual relationship with death and the possibility of dying showed reasonable consistency ($\alpha = .749$ and $\alpha = .758$, respectively). The sensorial functioning domain and the social participation domain showed good consistency with Cronbach alpha values above 0.85. In turn, the intimacy domain had very good internal consistency ($\alpha = .926$).

In this WHOQOL-OLD PT instrument, as can be seen in Table 2, from a global point of view, the RSS group revealed a mean value of QoL perception lower than the values of the Alcalar and DCI groups, with statistically significant differences in both groups ($p < .001$, respectively). Although globally there are no statistically significant differences between the

Alcalar and the DCI group ($p = .676$), the average Alcalar result is the highest among the three groups.

In the sensorial functioning domain, the RSS group had a mean value lower than the values obtained by the Alcalar and DCI groups; however, a statistically significant comparison was confirmed between the RSS and the DCI group ($p = .014$). The results shown in Table 2 indicated no statistically significant differences between the Alcalar and the DCI group ($p = .193$) and the same occurred between the Alcalar and the RSS group ($p = .271$).

Regarding the independence domain, as shown in Table, 2 the RSS group had a lower average result than the others, with statistically significant differences in both groups ($p = .002$, $p < .001$, respectively). In this specific domain there were no statistically significant differences between the Alcalar and the DCI group ($p = .561$).

In the past, present and future activities domain, the results revealed no statistically significant differences between the groups ($X^2 [2] = 4.688$; $p = .096$).

As for the social participation domain, the RSS group showed a lower result than the others, with statistically significant differences in both groups ($p < .001$ and $p < .001$, respectively). There were no statistically significant differences between the Alcalar and the DCI group ($p = .969$).

As regards the spiritual relationship with death and the possibility of dying domain, the results obtained showed no statistically significant differences between the three groups ($X^2 [2] = 0.350$, $p = .840$).

Table 2: WHOQOL-OLD PT – value comparison between groups

GROUPS → DOMAINS ↓	Alcalar (n1 = 50)	RSS (n2 = 56)	DCI (n3 = 52)	<i>K R U S K A L</i> <i>WALLIS</i> ⁽¹⁾	<i>M U L T I P L E</i> COMPARISONS (2)
W H O Q O L - O L D GLOBAL	M = 85.96 SD = 11.93	M = 74.43 SD = 12.58	M = 85.13 SD = 10.68	$X^2 (2) = 25.656$ $p < .001$	A vs. RSS $p < .001$ A vs. DCI $p = .676$ RSS vs. DCI $p < .001$
Sensorial Functioning Domain	M = 14.96 SD = 4.01	M = 14.55 SD = 3.29	M = 15.13 SD = 2.89	$X^2 (2) = 6.011$ $p = .050$	A vs. RSS $p = .271$ A vs. DCI $p = .193$ RSS vs. DCI $p = .014$
Independence	M = 14.14 SD = 2.37	M = 12.52 SD = 2.83	M = 14.48 SD = 2.47	$X^2 (2) = 15.597$ $p < .001$	A vs. RSS $p = .002$ A vs. DCI $p = .561$ RSS vs. DCI $p < .001$
Past, Present and Future Activities	M = 13.82 SD = 2.08	M = 12.20 SD = 2.59	M = 13.17 SD = 3.04	$X^2 (2) = 4.688$ $p = .096$	No significant differences
Social Participation	M = 14.10 SD = 3.06	M = 11.05 SD = 3.11	M = 14.25 SD = 2.40	$X^2 (2) = 33.961$ $p < .001$	A vs. RSS $p < .001$ A vs. DCI $p = .969$ RSS vs. DCI $p < .001$
Spiritual relationship with Death and Dying possibility	M = 13.74 SD = 3.83	M = 13.50 SD = 3.63	M = 14.12 SD = 3.46	$X^2 (2) = 0.350$ $p = .840$	No significant differences

Intimacy	M = 15.20 SD = 1.91	M = 10.61 SD = 3.77	M = 13.98 SD = 4.39	$X^2(2) = 36.202$ $p < .001$	A vs. RSS $p < .001$ A vs. DCI $p = .169$ RSS vs. DCI $p < .001$
----------	------------------------	------------------------	------------------------	---------------------------------	---

1) Kruskal–Wallis test statistics and significance values; (2) significance value of multiple comparisons tested using the Dunn procedure

In the intimacy domain, the RSS group showed a lower value than the Alcalar and DCI groups, with significant differences in both groups ($p < .001$ and $p < .001$, respectively). In this domain we did not identify any statistically significant differences between the Alcalar and the DCI group ($p = .169$).

Therefore, the WHOQOL-OLD PT questionnaire showed significant comparative differences between the Alcalar, the RSS and the DCI group in all the domains except two (past, present and future activities and spiritual relationships). The RSS group obtained results (overall and by domain) that were lower comparatively than those of the other groups. In turn the Alcalar group obtained results (overall and by domain prevalently and comparatively) that were higher than the corresponding results of the attendees of DCIs and the residents of RSSs.

6. DISCUSSION

Bearing in mind the understanding of the influence of space and organization on the perceptual living experience of QoL of institutionalized elderly people, in terms of the results concerning the WHOQOL-BREF, the quality of life perception domain and in general, the level of QoL assessed by the Alcalar group was higher than the QoL perceived by the RSS group and the DCI group, with statistically significant differences when comparing the Alcalar group with the others (respectively $p < .001$ in both cases). The difference between DCI attendees and RSS residents ($p = .006$) was also significant. Moreover, in both WHOQOLs (BREF and OLD PT), the RSS group comparatively revealed the lowest results, on average, overall or in each specific domain.

Concerning the health perception domain, although we did not identify significant differences in the intergroup comparison, there seemed to be a comparative trend among the groups means. In this sense, when compared with the RSS and DCI groups, the Alcalar group showed the best average level of health perception, while the RSS group had the lowest average among the three. It seems appropriate to recall that Paúl, Fonseca, Martin and Amado (2004) state that seniors who are assessed as having better health generally show higher levels of overall QoL, which seems to be confirmed by the average results obtained for our three sample groups in those areas, particularly in the domains of quality of life perception and health perception.

With regard to the physical domain, as shown in Table 1, the RSS group showed an average level below the other groups, with statistically significant differences between residents of RSSs and attendees of DCIs and differences close to the limit of significance between the Alcalar and the RSS sample.

As regards the psychological domain, we are in agreement with Paúl *et al.* (2004), who argue that this domain varies with marital status (i.e., the level of psychological QoL in the elderly is better for those who are married or in a long-term relationship than for single people or widowers). This seems to be confirmed in our study, as the Alcalar retirement village

inhabitants are the group with the highest results for marital or long-term relationships, so this specificity may have positively influenced the perception of psychological QoL in relation to their counterparts. Also in the psychological domain, the importance for the psychic life of multiple environmental, psychosocial and biological factors is known, and it can be inclusive in and correlative with development and cognitive and emotional balance as well as good mental health. The influence of such conditions seems to have been confirmed by the questionnaires, in which the predominance of good comparative results of the Alcalar group and low scores of the RSS group are apparent.

Still, in the analysis of the WHOQOL-BREF and regarding the influence of the schooling level as a predictor of physical and psychological QoL, as defended by Paúl *et al.* (2004), we concluded that such a statement cannot be fully confirmed in our study, because the subjects of the Alcalar group, despite being the least literate of the three groups, are still the individuals who had comparatively the best results globally in the psychological domain, besides revealing a medium result through intergroup comparison in the physical domain. In the correlation concerned, the Alcalar group outperformed the RSS group in both domains and surpassed both groups in the relevant fields. However, in the context of the relationship between the level of schooling and their perception of physical QoL and psychological QoL, an analytical perspective restricted to the RSS and DCI groups seems to confirm the opinions of the authors mentioned above (the only exception being applicable to the Alcalar group).

As regards the relationship between age and QoL, Paúl *et al.* (2004) argue that the overall QoL decreases as age increases. Generally we agree with those authors when such a statement refers solely and exclusively to the progression of the longitudinal correlation between age and QoL, both individually and in any group of individuals whose age distribution is approximately homogeneous. However, according to the results obtained, the Alcalar group diverged from the above opinions: the inversely progressive causal relationship between age and QoL when considering the comparative cross-sectional investigation does not seem to apply to the Alcalar inhabitants. Despite the Alcalar group consisting of older subjects (on average and in individual age groups), compared with the other two groups, the Alcalar group did not fail to obtain predominantly the best results in the perception of overall QoL comparatively.

Paúl *et al.* (2004) defend the idea that elderly people with a better perception of their health condition generally have higher levels of overall QoL. Therefore, and given our results, it seems reasonable to claim that the cumulative combination of degenerative factors throughout life, due to the senescent process, can lead to physical and/or psychical degradation as people age, which in turn may influence their perception of QoL.

The outcome of our study assumes that there are biological, psychosocial and environmental factors (we are referring only to the residential environments of Alcalar, RSSs or DCIs) that may influence that inversely progressive correlation between age and perception of QoL. It seems to be a wise assumption if we recall the influence irrespective of the age factor, the effects of environmental variables and the self-control in relation to various parameters correlated with individuals' QoL, as evidenced by the study by Langer (2009) on rejuvenation and the reversal of functional dependence.

Given our results, we think that the perception of the health, psychological and physical domains in association with environmental conditions that are strongly marked by the residential context and lifestyle, in association with the influence of the variables of self-control and self-effectiveness, may have a protective interference in the perception of QoL, globally and/or by domain. In this regard we remember that the Alcalar group, which had environmentally differentiated conditions, generally obtained more favorable results in those aspects than the other groups, despite some unfavorable predictors, such as age, income and schooling level. Such environmental benefits may have influenced the intergroup comparative

results, especially when considering the statistical behavior of the Alcalar and RSS groups. In this regard it should be stressed that the analysis of the WHOQOL-BREF results obtained by the Alcalar group often produced a positive surprise: in our opinion, based on the literature review, this is due to the interdependence of factors, particularly those that are inherent to the environmental and psychosocial conditions described throughout our study, which are embodied in the residential paradigm in which individuals live, that is, the Alcalar model.

It should also be noted that, in this WHOQOL-BREF instrument, the residents of RSSs showed comparatively the worst results in the evaluated areas, while the residents of the Alcalar model received mostly good scores. Indeed, the trend in the results of the Alcalar inhabitants is not an absolute feature, because attendees of DCIs surpassed them in some areas, particularly in the scores of the physical and relationship domains, albeit without statistical significance in the comparative intergroup relation for both cases.

We should also mention that, during our study and the analysis of the QoL, there was one aspect that raised some reservations: the gender of the subjects in the sample distribution. Regarding this possible limitation, some have argued that low levels of QoL may be related to concurrent factors, among which one could be belonging to the female gender (Sprangers *et al.*, 2000; Kirchengast & Haslinger, 2008). However, we are in agreement with Fernández-Ballesteros (2000), who argued that a higher or lower QoL perceived by the elderly results strongly from the circumstances and the context in which they live, as well as multiple other variables, such as social status and lifestyle, especially in the long term, and does not only depend on gender.

For these reasons, we also agree with Fleck, Chachamovich and Trentini (2003); these authors concluded that among the elderly there is the perception of multiple elements associated with QoL, including stress, good health, physical dynamism, interrelational contact, mutual social support and the feeling of belonging to a community and its integration; hence, it can be concluded that the multidimensional significance of QoL is correlated with biopsychic domains in conjunction with the socio-environmental space.

As regards the results obtained from the WHOQOL-OLD PT, from a global point of view in the perception of QoL, the residents of RSSs obtained an average value below the average values of the other groups, and we could confirm the statistically significant differences in both comparisons ($p < .001$, respectively). There were no statistically significant differences between the Alcalar and the DCI group.

In the sensorial functioning domain, the RSS group had an average value below the average results of the rest; however, the differences were not statistically significant between the RSS and the DCI group ($p = .014$), which is not surprising since it is commonly accepted that it is an evaluative component that is essentially geriatric in nature and therefore is highly correlated with physiological degeneration, the intensity of which is usually more common at older ages (in this context, the RSS and Alcalar groups consisted of subjects who were on average older than those in the DCI group). Although composed of globally older individuals, the Alcalar group obtained a higher average in the sensorial functioning domain than the RSS group. Among the DCI group (slightly younger) and the Alcalar group (older on average and in age distribution), the difference between their means was not statistically significant.

With regard to the domains independence, social participation and intimacy, the group of residents in RSSs had lower average values in relation to the average results of the Alcalar and DCI groups, with statistically significant differences.

In those three domains of WHOQOL-OLD PT, the comparison of results between the Alcalar and the DCI group was not statistically significant, but the Alcalar group surpassed the others in intimacy and the averages were similar for independence and social participation.

In the domains past, present and future activities and spiritual relationship with death and the possibility of dying, no statistical significance was identified between the three groups; however, continuing the prevailing trend, the RSS group predominantly obtained the lowest average in comparison with the Alcalar and DCI groups. The Alcalar group obtained the best average results in the domain of past, present and future activities but achieved an intermediate score in the other domains.

This makes us suppose that, even though the Alcalar inhabitants are the oldest, they are in the most balanced position and they seem to have a more serene attitude towards life and human finitude. Also in this context, and taking into account the protective effects of biopsychic condition in interrelation with the social and environmental surroundings, the results of the Alcalar group seem to confirm our previous expectations.

For these reasons, we can conclude that the overall results of both QoL scales (BREF and OLD) seem to indicate that, in the areas with statistical significance, the average level of QoL perceived by people in the Alcalar group was predominantly higher than that perceived by residents of RSSs. Similarly, it was found that the average level of quality of life perceived by residents of RSSs was predominantly lower than the average levels of QoL reported by the Alcalar and DCI groups.

7. CONCLUSION

It is widely known that many of the developed Western countries, particularly the Portuguese population pyramid, are experiencing an unprecedented socio-demographic situation.⁷ Thus, we are facing countless challenges regarding old people's care, now and in the future. One of the many consequences of the Portuguese demographic and socio-economic dynamic changes that occurred in recent decades was the impact of those transformations on the traditional family patterns in supporting the elderly: traditional aid has increasingly shifted from the family to informal or formal caregivers. In this context institutional organizations (whether NGOs or entities with a for-profit nature) have been at the forefront of meeting the multiple needs of seniors.

As a consequence of Portuguese policies resulting from the implementation of the current model of the welfare state, a substantial part of the allocation of resources, in particular related to investment in institutional social support for the elderly, has benefited mainly two types of institutional residential dominant paradigms⁸: residential structures for seniors (RSSs) and day care institutions (DCIs).

However, there is a relatively unknown reality subsequent to this redistributive social policy supported by the Portuguese welfare state model toward the elderly: no one knows for sure what the qualitative return is consequential to the financial effort allocated to this important area of social support (whether it is private or public); that is, the qualitative value perceived by those beneficiaries supported by institutional residential services is unknown, regardless of the philosophical or organizational paradigms that inspire them.

In the present or in a future context, it seems imperative to evaluate the suitability and efficiency results of the current care models for the elderly, not only through formal assessment of basic care or regarding the sustainability of the current paradigms but also in relation to qualitative social gains, namely those that are experienced by the subjects of such support – the elderly.

⁷ The increasing age distribution of the population imbalance, to which we can refer as a demographic tsunami.

⁸ The two paradigms share common characteristics, such as the community residential institutional environment, and achieved structural growth higher than 30% in the last decade; in 2014 those Portuguese paradigms helped (on a daily or full-time basis) more than 140,000 elderly people (IGFSS, 2014; ISS, 2014).

Consequently, when we started this research,⁹ we considered it to be a priority to assess the subjects' perception of their quality of life (QoL) instead of focusing our attention on accounting for structural institutions, describing the organizational conditions of this or that institution or even measuring official data differences between institutional models. If this was the case, our main concern, instead of evaluating the seniors' perception of QoL, would be corroborating the assumption that the qualitative aspects associated with the perception of QoL (or other associated biopsychosocial domains) derive exclusively from the physical and organizational conditions dispersed across multiple institutions, this being a reductive enunciation that we refused *ab initio*.

Therefore, from the conception of this research, an underlying intention was implied: to evaluate comparatively individuals' perception of quality of life provided by the different residential institutional paradigms prevailing in Portugal, namely RSSs and DCIs. In addition to the inclusion of individuals from those prevailing paradigms, we considered the QoL perception provided by an extraordinary prototype RSS (institutional but innovative): the retirement village St. Joseph of Alcalar, in which seniors have a house that they might call "home sweet home" as well as being active members of a community village, seemed to have a tangible qualitative meaning for the elderly residents.

Summing up, in our study we considered the QoL perceptive evaluation of three groups of elderly people who received, correspondingly, the support provided by three types of residential institutions: the RSS and DCI paradigms and the Alcalar retirement village model. Subsequently, our objective allowed us to identify and make inferences about the comparative differences between the subjects' perception of QoL for those three residential paradigms considered. With the publication of this study, we hope to contribute to the reflection and debate on the reform of the social and environmental conditions in institutional residential care of the elderly.

Concerning the global QoL results for this study, including domains in which the comparisons were statistically significant, the QoL levels perceived by Alcalar retirement village inhabitants were predominantly higher than the QoL levels perceived by residents of RSSs. The trend in the QoL results obtained by the Alcalar retirement village inhabitants was only not absolute because they were surpassed by the DCI attendees' results in some (few) areas assessed in both WHOQOL scales.

Contrary to the results obtained by the Alcalar retirement village inhabitants, the levels of QoL assessed in residents of RSSs were comparatively and predominantly lower than the QoL levels perceived by the inhabitants of the Alcalar group and the attendees of DCIs.

Also concerning the results of this investigation, we found comparative significance levels of the global QoL perception between groups. The comparative differences were strong between the Alcalar group and, respectively, both the DCI and the RSS group, correspondingly in the order of $p < .001$. We also found a significant comparative difference ($p = .006$) between attendees of DCIs and RSS residents, with this latter group obtaining the lowest levels of QoL perception, considering both general and specific domains. It should be noted that the residents of RSSs scored the worst comparatively in all the QoL domains. By contrast, the residents of the Alcalar retirement village achieved predominantly better scores when compared with the other two groups.

Within the overall evaluation of QoL and taking into account the results, we believe that biopsychological conditions (such as health perception and psychological and physical aspects) associated with the socio-environmental surroundings (including marital, residential context – be it structural, environmental or architectural – and individuals' lifestyle, referring to independence, individual freedom and self-efficacy) seem to have an effect that is not

⁹ We can characterize our study as transversal, comparative, descriptive and inferential.

negligible and may have had a significant influence on the differences between groups regarding the perception of QoL.

Considering the last assumption, we recall that the inhabitants of the Alcalar retirement village, despite being under the influence of unfavorable predictors, such as income, literacy¹⁰ and age¹¹, seem to be favored as the socio-environmental surroundings and biopsychological conditions mentioned above, so it seems to be logical to assume a correlative influence of a multiplicity of factors previously described in the best overall results regarding the perception of QoL.

Like Lazarus (1998), Fernandez-Ballesteros (2000), Godfrey (2001), Fleck *et al.* (2003), Baltes and Smith (2004) and Langer (2009), we also think that it seems to be justified to deduce that among our subjects the influence of multiple elements usually associated with QoL appeared to be decisive, such as good health, physical dynamism, support and social interaction, the feeling of belonging and community participation, as well as an active and healthy lifestyle, self-efficacy and self-control, among multiple intra- and extra-individual variables associated with environmental circumstances. Thus, in agreement with the above authors and due to our own analysis of this investigation, we can reiterate the multidimensional significance that fundamentally underlies the perception of people's QoL.

Threatened with the psychophysiological degeneration of autonomic functions, which are essential for living in their own *home*, for the Portuguese elderly, at some point in their lives, being institutionalized in an RSS is one of the three first-line customary options. Regarding such a dilemma – the solution to which is vital for them and for their families – several complex issues are raised:

- i) Psychic and physiological degeneration, both organic and functional, are common throughout senescence and, in most cases, such processes are irreversible, which greatly reduces the autonomy of individuals;
- ii) There are significant changes in the socio-economic status resulting from employment inactivity or retirement;
- iii) Families' unwillingness to help older relatives on a daily basis is a quite common and increasingly frequent phenomenon;
- iv) Significant loss of loved ones becomes increasingly frequent throughout life, and the same applies to the reduction of emotional ties;
- v) Generally there is a strong emotional bond that unites a person to his or her original *home*; therefore, residence and surrounding space adaptability and *homelike* environments are essential to the successful permanence of the elderly in their own homes.

In summary, given the complexity of the personal variables associated with the progressive psychological and physiological degeneration throughout the ageing process as well as the social constraints that decisively influence seniors' permanence in their residences or when the elderly are faced with the imperative requirement of institutional confinement in an RSS, something that for many older people is felt as an imposed and radical change in their lives, we may pose the following questions. Due to housing conditions, which may be an obstacle to individual needs during the senescent process, how can one keep older people at *home* in a healthy environment, functionally and without anxiety? When faced with the prospect of admission to an RSS, how can we help the elderly to ease their suffering associated with the withdrawal from their habitual residence and how could we prevent the distress and anxiety often associated with the relocation to an institutional building that is not exactly a house with the same *home-sweet-home* spirit?

¹⁰ Regarding the influence of schooling level as a predictor of physical QoL and psychological QoL, such a correlation was not confirmed in our study because the subjects of the Alcalar group, despite being the oldest and the least literate of the three groups, showed, when compared with the other groups, better global QoL results in the physical and psychological domains.

¹¹ The Alcalar retirement village inhabitants, considering the average age and the distribution by age group, are older than the members of the other two sample groups, respectively.

In response to the first question set, we could say that it seems to us that any support strategies that allow the residential continuity of any elderly person in his or her original home, preferably in good living conditions that include functionality, comfort, security, autonomy and social inclusion, are justified.

Concerning the other questions mentioned above, we ought to have more doubts about these complex issues, which seem to require further discussion: if old age is just another stage of human life, will the interventional reasons generally accepted by families and state policies that often justify the option to keep the elderly in their residential habitat be absolutely irreproachable? Is it absolutely indispensable to deprive the elderly of their personal objects, condition them in their routines, limit them in their pleasures, freedom and autonomy and so on, supposedly for their benefit and so often against their real wishes?

In this context, many of the current and future institutional housing and care typologies for the elderly, as well as the majority of the currently supported models, follow an asylum mentality that must be rethought and reformulated. For these reasons, and taking into account the results of our investigation, we think that this debate in ageing societies has barely started.

ACKNOWLEDGMENTS

This paper is financed by National Funds provided by FCT- Foundation for Science and Technology through project UID/SOC/04020/2013.

REFERENCES

- Baltes, P. & Smith, J. (2004). Lifespan Psychology: From developmental contextualism to developmental biocultural co-constructivism. *Research in Human Development*, N.º 1, Vol. 3, 123-144;
- Canavarro, M. C., Serra, A. V., Simões, M. R., Pereira, M.; Gameiro, S., Quartilho, M. J., Rijo, D., Carona, C. & Paredes, T. (2006). *Qualidade de Vida*. Accessed on <http://www.fpce.uc.pt/saude/index.htm> (April 20, 2013);
- Carli, S. (2004). *Habitação adaptável ao idoso: um método para projetos residenciais*. (Tese de Doutoramento em Arquitetura). Faculdade de Arquitetura e Urbanismo da USP, São Paulo;
- Costa, D. (2000). *Aldeia de S. José de Alcalar: uma Bem-Aventura Viva*. Braga: Editorial A. O;
- Fernández-Ballesteros, R. (org.) (2000). *Gerontología social*. Madrid: Pirámide;
- Fleck, M., Chachamovich, E. & Trentini, M. (2003). Projecto WHOQOL-OLD: Método e resultados de grupos focais no Brasil. *Revista Saúde Pública*, N.º 37 (6), pp. 793-799;
- Godfrey, M. (2001). Prevention: developing a framework for conceptualizing and evaluating outcomes of preventive services for older people. *Health and Social Care in the Community*, N.º 9 (2), 89-99;
- Instituto de Gestão Financeira da Segurança Social [IGFSS] (2014). *Execução Orçamental de Janeiro a Agosto de 2014*. Ministério Lisboa: Ministério da Solidariedade e Segurança Social (MSSS);
- Instituto da Segurança Social [ISS] (2014). *Guia Prático de Apoios Sociais aos Idosos*. Lisboa: Ministério da Solidariedade e Segurança Social (MSSS);

- Kirchengast, S. & Haslinger, B. (2008). Gender differences in health-related quality of life among healthy aged and old-aged austrian: Cross-sectional analysis. *Gender Medicine*, N.º 5 (3), 270-278;
- Langer, E. J. (2009). *Counter clockwise: mindful health and the power of possibility*. New York: Ballantine Books;
- Lazarus, R. (1998). Coping with aging: Individuality as a key to understanding. In Nordhus, I., VandenBos, G., Berg S. & Fromholt, P. (eds.), *Clinical geropsychology*, Washington: American Psychological Association, pp. 109-127;
- Marôco, J. (2010). *Análise Estatística com o PASW Statistics*. Lisboa: Editora Report Number;
- Marsden, J. P. (2005). *Humanistic Design of Assisted Living*. Baltimore: The Johns Hopkins University Press;
- Paúl, C., Fonseca, A., Martín, I. & Amado, J. (2004). Condição psicossocial de idosos rurais numa aldeia do interior de Portugal. In Paúl, C. & Fonseca, A. (orgs.), *Envelhecer em Portugal: Psicologia, Saúde e prestação de cuidados* (pp. 97-108). Lisboa: Climepsi Editores;
- Paúl, C., Fonseca, A., Martín, I. & Amado, J. (2005). Satisfação e qualidade de vida em idosos portugueses. In Paúl, C. & Fonseca, A. (org.), *Envelhecer em Portugal: Psicologia, Saúde e prestação de cuidados* (pp. 77-96). Lisboa: Climepsi Editores;
- Pestana, M. H. & Gageiro, J. N. (2008). *Análise de Dados para Ciências Sociais. A Complementaridade do SPSS (5ª Edição)*. Lisboa: Edições Sílabo;
- Peters, I. (1999). *Projetando Para Todos*. Campo Grande: PMCG/PLANURB;
- Pimentel, L. (1995). *O Lugar do idoso nas redes de interacção e solidariedade primárias: um Estudo comparativo de casos de institucionalização e não institucionalização*. Dissertação de Mestrado, ISCTE, Lisboa;
- Pinho, M. (2005). *Análise dos índices de psicopatologia e qualidade de vida dos doentes do Lar "X", comparativamente com os índices de psicopatologia dos idosos a residirem em sua casa*. Dissertação de Mestrado, Faculdade de Medicina da Universidade de Lisboa, Lisboa;
- Santa Casa da Misericórdia de Lisboa [SCML] (2008). *Manual da Qualidade Tipo na Gestão da Qualidade em Lar de Idosos*. Gabinete de Projectos Inovadores, Direcção de Acção Social, Santa Casa da Misericórdia de Lisboa;
- Sprangers, M., De Regt, E., Andries, F., Van Agt, H., Bijl, R., & De Boer, J. (2000). Which chronic conditions are associated with better or poorer quality of life? *Journal of Clinical Epidemiology*, 53 (9), 895-907;
- WHOQOL Group (1994). Development of the WHOQOL: Rational and current Status. *International Journal of Mental Health*, 23 (3), 24-56.

PSYCHOSOCIAL PROFILE OF SPANISH AND PORTUGUESE FAMILY PRESERVATION USERS: AN ANALYSIS OF NEEDS AND INTERVENTION CLUES

Lara Ayala-Nunes¹

Maria Victoria Hidalgo García²

Lucía Jiménez³

Saul Neves de Jesus⁴

ABSTRACT

At-risk families live under circumstances that hinder their parenting competences, compromising their ability to fulfill their children's needs appropriately. The complex and multiple-source nature of the adversities that they endure makes family preservation interventions challenging. Because their efficacy largely depends on the extent to which interventions fit participants' needs and characteristics, the aims of this study were to draw the sociodemographic (individual, family, economic, labor, and child-related variables) and psychosocial profile (negative life events, parenting stress, and psychological distress symptomatology) of Spanish and Portuguese family preservation users while testing the inter-country differences. The results showed that the majority of participants had a low educational level, were unemployed, and were poor. Spanish and Portuguese participants had suffered an average of 5 and 4 negative life events over the past 3 years, respectively, with a high emotional impact. The most common were labor precariousness and economic hardship. Clinical levels of parenting stress were found in 48.1% of the Spanish participants and 39.1% of the Portuguese participants. An important proportion of the participants had clinical levels of psychological distress (Spain = 71.9%; Portugal = 45.8%), indicating the presence of mental health problems. Families' support needs are discussed and guidelines for interventions aimed at improving parents' and children's well-being are outlined.

Keywords: At-Risk Families, Psychosocial Profile, Negative Life Events, Parenting Stress, Psychological Distress, Family Preservation, Child Welfare Services.

JEL Classification: I30

1. INTRODUCTION

Despite the major demographic and societal changes that Western countries have undergone since the beginning of the twentieth century, family still remains the main context for human development. A family can be characterized as a union of people who share a project of common living, with strong feelings of membership, intense and intimate bonds, reciprocity, and dependency. A family promotes and supports children's and adults' development, helping children to build their self-esteem and sense of identity, to face challenges, to take

¹ Lara Ayala-Nunes, University of Seville, Research Centre for Spatial and Organizational Dynamics, Seville, Spain. (layala@us.es)

² Maria Victoria Hidalgo García, University of Seville, Seville, Spain. (luciajimenez@us.es)

³ Lucía Jiménez, University of Seville, Seville, Spain. (victoria@us.es)

⁴ Saul Neves de Jesus, University of Algarve, Faculty of Human and Social Sciences, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (snjesus@ualg.pt)

responsibilities, and to make commitments. It is also a safety net that remains available when everything changes and the sense of personal continuity is in jeopardy. Caregivers guarantee the survival and healthy growth of their children, give them love and support, encourage them to interact competently with their environment, and promote children's socialization (Palacios & Rodrigo, 1998).

Unfortunately, some family contexts fail to fulfill children's basic needs; therefore, children's development and well-being as well as their accomplishment of age-appropriate developmental tasks are hindered (Rodrigo et al., 2008; Sandler, 2001). Factors like single parenthood, a low educational level, poverty, labor precariousness, and living in a dangerous neighborhood hamper parenting and add further stress to the normal hassles of being a mother or a father (Rodrigo et al., 2009). At-risk families are defined as those that face several adversities that compromise their parenting competence without reaching a severity threshold that requires child out-of-home placement (Hidalgo et al., 2009; Rodrigo et al., 2008).

Over the last three decades, interventions with at-risk children and their families have progressively shifted from a deficit-focused, welfare perspective to one of family strengthening and preservation (Hidalgo et al., 2009). Transnational mandates highlight the need for an intervention philosophy with at-risk families that focuses on strengthening their resources while supporting them through a broad range of services that must deliver assistance beyond financial or material resources. Interventions must aim to improve family functioning, prevent child maltreatment, and promote family and child well-being (Bagdasaryan, 2005; Rodrigo et al., 2012a). Thus, the action lines recommended by the Council of Europe have materialized into Recommendation 19 on Policy to Support Positive Parenting (Committee of Ministers of the Council of Europe, 2006). The purpose of this recommendation is to urge member states to create and support actively Child and Family Protection Services in each country to assist families declared to be at risk. Furthermore, Recommendation 12 on Children's Rights and Social Services Friendly to Children and Families posits that "social services for children and families should ensure the protection of children from all forms of neglect, abuse, violence and exploitation by preventive measures as well as through appropriate and effective interventions. These should aim for the preservation of family strength and unity, especially in families facing difficulties" (Committee of Ministers of the Council of Europe, 2011). The Committee of Ministers of the Council of Europe (2013) has also exhorted state members to invest in children and families and to evaluate how political reforms affect the most vulnerable, adopting measures to reduce their possible negative effects.

In Spain the legal concept of risk was introduced in 1996 by the Law of Child Legal Protection (*Ley Orgánica de Protección Jurídica del Menor* 1/1996). This law establishes that the best way to ensure child protection is to promote the satisfaction of children's needs within their developmental contexts of origin. According to this law, in risk situations – meaning those in which the harm for the child is not severe enough to justify the child's separation from his/her family – interventions must aim to eliminate the risk factors. Subsequently, these aims expanded towards a philosophy based on family strengthening and child well-being (Rodrigo et al., 2008).

Portugal was one of the first countries in the world to have a child protection law, with the first legal act dating back to 1911, after the implementation of the First Republic (Ministério da Justiça, 1911). However, it was not until 1976 that the fundamental rights of children and youths were enshrined in the country's Constitution. The law that currently regulates interventions for at-risk children (*Lei* 147/1999) guarantees the promotion of their rights and protection, ensuring their well-being and optimal development through the Commission of Children and Youths Protection (*Comissões de Protecção de Crianças e Jovens, CPCJ*). This legal

act establishes that interventions must be made at an early stage, be proportional, be carried out in a timely manner, and be exerted exclusively by the essential institutions to warrant their effectiveness. Among its principles are parental responsibilities for their children and family preservation.

There are many similarities between the Spanish and the Portuguese child protection laws: both claim to prioritize family preservation and children's best interests; the type of situations that require public powers' intervention (i.e., when children's safety, health, education, or development are hindered); the state obligations to protect and support families so that they can fully assume their parental responsibilities; and the priority given to alternative care and family placement when child out-of-home placement takes place. Furthermore, in both countries the laws stipulate individual interventions to eliminate risky situations and the adoption of preventive measures to avoid child vulnerability.

Nonetheless, there are also significant differences to be noticed. The Portuguese laws do not distinguish between risky and maltreatment/neglect situations; they only mention children and youths in danger without explicitly differentiating the level of severity of dangerous situations. In addition, they do not overtly declare that institutional placement should be a last resort: a temporary action that should have as short a duration as possible. Unlike the Spanish child protection laws, in Portugal the public administration does not guarantee the objectiveness and impartiality of its protective actions and public powers do not have the obligation to prevent child institutional maltreatment. It thus seems that there is a legal void once a child is placed in an institution. Lastly, in the Portuguese laws, there are no references to state actions aimed at promoting protective factors of the child and his/her family. Therefore, there are still many improvements to be made in child protection legislation, namely in terms of reducing institutional dependency and valuing family as the most adequate environment for children's development. Institutionalization has deleterious effects on child well-being, and calls for expediting and facilitating alternative family placement and adoption measures in cases in which children cannot safely stay in their families of origin have been repeatedly made without success (Olías, 2014; Palacios, 2010).

Not only do the child protection laws in Portugal and Spain present important differences, but also the way in which family preservation services are organized is quite different in each country. In Spain Community Social Services, which have been centralized in the Autonomous Communities since 1987, are responsible for the interventions with at-risk children. In Portugal the enforcement of child protective measures is shared among the CPCJs, Juvenile Court, Social Services, and Health and Education Services. This fragmentation of services hinders comprehensive family care because each institution tends to focus on its own perspective, thereby segmenting the interventions aimed to reduce the problems faced by this population (Matos & Sousa, 2004, 2006).

In addition to gaps in child protection legislation and organizational challenges, the European recommendations regarding family support and national legislation concerning children's rights are not being enforced. Both in Spain and in Portugal, the austerity measures applied after the global financial crisis of 2008 have caused a marked increase in short- and long-term unemployment rates, child poverty rates and working poor rates (i.e. people whose work income is not enough to protect them from poverty) (Caritas Europe, 2013). According to Callan et al. (2011), the austerity measures have impoverished the most vulnerable sectors of the population and homes with children have been particularly affected.

With rates of child poverty that have been persistently high for many years and were well above the eurozone average before the global financial crisis (Caritas Europe, 2013; Gradín & Cantó, 2011), the data about family poverty in Portugal and Spain after the 2008 financial collapse are shattering. The austerity measures and structural reforms included

cutbacks in the health and education areas, salary reductions, freezing pensions, reducing or eliminating social benefits, augmenting VAT and taxes, as well as privatizing basic services in the energy and communication sectors, among others. According to the Caritas Europe report (2013), Spain is the EU country with the second-highest rate of child poverty and had a child at-risk-of-poverty rate of 30.5% in 2014, more than 10 points above the EU27 average (20.2%) (Eurostat, 2015). Likewise, Portugal's child at-risk-of-poverty rate has been above the EU27 average rate since at least 2005 (when comparable data are available from Eurostat). The 2013 rate is 24.4% (more than 4 points above the EU27; Eurostat, 2015). One must bear in mind that these rates are calculated as the share of persons with a disposable income below the risk-of-poverty threshold (set at 60% of the national median). As the tendency in both countries is an income decrease for the majority of the population, the poverty threshold is becoming lower, which means that people below the threshold one year may not be considered to be at risk of poverty the next year. In addition, as the national median of income in Portugal is lower than that in Spain, in two households with the same income, a Spanish child can be considered at risk of poverty whilst a Portuguese child can be considered not to be at such risk.

Additionally, it is very likely that the child poverty rates are underestimated. This is due to the time lag in the availability of data on comparable poverty measures across Europe and the fact that figures are only available in Portugal up to the 2013 period. According to Caritas Europe (2013), "the human cost of the crisis is impossible to assess fully at this stage as its impact is still unfolding with wave after wave of ad-hoc crisis driven measures and a series of structural measures being implemented in each country."

With this scenario in mind, we can safely state that Southern European families are not being supported to fulfill their children's basic needs and to exert positive parenting and that measures are not being taken to reduce the negative effects that have arisen from austerity measures on children and families, contradicting the European recommendations. These findings are worrisome, since poverty and unemployment have consistently been associated with an increase in child maltreatment incidence (Azar, 2002), and material deprivation has long-term damaging effects on development (Brooks-Gunn & Duncan, 1997; Magnuson & Duncan, 2002).

Therefore, it is not surprising that scholars from Spain and Portugal have expressed a growing interest in these families in the past years (Ayala-Nunes et al., 2014; Ayala-Nunes et al., in press; Byrne et al., 2013; Hidalgo et al., 2010; Jiménez et al., 2009; Matos & Sousa, 2004, 2006; Menéndez et al., 2010; Nunes & Ayala-Nunes, 2015; Nunes et al., 2014; Rodrigo & Byrne, 2011; Rodrigo et al., 2012b; Sousa & Ribeiro, 2005; Sousa et al., 2007). These studies have shown that the majority of at-risk families are headed by parents with a low educational level, precarious jobs, and severe financial hardship. The high percentage of single-parent and blended families is also noticeable. For the aforementioned reasons, they tend to have considerable dependence on social services as income sources (Rodrigo & Byrne, 2011). Furthermore, the mothers in these families report having experienced numerous negative life events (NLEs) with a high emotional impact. These factors are stressful for parents, and often their children suffer the consequences of parenting stress, given that the amount and the quality of the resources available to cope with stressors will determine whether dysfunctional parenting will occur (Farkas & Valdés, 2010). If being a parent under normal circumstances is a difficult task, due to the heterogeneity of children's characteristics, the complexity of developmental processes, and the constant demands that the caregiver role implies (Crnic & Low, 2002), it is expectable that parenting stress is more intense and burdensome when parents face environmental adversities (Anderson, 2008). In fact, studies conducted mainly with North American samples have shown that experiencing high levels of parenting stress is one of the main psychological characteristics that define at-

risk families (Anderson, 2008; Raikes & Thompson, 2005). Parenting stress has also been associated with concurrent family conflict, exposure to violence, and other NLEs (Whiteside-Mansell et al., 2007).

Furthermore, the relationship between low economic status and elevated incidence and prevalence of mental illness has become increasingly apparent (Murali & Oyeboode, 2004). Psychological distress is more prevalent in less affluent populations, given that individuals of low socioeconomic status address NLEs more often and have fewer resources to cope with those events (McLeod & Kessler, 1990). Santiago et al. (2011) observed that poverty-related stress not only was directly related to symptoms of depression and anxiety but also interacted with prior symptoms, contributing to worsening the symptoms of delinquency, attention problems, somatic complaints, and anxious/depressed symptoms. The available data showed that at-risk parents tend to have life trajectories with many negative and stressful events, such as child and adulthood maltreatment, substance and alcohol abuse, health problems, emotional disorders, and antisocial behavior (Rodríguez et al., 2006). The deleterious effects of parental mental health problems on child development via negative parenting behaviors have been extensively reported, especially the detrimental impact of maternal depression on children's attachment formation, cognitive abilities, psychopathology, and behavioral and social problems (Carter et al., 2001; Cummings & Davies, 1994; Dix & Meunier, 2009; Goodman, 2007; Goodman & Gotlib, 1999; Goodman et al., 2011; Gross et al., 2008; Kessler et al., 1997; National Research Council and Institute of Medicine, 2009).

In Portugal studies have focused mainly on the skills and strengths that characterize at-risk families as well as how they use social welfare services. These studies have shown that the majority of these families had a precarious socio-economic profile (Matos & Sousa, 2004, 2006; Sousa & Ribeiro, 2005; Sousa et al., 2007). Therefore, research has suggested that beyond cultural peculiarities, at-risk families from both countries tend to share some significant characteristics, mainly socioeconomic hardship and intense and prolonged contact with social services.

Nonetheless, in both countries there is a significant dearth of evidence about the psychological characteristics that define at-risk families besides socioeconomic hardship. Most existing investigations have focused on the description of their sociodemographical profile, but little is known about other individual and family psychological features (e.g., their history of NLEs, how they experience the demands of parenting, mental health problems). Therefore, obtaining evidence about the psychosocial dimensions of at-risk families is essential to design and implement suitable interventions based on their specific needs. This is an important aspect, since the effectiveness of professional actions depends in part on how they adapt to participants' needs and characteristics (Hutchings & Webster-Stratton, 2004).

The aim of this study was threefold: 1) to characterize at-risk families' profile regarding individual and family sociodemographic dimensions; 2) to determine at-risk families' number, emotional impact, and type of NLE, parenting stress levels, and psychological distress symptomatology; and 3) to compare the sociodemographic and psychosocial profiles of Portuguese and Spanish families.

2. METHOD

Participants

The sample consisted of 249 caregivers (73.5% women) with at least 1 child receiving CWS, 52.6% of whom lived in Portugal and the remaining 47.4% of whom lived in Spain. In most cases (96.0%) the caregivers were the children's biological parents; therefore, the

term “parents” will be used throughout the article. The Spanish mothers’ average age was 36.24 years ($SD = 9.19$) and fathers’ average age was 44.20 years ($SD = 9.03$), while the Portuguese mothers’ average age was 37.90 years ($SD = 7.92$) and fathers’ average age was 42.81 years ($SD = 9.67$). In exceptional cases (2.4%), children were living with the other parent due to a separation but the respondent maintained a close relationship with the child. Only 5.8% of the families had experienced previous child placement.

Measures

Negative life events: To assess this dimension, the Stressful and Risky Life Events Inventory (SRLEI, Hidalgo et al., 2005) was used. It comprises a list of 16 negative events (e.g., economic pressure, unemployment/labor instability, divorce, domestic violence, substance abuse, etc.), allowing researchers to calculate both the number of stressful situations that the individual or people in their immediate environment have experienced and the emotional impact (1 = low affectation to 3 = very high affectation) of these situations on the participant over the past 3 years. The average emotional impact of each negative life event is calculated by dividing the emotional impact score by the number of NLEs that the individual or people in his/her close environment have suffered.

Parenting stress: For parents of children who were 12 years old or younger, we used the short version of the Parenting Stress Index (PSI-SF) by Abidin (1995), a 36-item self-report questionnaire anchored on a 5-point scale (1 = strongly disagree to 5 = strongly agree). The PSI-SF assesses 3 dimensions of stress that are associated with the parenting role: parental distress, parent–child dysfunctional interaction, and the perception of the child as a difficult child. The higher the score on the PSI-SF, the greater the distress associated with the function of parenthood. The parental distress subscale (PD) quantifies an individual’s feelings of discomfort with the parenting role (e.g., “I feel that I cannot handle things”). The parent–child dysfunctional interaction subscale (PCDI) evaluates the extent to which the parent feels that the child meets the parent’s expectations and how the interaction makes the parent feel (e.g., “My child doesn’t giggle or laugh much when playing”). The difficult child subscale (DC) focuses on the child’s characteristics and behaviors that facilitate or restrain the mother (e.g., “My child cries or fusses more often than other children”). The minimum and maximum possible scores on the PSI-SF are 12–60 for each subscale and 36–180 for the PSI-SF total score. This instrument has been widely used in at-risk populations and has been shown to be reliable and valid (Anderson, 2008; Haskett, Ahern, Ward, & Allaire, 2006; Whiteside-Mansell et al., 2007). In our study the reliability indexes for the 3 subscales were PD $\alpha = .83$, PCDI $\alpha = .81$, and DC $\alpha = .88$ for difficult children in the Spanish sample and PD $\alpha = .82$, PCDI $\alpha = .80$, and DC $\alpha = .89$ in the Portuguese sample. The Cronbach’s alpha coefficient for the total PSI-SF was .91 and .92 for the Spanish and Portuguese samples, respectively.

Because the PSI-SF can only be used with parents of children up to 12 years old, for parents of adolescents we used the Stress Index for Parents of Adolescents (SIPA; Sheras, Abidin, & Konold, 1998). The SIPA is a 112-item self-report questionnaire that reflects the parenting stress levels experienced by parents of adolescents. It offers scores in 4 distinct domains: adolescent, parent, adolescent–parent relationship, and life stressors. The first domain assesses the level of stress experienced by the parent as a result of his/her adolescent’s characteristics (e.g., “My child has sudden changes of feelings or moods”) and includes subscales on moodiness/emotional lability, social isolation/withdrawal, delinquency/antisocial behavior, and failure to achieve or persevere. The parent domain measures the stress levels that the parent suffers due to the restraints posed by the parenting role on

other life roles, his or her spouse relationship, social isolation, and the parental sense of competence (e.g., “Since my child became a teenager, my spouse/partner and I don’t spend as much time together as a couple as I had expected”). The subscales included in this domain are life restrictions, relationship with spouse/partner, social alienation, and incompetence/guilt. Lastly, the third domain explores the perceived quality of the parent–adolescent relationship through indicators such as communication and affection between them (e.g., “My child comes to me for help more than to other people”). Due to the conceptual overlap of the life stressors domain with the SRLEI (Hidalgo et al., 2005), it was not used in this study. The remaining 90 items are anchored on a 5-point scale (1 = strongly disagree; 5 = strongly agree). The reliability indexes for the first 2 domains were satisfactory for both samples (Spain: adolescent $\alpha = .92$, adolescent–parent relationship $\alpha = .91$, parent $\alpha = .87$; Portugal: adolescent $\alpha = .92$, adolescent–parent relationship $\alpha = .88$, parent $\alpha = .92$). To allow comparisons between the parenting stress levels of parents of children and parents of adolescents, the scores of each subscale were divided by the number of subscale items. The minimum and maximum scores for both scales were 1 and 5, respectively.

Psychological distress symptomatology: We used the General Health Questionnaire 28 (GHQ-28; Goldberg & Williams, 1996), a self-report questionnaire of 28 items that aims to detect current psychological problems from participants’ reported symptoms in the last weeks. The items are grouped into 4 subscales with 7 items each: somatic symptoms (SS; e.g., “Have you recently been getting any pains in your head?”), anxiety and insomnia (AI; e.g., “Have you recently lost much sleep over worry?”), social dysfunction (SDY; e.g., “Have you recently felt that you were playing a useful part in things?”), and severe depression (SDE; e.g., “Have you recently found that the idea of taking your own life kept coming into your mind?”). Each item is answered on a 4-point scale, on which higher scores correspond to a greater presence of symptoms. To calculate the GHQ-28 scores, 3 alternative methods can be used, 2 of which were followed in this study: 1) the Likert score correction system, assigning values of 0, 1, 2, and 3 from less to more frequently experienced symptoms, and 2) the GHQ score correction system, which aims to determine the number of symptoms present, assigning values of 0, 0, 1, and 1 to responses. The minimum possible score for each subscale in the Likert correction system is 0 and the maximum is 21. The questionnaire showed satisfactory internal reliability indexes in this study (Spain: SS $\alpha = .87$, AI $\alpha = .90$, SDY $\alpha = .73$, SDE $\alpha = .89$; Portugal: SS $\alpha = .84$, AI $\alpha = .86$, SDY $\alpha = .72$, SDE $\alpha = .90$).

Socio-demographic data: We designed a socio-demographic questionnaire to collect data on participants’ gender, age, academic level, and immigrant status; family size and structure; employment status; and family income and income sources. In addition, data on the target children’s age, gender, history of school failure, existence of a learning disability, and diagnosis of psychological disorders, as well as previous child placement, were gathered.

Procedure

This study was part of a larger research project aimed at assessing child well-being in at-risk families. Approval from the Ethics Board of the participating universities was obtained prior to data collection. Rural and urban region-representative child welfare agencies in the Algarve (south of Portugal) and Andalusia (south of Spain) were contacted by letter and subsequently by telephone and asked to collaborate in this project. As a result, 7 agencies from Portugal (Commissions for the Protection of Children and Youth) and 15 from Spain (Community Social Services) participated. The participants’ selection criteria were 1) being enrolled in CWS for family preservation reasons for at least 3 months; 2) having a medium risk profile (i.e., no child out-of-home measures were to be enforced), and 3) not being at a

critical moment of the intervention. The participants who fulfilled these criteria participated voluntarily in the study and were given an appointment for an interview in CWS facilities by their case manager. Prior to the interview, the participants signed an informed consent form specifying the voluntary nature of their participation, the anonymity and confidentiality of their answers, and the option to leave the study at any stage without receiving any negative consequences. The participants were also informed that the interviewer was external to the agency and that their answers would not be revealed to the personnel of the agency. No monetary incentives were offered. The total administration length of the 4 questionnaires was on average 40 minutes. Confidentiality was a major concern throughout the study to preserve response veracity; therefore, workers from the participating agencies did not have access to participants' responses.

Statistical analysis

For the descriptive statistics, the percentage distribution of the qualitative variables and the mean and standard deviation of the quantitative variables are presented. The variables were standardized as Z-scores before calculating Pearson correlations to analyze the associations between scale variables. The independent *t*-test for scale variables and the Chi-square test for nominal variables were used to calculate the inter-country differences, with *p* values lower than .05 being considered statistically significant. When significant differences between the groups were observed, Pearson's *r* coefficient was used to determine the effect size for the scale variables and Cramer's *V* was used for the nominal variables. Pearson's *r* coefficient is considered small if $\pm .1$, medium when $\pm .3$, and large if $\pm .5$. Cramer's *V* is considered negligible if $V < .10$, small if $\geq .10$ $V \leq .30$, medium if $> .30$ $V \leq .50$, and big if $V > .50$. The statistical analyses were performed using IBM SPSS Statistics ® v-20.

3. RESULTS

Individual and family sociodemographic data

As displayed in Table 1, the educational level was mainly low in both countries: the majority of the participants had not completed school beyond compulsory education, with Portuguese parents having a lower educational level than Spanish parents: $\chi^2(3) = 9.50$, $p = .023$, Cramer's $V = .20$. Only a minority of the sample in each country were immigrants. Regarding the family structure, the participants had on average three children; households consisted of approximately four people, two of them being underage children. The family structure was generally quite similar in the two countries: the majority of families were stable (i.e., the household composition had not undergone recent changes), two-parent, blended, and nuclear in both countries. However, there were significantly more unstable families in the Spanish sample than in the Portuguese sample: $\chi^2(1) = 32.76$, $p = .000$, Cramer's $V = .36$.

Concerning respondents' labor situation, the majority of the Spanish sample were unemployed, while in Portugal 55.5% of the sample had a job when the interview took place, and this difference was statistically significant: $\chi^2(1) = 26.16$, $p = .000$, Cramer's $V = .32$. On average, unemployed participants had been in this situation for more than two years, and less than a fifth were receiving unemployment compensation. The great majority of employed respondents had jobs that required low skills, and a significantly higher proportion of Spanish participants' jobs were unstable: $\chi^2(1) = 18.27$, $p = .000$, Cramer's $V = .41$ (Table 1).

The economic situation was mostly precarious: the vast majority of the Spanish sample lived below the national poverty threshold, and a great proportion of the Portuguese participants were at risk of poverty as well, although the proportion of Spanish families

living in this situation was significantly higher: $\chi^2(1) = 25.38, p = .000$, Cramer's $V = .32$. The monthly family income was quite low in both samples, and welfare payment was the only source of family income for a third of the Spanish sample and almost a fifth of the Portuguese sample, with significant differences emerging: $\chi^2(2) = 17.45, p = .000$, Cramer's $V = .27$ (Table 1).

Table 1. Sociodemographic parent, family and child variables by country

	Spain % / M (SD)	Portugal % / M (SD)	χ^2 / t-test
Parent and family			
Educational level $\leq$ primary school	68.7%	81.7%	9.50*
Immigrant	11.9%	17.6%	1.59
Nr. children	2.49 (1.20)	2.42 (1.11)	0.45
Nr. people household	4.03 (1.48)	4.00 (1.44)	0.22
Nr. children in household	1.83 (1.07)	1.91 (0.94)	-0.57
Stable	63.5%	93.1%	32.76***
Two-parent	52.5%	62.6%	2.57
Blended	54.8%	52.4%	0.08
Nuclear	76.5%	80.9%	0.71
Unemployed	66.4%	40.5%	26.16***
Time unemployed (months)	35.17 (35.70)	31.35 (21.91)	0.72
Receives unemployment compensation	11.1%	15.1%	1.88
Low skills job	77.5%	68.3%	1.34
Unstable job	65.0%	23.5%	18.27***
Below national poverty threshold	89.5%	61.2%	25.38***
Family income/month (€)	704.41 (542.77)	898.69 (624.50)	-2.58*
Welfare as only income source	33.3%	19.4%	17.45***
Children			
Boys	59.6%	70.0%	2.87
Age	9.33 (4.22)	11.03 (4.91)	-2.90**
School failure	40.2%	69.7%	18.27***
Learning disability	33.6%	35.4%	0.17
Diagnosed psychological disorder	20.5%	21.3%	0.99

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Regarding the target child of each family, in both countries they were mostly school-aged boys, although there was a great variance in the children's age. The proportion of children who had failed at least one year in school was significantly higher in Portuguese families, $\chi^2(1) = 18.27, p = .000$, Cramer's $V = .30$, with almost 70% of children having experienced

school failure at least once. The proportion of children with a learning disability and a diagnosed psychological disorder in the two countries was very similar: nearly a third of children showed a learning disability according to their parents and nearly a fifth had a diagnosed psychological disorder (Table 1).

Psychosocial profile

The Spanish and Portuguese participants had suffered nearly five and four NLEs in the past three years, respectively, with the Spanish sample having experienced significantly more NLEs, $t(239) = 3.28$, $p = .001$, $r = .21$, than the Portuguese sample. The average emotional impact of these events was high in both samples. In both countries people in the close network of the participants had suffered on average one more negative life event than the participants had, and once again the Spanish participants' close environment had experienced significantly more NLEs than that of the Portuguese participants: $t(240) = 2.92$, $p = .004$, $r = .18$ (see Table 2).

Regarding parenting stress, the dimension with which parents of children from both countries reported more difficulties was parental stress and the one with higher scores for parents of adolescents from both countries was the adolescent domain (Table 2). It is worth noting that an important proportion of the participants from both countries had clinical levels of parenting stress (PSI Total ≥ 90 , Abidin, 1995): 48.1% and 39.1% for the Spanish and Portuguese samples, respectively.

The dimensions of psychological distress symptomatology with the highest scores in both countries were somatic symptoms and anxiety and insomnia, with the Spanish participants reporting a higher frequency of symptoms for almost all the subscales: SS = $t(237) = 5.09$, $p = .000$, $r = .3$; AI $t(238) = 4.49$, $p = .000$, $r = .28$; SDY = $t(216.08) = 3.37$, $p = .001$, $r = .22$ (Table 2). We evaluated the percentage of participants who surpassed the clinical cut-off point of the GHQ-28 using the GHQ correction system, which is 7/8 symptoms according to the most conservative criterion found in the literature (Revilla et al., 2004). The descriptive analysis showed that 71.9% of the Spanish participants and 45.8% of the Portuguese participants had clinical levels of psychological distress.

Table 2. NLE, parenting stress and psychological distress symptomatology by country

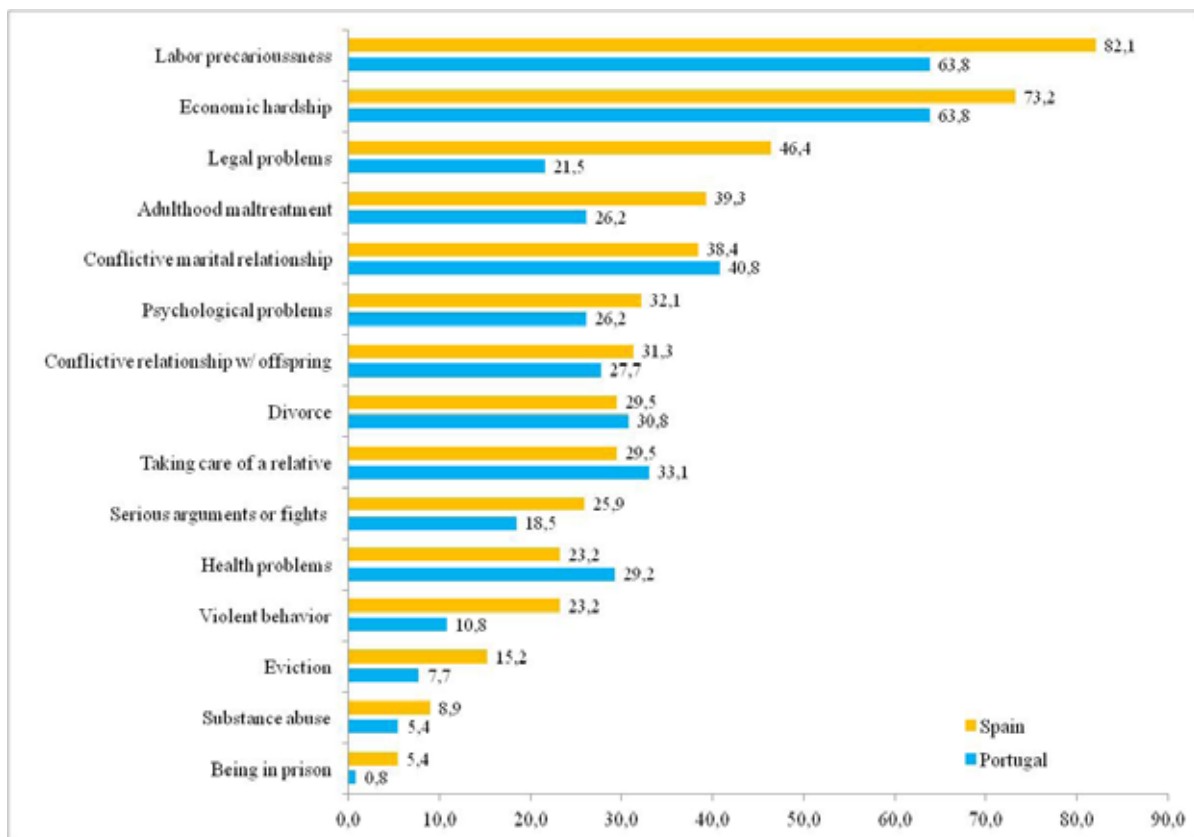
	Spain M (SD)	Portugal M (SD)	t-test
NLE			
Number (self)	5.05 (2.37)	4.06 (2.30)	3.28***
Emotional impact (self)	2.68 (0.41)	2.60 (0.47)	1.35
Number (others)	5.75 (2.96)	4.69 (2.67)	2.92**
Emotional impact (others)	2.49 (0.53)	2.50 (0.49)	-0.24
Parenting stress (children)			
Parental distress	2.73 (0.86)	2.56 (0.77)	1.28
Parent-child dysfunctional interaction	1.99 (0.71)	1.92 (0.68)	0.61
Difficult child	2.53 (0.92)	2.41 (0.91)	0.80
Parenting stress (adolescents)			
Parent	2.35 (0.58)	2.30 (0.63)	0.25
Adolescent-parent relationship	2.52 (0.94)	2.17 (0.68)	1.73
Adolescent	2.87 (0.73)	2.83 (.67)	0.27

Psychological distress symp.			
Somatic symptoms	10.62 (5.74)	7.03 (5.16)	5.09***
Anxiety and insomnia	11.70 (6.06)	8.39 (5.35)	4.49***
Social dysfunction	8.04 (3.69)	6.58 (2.95)	3.37***
Severe depression	5.92 (5.71)	4.59 (5.29)	1.87

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

A qualitative analysis of the NLEs that the participants had endured in the past three years showed that for both countries the most common events were labor precariousness and economic hardship. The third most common event was legal problems in Spain and a conflictive marital relationship in Portugal. The least frequent events that participants from both countries had experienced were eviction, substance abuse, and being imprisoned (Fig. 1).

Figure 1. Negative events in the past three years (self) % by country



In Table 3 the correlations between the psychosocial dimensions for both countries are displayed. For the Spanish participants, the number of NLEs that they had experienced in the past three years was positively and significantly related to two dimensions of parenting stress for parents of children (parental distress and parent-child dysfunctional interaction) and several subscales of psychological distress symptomatology, namely somatic symptoms, anxiety-insomnia, and severe depression. In addition, the emotional impact of the events that the participants had suffered was related to somatic symptoms, anxiety-insomnia, and social dysfunction, while the emotional impact caused by the NLEs that close people had experienced correlated positively with somatic symptoms and anxiety-insomnia.

Positive, statistically significant relations were also observed between some of the parenting stress dimensions (for parents of children and adolescents) and psychological distress symptomatology. Specifically, parental distress was related to somatic symptoms, anxiety–insomnia, social dysfunction, and severe depression, the difficult child subscale correlated with somatic symptoms, and the adolescent–parent domain of the SIPA corresponded to social dysfunction (Table 3).

The Portuguese participants' number and emotional impact of NLEs were, in turn, significantly related to parenting stress for parents of children and of adolescents and to psychological distress symptoms. Furthermore, all the dimensions of parenting stress were correlated with psychological symptomatology dimensions, both for parents of children and for parents of adolescents (see Table 3).

Table 3. Correlations between life events, parenting stress and psychological distress symptomatology by country

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Number NLE (self)	-	.21*	.22*	.22*	.28*	-.06	.02	.45	.37	.31	.34***	.34***	.17	.32***
2. Emotional impact NLE (self)	.10	-	.11	.23*	.16	-.12	-.01	.11	.29	.13	.32***	.40***	.19*	.19
3. Number NLE (others)	.43***	.111	-	.11	.01	.01	.07	-.43	.02	-.06	.17	.18	.04	.02
4. Emotional impact NLE (others)	.17	.33***	.146	-	.04	-.16	.04	-.22	-.09	-.11	.29**	.39***	.14	.09
5. PSI Parental distress	.29*	.06	.07	-.09	-	.40**	.44**	na	na	na	.46***	.34**	.30**	.47***
6. PSI Parent-child dysf. int.	.27*	-.24	.03	-.20	.53***	-	.66***	na	na	na	.16	.10	.16	.18
7. PSI Difficult child	.15	-.27*	.017	-.13	.46***	.75***	-	na	na	na	.25*	.17	.21	.16
8. SIPA Parent	.14	.42**	-.18	.40**	na	na	na	-	.56*	.42	-.06	-.00	.35	.53
9. SIPA Adolescent-parent rel.	.00	.24	-.01	.06	na	na	na	.66***	-	.69***	-.04	-.14	.40*	.23
10. SIPA Adolescent	.25	.25	.23	.34	na	na	na	.62***	.72***	-	.16	-.01	.20	.21
11. Somatic symptoms	.27**	.14	.09	.18	.59***	.29*	.19	.33*	.18	.35**	-	.79***	.44***	.54***
12. Anxiety-insomnia	.37***	.27**	.20*	.25**	.57***	.32*	.35**	.45**	.32*	.48***	.74***	-	.45***	.57***
13. Social dysfunction	.10	.11	-.02	.15	.45***	.34**	.37**	.14	.39**	.37**	.47***	.48***	-	.48***
14. Severe depression	.28***	.12	.10	.10	.71***	.40***	.33**	.29	.03	.17	.58***	.59***	.46***	-

Note. Spain scores on upper-right section and Portugal scores on lower-left section. * $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$. na: Non applicable.

4. DISCUSSION

The first aim of the study was to characterize at-risk families' profile regarding individual and family sociodemographic dimensions. The third aim was to compare the sociodemographic and psychosocial profiles of Portuguese and Spanish families, which will be undertaken throughout this section while presenting the main findings. The results showed that this is an especially vulnerable group because these families live in precarious economic, employment, and educational conditions. These factors may hinder the access to social rights that guarantee full participation in society (Raya, 2004). The low education levels, high rates of long-term unemployment, low-qualified jobs, job instability, poverty, and high rates of dependency on welfare payments among this population constitute serious risk factors that jeopardize the development and well-being of children growing up in these families and demands attention from political decision makers and civil society. This profile of a low educational level, economic hardship, and labor precariousness replicates the previous findings from studies conducted with at-risk families. Specifically, Rodrigo and Byrne (2011) found that around 70% of the at-risk mothers in their study were unemployed, and Arruabarrena and De Paúl (2002) and Menéndez et al. (2010) found similar rates of welfare dependency. As a consequence of these economic and labor difficulties, nearly 90% of the Spanish sample and 60% of the Portuguese sample lived in objective conditions of poverty, largely exceeding the poverty rates of the general population in both countries (29.1% in Andalusia and 19.5 in Portugal). While the educational level of the Portuguese participants was significantly lower than that of the Spanish participants, the latter had significantly higher proportions of unstable families, unemployment, unstable jobs, at-risk of poverty rates, and welfare payment as the only income source.

However, some positive characteristics regarding family structure and size were also observed: households had a moderate size (around four members) and families tended to have nearly two children. Additionally, the majority of the families were stable, two-parent, and nuclear. Family stability is one of the strengths found for the sample in this study, showing that a great proportion of the families have remained stable despite the risky and adverse circumstances in which they live. Although the majority of the families had a two-parent structure, it must be noted that an important number of the participants (between 40% and 50%) headed one-parent households, a percentage that exceeds the 9.9% and 8.6% estimation for the total population in Spain and Portugal in 2011, respectively (OCDE, 2015). The substantial presence of one-parent living arrangements in these families is a distinctive feature of at-risk contexts and has been reported previously (Arruabarrena & De Paúl, 2002; Menéndez et al., 2010; Rodrigo et al., 2008, 2009, Rodríguez et al., 2006). Additionally, the fact that the majority of families were blended shows that many parents and children have lived through couple dissolutions, which threaten continuity in child rearing and parent-child relationship quality (Wilson & Gottman, 2002).

The analysis of the child-related variables showed that these contexts of precariousness had taken a toll on children's academic, cognitive, and mental health outcomes: around 40% of the Spanish and 70% of the Portuguese participants' children had already experienced school failure, nearly a third had a parent-reported learning disability, and approximately a fifth had a diagnosis of a psychological disorder. There is abundant evidence on the deleterious effects of poverty and low parental education on children's socioemotional and cognitive functioning as well as on their academic achievement (see McLoyd, 1998 and Bradley & Corwyn, 2002 for a review). Furthermore, low-SES children manifest symptoms of psychiatric disturbance and maladaptive social functioning more often than children living in more affluent circumstances (Brooks-Gunn & Duncan, 1997; McCoy et al., 1999). According to Brooks-Gunn and Duncan (1997), poor children have 2.0 times higher risks of

grade repetition and high school dropout relative to non-poor children, 1.4 times higher risk of learning disability, and 1.3 times higher risk of a parent-reported emotional or behavior problem, among other negative outcomes. It is known that high-SES families afford their children an array of services, goods, parental actions, and social connections that potentially redound to the benefit of the children, whilst many low-SES children lack access to those same resources and experiences, thus putting them at risk of developmental problems (Brooks-Gunn & Duncan, 1997). One of the most cited linkages between SES and well-being is access to resources, namely to proper nutrition, quality health care, housing, cognitively stimulating materials and experiences, parent expectations and styles, and teacher attitudes and expectations. The significant difference in the rates of school failure between the two samples may be explained by the fact that the Portuguese children tended to be older and because in Portugal school dropout is a motive for reporting to the CPCJ. The effects of risk accumulation tend to manifest increasingly with age, and it has previously been found that children living in adverse contexts fall further and further behind their peers as they progress through the school years (Gutman et al., 2003).

The second aim of this study was to determine at-risk families' number, emotional impact, and type of NLEs, parenting stress levels, and psychological distress symptomatology. We found that Spanish and Portuguese participants had suffered on average 5 and 4 NLEs in the past 3 years, respectively. Those events had exerted a high emotional impact on the participants, as the average affectation scores were slightly above 2.5 on a 3-point scale. In both countries people in the participants' close network had suffered on average one more negative life event than the participants had. This finding is worrisome, since it suggests that the members of participants' network may be unable to provide them with social support due to living under similar strains and thus probably lacking the necessary resources to offer help to their significant others. Additionally, the number of NLEs that the participants in this study have suffered is higher than the number reported by Menéndez et al. (2010) for a sample of family preservation users from Seville and similar to the one reported by Nunes et al. (2013) for a sample of at-risk families from the Algarve. Significant differences between the two samples were detected in the number of NLEs that the participants and people in their immediate environment had endured in the past 3 years, with the Spanish participants reporting a higher number than the Portuguese participants. This means that in general family preservation users from Spain may live in a more difficult context and have a higher accumulation of adversities to cope with than Portuguese family preservation users. When analyzing the type of events that the participants had experienced in the last 3 years, the most frequently reported were labor precariousness and economic hardship for both countries. In contrast, the participants in Menéndez et al.'s (2010) study reported that the most frequent NLEs in their recent past were conflictive relationships with their offspring and spouse. The socioeconomic changes that occurred during the last years in Southern European countries may be the underlying cause of this shift in the type of NLEs that at-risk families experience.

These findings are consistent with the fact that the dimension of parenting stress in which participants with children had the highest score was parental distress. This suggests that the dimension of parenting with which participants struggle the most concerns personal and contextual problems that are not directly related to the child's temperament or the parent's relationship with the child. Also worth noting is the high proportion of parents of children with clinical levels of parenting stress. This replicates the previous findings from recent studies conducted with at-risk populations from Portugal and Spain (Ayala-Nunes et al., 2014; Pérez, 2014) as well as from Anglo-Saxon countries (Bloomfield & Kendall, 2012; Vallotton et al., 2012) and corroborates that parenting under contextual and personal adverse circumstances puts additional strain on the parenting role (Anderson, 2008). Nonetheless,

the parents of adolescents reported more stress in the adolescent domain. This means that the most taxing aspect of the parenting role for them was their adolescents' characteristics, such as mood changes, social isolation, delinquent behaviors, and failure to achieve. It is widely known that parenting an adolescent can be a stressful experience due to the changes in the child-parent relationship, the increasing autonomy and risk exposure of adolescents, and the developmental challenges associated with the transition to middle age that parents undergo (Anderson, 2008). Furthermore, during initial and middle adolescence, youths' hostility towards their parents, problem behaviors, and school failure tend to increase sharply, especially for adolescents from deprived neighborhoods (Ingoldsby et al., 2006).

Regarding psychological distress symptomatology, the dimensions with the highest scores in both countries were somatic symptoms and anxiety and insomnia. An extremely high proportion of the participants surpassed the clinical cut-off of the instrument, even using the most conservative criterion in the literature (7/8 symptoms). These results partially corroborate the previous findings from other studies analyzing psychological distress in parents who accumulated many elements of psychosocial risk. Studies with at-risk populations in the USA have found an incidence rate that ranges from 58% in Early Head Start participants (Chazan-Cohen et al., 2007) to 37.8% in mothers of Head Start preschool children (Coyne & Thompson, 2011). Therefore, the Portuguese participants' scores fall within that range (around 46%) and the Spanish participants' scores surpass it (around 72%). Both samples largely exceed the prevalence rates reported in national studies with data from the community population (24.6% prevalence for women and 14.7% for men in Spain (Bones et al., 2010) and 22.9% in Portugal (World Mental Health Surveys Initiative). Bones et al. (2010) found that in Spain people who were divorced or separated, had adverse socioeconomic conditions, and were unemployed had a higher prevalence of psychological distress symptoms. However, the higher rates of psychological distress symptoms in the Spanish sample found in our study do not replicate the tendency found in an international survey conducted by the World Mental Health Surveys Initiative (2013). In this study Portugal was, together with Northern Ireland, the country with by far the highest prevalence of psychiatric disorders in Europe, whereas for Spain the prevalence was 9.2%. It is possible that these differences mirror the higher rates of lone parenthood, poverty, and unemployment found for the Spanish participants. Another possible explanation lies in the different characteristics of the family preservation services in the two countries. Typically, in Portugal a denouncement of child neglect and/or maltreatment made by schools, health centers, the police, neighbors, or a member of the extended family (among others) is the trigger to open a case in CPCJ. This allows virtually any citizen's child to have an open case in CPCJ, although the tendency to underreport child maltreatment in middle-class wealthy parents also exists, as they have less contact with social agencies than poor families and it is easier for them to conceal signs of child maltreatment or neglect because they have the social and economic means to do so. In the case of Spain, in general parents enter the Community Social Services on a voluntary basis, frequently with the aim of obtaining financial aid or other resources, then are eventually referred to family preservation services if the practitioners detect that the children may be at risk of negative outcomes. This favors the overrepresentation of unemployed and economically deprived families in family preservation services in Spain, and therefore the socioeconomic characteristics that we found in both samples do not necessarily reflect the trends for the general population in Spain and Portugal.

This difference in the entry procedure and scope of the services in the two countries constitutes the main limitation of this study, although generally the sociodemographic and psychological profiles of the two samples were quite similar. One of the main strengths of this study is that we included fathers in the sample, since an overwhelming majority of the research conducted with at-risk families in southern European countries has centered

exclusively on mothers (e.g., Ayala-Nunes et al., 2014; Menéndez et al., 2010). Another strength is related to the high number of child welfare agencies sampled in each region, both in rural and in urban areas, which contributes to the representativeness of the sample. Future studies should aim to include other individual and family dimensions, such as parental personality and a child problem behavior checklist, as well as other informants (e.g., children, child welfare practitioners, teachers) and alternative measurement instruments (such as observations of parent–child interactions).

From our findings, it is possible to draw some conclusions regarding at-risk families' needs that might be useful for family preservation interventions. Firstly, it is evident that the situation of material deprivation in which these families live jeopardizes adult and child well-being. Therefore, policy makers should promptly recognize and remediate this situation of social exclusion, enabling services to respond adequately to families' needs in terms of economic support. This support does not solely include financial aid but also guarantees children's access to an adequate amount of nutritional meals, clothes, housing conditions, educational assistance, cognitive stimulation, toys, learning tools, medical care, and child-friendly environments in which they can safely play.

Parents' low educational level is an obstacle to finding medium-skilled, better-paying jobs; therefore, investing in adult education and vocational training is warranted. Accessible and quality child care services should be available to lower-income families to allow both parents to work and thereby secure a higher family income. It is highly advisable that in Portugal child welfare agencies merge with social services to offer families the support that they need to fulfill their parental responsibilities.

Our results have also shown that both parents and people from their close environment have experienced an important number of NLEs in the recent past that had a high emotional impact on them. Thereby, it is not surprising that many parents reported a high number of symptoms of psychological distress. The links between parental mental health problems and poor child care have been solidly established (see Goodman et al., 2011 for a review); therefore, child welfare agencies are compelled to address this issue. A careful, detailed assessment of parents' life history and psychological assessment thus seems necessary to refine family preservation interventions. Including specialized mental health services, such as individual and family psychological therapy in child welfare agencies, is warranted to tackle parents' psychological distress.

Parenting stress has been one of the most targeted dimensions in parent training group interventions (e.g., Bloomfield & Kendall, 2012), which have been proved to be an effective intervention form with at-risk families (Rodrigo et al., 2012b). Therefore, the delivery of evidence-based, culturally adapted psycho-educational group interventions aiming to improve parenting stress and child-rearing practices is highly advisable for parents in family preservation services. Successful accounts of such interventions have already been reported in Seville (Hidalgo et al., 2014), and their implementation in the Algarve is desirable. These interventions in parenting stress must be sensitive to the age of the children, since our results show that the dimension of parenting with which parents of children report more difficulties is parental distress, while parents of adolescents struggle more with the negative characteristics that they perceive in their sons and daughters.

5. CONCLUSIONS

At-risk families receiving family preservation interventions are a vulnerable group with a profile of marked educational, economic, and labor shortcomings. These should be addressed by policy makers and service managers to support parents and guarantee child well-being.

The elevated presence of NLEs both in participants and in their close environment as well as the high proportion of participants with clinical levels of psychological distress symptoms call for specialized psychological services, whilst the high parenting stress levels should be improved through psycho-educational parenting group interventions. Taking into account not only parents' sociodemographic profile but also psychological individual and family features allows a deeper understanding of family dynamics and support needs, thereby refining interventions and augmenting their possibilities to improve families' lives successfully.

ACKNOWLEDGMENTS

This paper is financed by National Funds provided by FCT- Foundation for Science and Technology through project UID/SOC/04020/2013.

REFERENCES

- Abidin, R. R. (1995). *Parenting Stress Index: Professional Manual* (3rd ed.). Odessa, FL: Psychological Assessment Resources, Inc.
- Anderson, L. S. (2008). Predictors of parenting stress in a diverse sample of parents of early adolescents in high-risk communities. *Nursing Research*. **57**(5): 340–350.
- Arruabarrena, I. & De Paúl, J. (2002). Evaluación de un programa de tratamiento para familias maltratantes y negligentes y familias de alto riesgo. *Intervención Psicosocial*. **11**(2): 213-227.
- Ayala-Nunes, L., Lemos, I. & Nunes, C. (2014). Predictores del estrés parental en madres de familia en riesgo psicosocial. *Universitas Psychologica*. **13**(2): 15-25.
- Ayala-Nunes, L., Nunes, C., & Lemos, I. (in press). Social support and parenting stress in at-risk portuguese families. *Journal of Social Work*.
- Azar, S. (2002). Parenting and child maltreatment. In M. H. Bornstein (Ed.), *Handbook of parenting. Biology and ecology of parenting*. (2nd ed., vol II, pp. 231- 252). Mahwah, NJ: Erlbaum.
- Bagdasaryan, S. (2005) Evaluating family preservation services: Reframing the question of effectiveness. *Children and Youth Services Review*. **27**(6): 615-635.
- Bloomfield, L. & Kendall, S. (2012). Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary Health Care Research and Development*. **13**: 364-372.
- Boletín Oficial del Estado (1996). *Ley Orgánica 1/1996, de 15 de enero, de Protección Jurídica del Menor, de modificación parcial del Código Civil y de la Ley de Enjuiciamiento Civil*. BOE number 15 January 17th 1996. Madrid: Ministry of the Presidency.
- Bradley, R. H., & Corwyn, R. F. (2002). Socioeconomic status and child development. *Annual Review of Psychology*. **53**(1): 371-399.
- Brooks-Gunn, J., & Duncan, G. (1997). The effects of poverty on children. *The Future of Children*. **7**: 55-71.
- Byrne, S., Salmela-Aro, K., Read, S., & Rodrigo, M. J. (2013). Individual and group effects in a community-based implementation of a positive parenting program. *Research on Social Work Practice*. **23**(1): 46-56.

- Callan, T., Leventi, C., Horatio, L., Matsaganas, M., & Sutherland, H. (2011). The distributional effects of austerity measures: A comparison of six EU countries. EUROMOD Working Paper Series: EM6/11. Retrieved from <https://www.iser.essex.ac.uk/publications/working-papers/euromod/em6-11>
- Caritas Europe (2013). The impact of the European crisis. A study of the impact of the crisis and austerity on people, with a special focus on Greece, Ireland, Italy, Portugal and Spain. Retrieved from <http://www.caritas.eu/about-caritas-europa/publications>.
- Carter, A. S., Garrity-Rokous, F. E., Chazan-Cohen, R., Little, C., & Briggs-Gowan, M. J. (2001). Maternal depression and comorbidity: predicting early parenting, attachment security, and toddler social-emotional problems and competencies. *Journal of the American Academy of Child & Adolescent Psychiatry*. **40**(1): 18-26.
- Chazan-Cohen, R., Ayoub, C., Pan, B. A., Roggman, L., Raikes, H., McKelvey, L., Whiteside-Mansel, L. y Hart, A. (2007). It takes time: Impacts of Early Head Start that lead to reductions in maternal depression two years later. *Infant Mental Health Journal*. **28**(2): 151-170.
- Committee of Ministers of the Council of Europe (2006). Recommendation 19. Retrieved from <https://wcd.coe.int/ViewDoc.jsp?id=1073507>
- Committee of Ministers of the Council of Europe (2011). Recommendation 12. Retrieved from <https://wcd.coe.int/ViewDoc.jsp?id=1872121>
- Committee of Ministers of the Council of Europe (2013). Recommendation 112. Retrieved from http://ec.europa.eu/justice/fundamental-rights/files/c_2013_778_en.pdf
- Coyne, L. W. y Thompson, A. D. (2011). Maternal depression, locus of control, and emotion regulatory strategy as predictors of preschoolers' internalizing problems. *Journal of Child and Family Studies*. **20**(6): 873-883.
- Crnic, K. A., & Low, C. (2002). Everyday stresses and parenting. In M. H. Bornstein (Ed.), *Handbook of parenting. Practical issues in parenting* (2nd ed., vol V, pp. 243-267). Mahwah, NJ: Erlbaum.
- Cummings, E. M., & Davies, P. T. (1994). Maternal depression and child development. *Journal of Child Psychology and Psychiatry*. **35**(1): 73-112.
- Dix, T., & Meunier, L. N. (2009). Depressive symptoms and parenting competence: An analysis of 13 regulatory processes. *Developmental Review*. **29**(1): 45-68.
- Eurostat (2012). At Risk of Poverty Rate by Detailed Age Group, tessil20. Retrieved from <http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&language=en&pcode=tessil20&plugin=1>
- Farkas, C., & Valdés, N. (2010). Maternal stress and perceptions of self-efficacy in socioeconomically disadvantaged mothers: an explicative model. *Infant Behavior & Development*. **33**(4): 654-62.
- Goldberg, D., & Williams, P. (1996). *Cuestionario de salud general GHQ. (General Health Questionnaire)*. Guía para el usuario de las distintas versiones. Barcelona: Masson.
- Goodman, S. H. (2007). Depression in mothers. In S. Nolen-Hoeksema, T. D. Cannon, & T. Widiger (Eds.), *Annual review of clinical psychology* (Vol. 3, pp. 107-135). Palo Alto: Annual Reviews.
- Goodman, S. H., & Gotlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: a developmental model for understanding mechanisms of transmission. *Psychological review*, **106**(3), 458.

- Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011). Maternal depression and child psychopathology: a meta-analytic review. *Clinical Child and Family Psychology Review*. **14**(1): 1-27.
- Gradín, C., & Cantó, O. (2011). Why are child poverty rates so persistently high in Spain? *The Manchester School*. **80**(1): 117-143.
- Gross, H. E., Shaw, D. S., & Moilanen, K. L. (2008). Reciprocal associations between boys' externalizing problems and mothers' depressive symptoms. *Journal of abnormal child psychology*. **36**(5): 693-709.
- Gutman, L. M., Sameroff, A. J., & Cole, R. (2003). Academic growth curve trajectories from 1st grade to 12th grade: effects of multiple social risk factors and preschool child factors. *Developmental Psychology*. **39**(4): 777-790.
- Haskett, M. E., Ahern, L. S., Ward, C. S., & Allaire, J. C. (2006). Factor structure and validity of the Parenting Stress Index-Short Form. *Journal of Clinical Child and Adolescent Psychology*. **35**(2): 302-312. doi: 10.1207/s15374424jccp3502_14
- Hidalgo, M. V., Menéndez, S., López-Verdugo, I., Sánchez, J., Lorence, B. & Jiménez, L. (2014). Programa de Formación y Apoyo Familiar. M.J. Rodrigo (Eds.), *Manual Práctico en Parentalidad Positiva*. Madrid: Síntesis.
- Hidalgo, M. V., Menéndez, S., Sánchez, J., López, I., Jiménez, L., & Lorence, B. (2005) *Inventario de Situaciones Estresantes y de Riesgo (ISER)*. Unpublished document, University of Seville, Seville, Spain.
- Hidalgo, M. V., Menéndez, S., Sánchez, J., Lorence, B., & Jiménez, L. (2010). Intervention with at-risk families: Contributions from a psycho-educational perspective. *Psychology in Spain*. **14**(1): 48-56.
- Hutchings, J., & Webster-Stratton, C. (2004). Community-based support for parents. In M. Hoghughy & N. Long (Eds.), *Handbook of parenting: Theory and research for practice* (pp. 334-351). London: Sage.
- Ingoldsby, E. M., Shaw, D. S., Winslow, E., Schonberg, M., Gilliom, M. & Criss, M. M. (2006). Neighborhood disadvantage, parent-child conflict, neighborhood peer relationships, and early antisocial behavior problem trajectories. *Journal of Abnormal Child Psychology*. **34**(3): 303-319.
- Instituto Nacional de Estadística, INE (2014). Las formas de la convivencia. Retrieved from http://www.ine.es/ss/Satellite?L=es_ES&c=INECifrasINE_C&cid=1259944407896&p=1254735116567&pagename=ProductosYServicios%2FINECifrasINE_C%2FPYSDetalleCifrasINE
- Instituto Nacional de Estatística, INE (2014). Famílias nos Censos 2011: Diversidade e Mudança. Lisboa: Imprensa de Ciências Sociais.
- Jiménez, L., Deković, M., & Hidalgo, V. (2009). Adjustment of school-aged children and adolescents growing up in at-risk families: Relationships between family variables and individual, relational and school adjustment. *Children and Youth Services Review*. **31**(6): 654-661.
- Kessler, R. C., Davis, C. G., & Kendler, K. S. (1997). Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. *Psychological medicine*, **27**(05), 1101-1119.
- Lei nº 147/99 de 1 de Setembro. Lei de protecção de crianças e jovens em perigo. Diário da República nº 204/99, I série A. Assembleia da República. Lisboa.

- Magnuson, K. A., & Duncan, J. G. (2002). Parents in poverty. In M. H. Bornstein (Ed.), *Handbook of parenting. Social conditions and applied parenting* (2nd ed., vol IV, pp. 95-121). Mahwah, NJ: Erlbaum.
- Matos, A., & Sousa, L. (2004). How multiproblem families try to find support in social services. *Journal of Social Work Practice*. **18**(1): 65-80.
- Matos, A., & Sousa, L. (2006). O apoio das instituições de protecção social às famílias multiproblemáticas. *Revista de Psicologia Social e Institucional*. **3**(1): 1-23.
- McLeod, J. D., & Kessler, R. (1990). Socioeconomic status differences in vulnerability to undesirable life events. *Journal of Health and Social Behavior*. **31**(2): 162-172.
- McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist*. **53**(2): 185-204.
- Menéndez, S., Hidalgo, V., Jiménez, L., Lorence, B., & Sánchez, J. (2010). Perfil psicosocial de familias en situación de riesgo. Un estudio de necesidades con usuarias de los Servicios Sociales Comunitarios por razones de preservación familiar. *Anales de Psicología*. **26**(2): 378-389.
- Ministério da Justiça (1911). Lei de Protecção à Infância de 27 Maio de 1911.
- Murali, V., & Oyebode, F. (2004). Poverty, social inequality and mental health. *Advances in Psychiatric Treatment*. **10**: 216-224.
- National Research Council and Institute of Medicine. (2009). Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention. In M. J. England & L. J. Sim (Eds.), Committee on depression, parenting practices, and the healthy development of children. Washington, DC: The National Academies Press.
- Nunes, C. & Ayala-Nunes, L. (2015). Famílias em risco psicossocial: desafios para a avaliação e intervenção. *Revista de Psicologia da Criança e do Adolescente*. **6**(1): 95-107.
- Nunes, C., Jiménez, L., Menéndez, S., Ayala-Nunes, L., & Hidalgo, V. (2014). Psychometric properties of an adapted version of the Parental Sense of Competence (PSOC) scale for Portuguese at-risk parents. *Child & Family Social Work*. doi: 10.1111/cfs.12159
- Nunes, C., Lemos, I., Ayala-Nunes, L., & Costa, D. (2013). Acontecimentos de vida stressantes e apoio social em famílias em risco psicossocial. *Psicologia, Saúde & Doenças*. **14**(2): 313-320.
- OCDE (2015). Family size and household composition. OECD Family Database. Retrieved from http://www.oecd.org/els/soc/SF1_1_Family_size_and_composition.pdf
- Olías, L. (2014, September 7). El Estado deja a miles de niños sin la oportunidad de tener una familia. *El Diario*. Retrieved from http://www.eldiario.es/sociedad/Espana-lenta-acabar-institucionalizacion-menores_0_299570411.html
- Palacios, J. (2010, November 3). Los niños invisibles. *El País*. Retrieved from http://elpais.com/diario/2010/11/03/opinion/1288738812_850215.html
- Palacios, J., & Rodrigo, M. J. (1998). La familia como contexto y la familia en contexto. In M. J. Rodrigo & J. Palacios (Coords.), *Familia y desarrollo humano* (pp. 25-44). Madrid: Alianza Editorial.
- Pérez, J. (2014). *El estrés parental en familias en situación de riesgo psicosocial*. Unpublished doctoral thesis. University of Huelva, Huelva, Spain.
- Raikes, H. A., & Thompson, R. A. (2005) Efficacy and social support as predictors of parenting stress among families in poverty. *Infant Mental Health Journal*. **26**(3): 177-190.

- Raya, E. (2004). Exclusión social y ciudadanía: claroscuros de un concepto. *Aposta: Revista de Ciencias Sociales*, 9, 1-18. Retrieved from <http://www.apostadigital.com/revistav3/hemeroteca/raya1.pdf>
- Revilla L., Rios A. A. M., y Castillo L. J. (2004). Utilizacion del Cuestionario General de Salud de Goldberg (GHQ-28) en la deteccion de los problemas psicosociales en la consulta del médico de familia. *Atención Primaria*. 33: 417-422.
- Rodrigo, M. J., Almeida, A., Spiel, C., & Koops, W. (2012a) Introduction: Evidence-based parent education programmes to promote positive parenting. *European Journal of Developmental Psychology*. 9(1): 2-10.
- Rodrigo, M. J., & Byrne, S. (2011). Social support and personal agency in at-risk mothers. *Psychosocial Intervention*. 20(1): 13-24.
- Rodrigo, M. J., Byrne, S., & Álvarez, M. (2012b) Preventing child maltreatment through parenting programmes implemented at the social services level. *European Journal of Developmental Psychology*. 9(1): 89-103.
- Rodrigo, M. J., Maiquez, M. L., Martín, J. C., & Byrne, S. (2008). *Preservación familiar. Un enfoque positivo para la intervención con familias*. Madrid: Pirámide.
- Rodrigo, M. J., Martín, J.C., Cabrera, E., & Máiquez, M. L. (2009). Las competencias parentales en contextos de riesgo psicosocial. *Intervención Psicosocial*. 18(2): 113-120.
- Rodríguez, G., Camacho, J., Rodrigo, M. J., Martín, J. C., & Máiquez, M. L. (2006) Evaluación del riesgo psicosocial en familias usuarias de servicios sociales municipales. *Psicothema*. 18(2): 200-206.
- Sandler, I. (2001). Quality and ecology of adversity as common mechanisms of risk and resilience. *American Journal of Community Psychology*. 29(1): 19-61.
- Santiago, C. D. C., Wadsworth, M. E., & Stump, J. (2013). Socioeconomic status, neighborhood disadvantage, and poverty-related stress: Prospective effects on psychological syndromes among diverse low-income families. *Journal of Economic Psychology*. 32: 218-230.
- Sheras, P. L., Abidin, R. R., & Konold, T. R. (1998). *Stress Index for Parents of Adolescents: Professional Manual*. Lutz, FL: Psychological Assessment Resources.
- Sousa, L. & Ribeiro, C. (2005). Percepção das famílias multiproblemáticas pobres sobre as suas competências. *Psicologia*. 19(1-2): 169-191.
- Sousa, L., Ribeiro, C., & Rodrigues, S. (2007). Are practitioners incorporating a strengths-focused approach when working with multiproblem poor families? *Journal of Community and Applied Social Psychology*. 17: 53-66.
- Vallotton, C. D., Harewood, T., Ayoub, C. A., Pan, B., Mastergeorge, A. M., & Brophy-Herb, H. (2012). Buffering boys and boosting girls: The protective and promotive effects of Early Head Start for children's expressive language in the context of parenting stress. *Early Childhood Research Quarterly*. 27(4): 695-707.
- Wilson, B. J., & Gottman, J. M. (2002). Marital Conflict, Repair, and Parenting. In: M. H. Bornstein (ed.), *Handbook of parenting*. Vol. 4: Social conditions and applied parenting (2nd ed., pp. 227-258). Erlbaum. Mahwah.
- Whiteside-Mansell, L., Ayoub, C., McKelvey, L., Faldowski, R. A., Hart, A., & Shears, J. (2007). Parenting stress of low-income parents of toddlers and preschoolers: Psychometric properties of a short form of the Parenting Stress Index. *Parenting: Science and Practice*. 7(1): 26-56. doi: 10.1080/15295190709336775
- World Mental Health Surveys Initiative (2013). Estudo epidemiológico nacional de saúde mental. 1º relatório. Retrieved from http://www.fcm.unl.pt/main/alldoc/galeria_imagens/Relatorio_Estudo_Saude-Mental_2.pdf

ENTREPRENEURSHIP EDUCATION: ECONOMIC ANALYSIS OF AN ENTREPRENEURIAL TRAINING PROGRAM BASED ON PUPIL ENTERPRISES IN PORTUGAL

Susana Imaginário¹

Eurídice Cristo²

Saul Neves de Jesus³

Fátima Morais⁴

ABSTRACT

Promoting creativity and entrepreneurship has been identified as being essential for the development of countries; therefore, it is crucial to implement entrepreneurship educational training projects. Based on this assumption, the Entrepreneurship in the School Program was design and implemented with 281 students and 7 teachers. The results of its development show that participation in this program successfully developed the participants' creativity, so it was considered appropriate to examine the activity of each pupil enterprise more closely. Through this analysis we found that all the pupil enterprises achieved the project's objectives and some progressed even further. In fact, due to their dynamism and proactivity, some pupil enterprises carried out strategies that allowed them to maximize their profit margin. The total profit obtained by the pupil enterprises was about €3,400, of which €739.90 were achieved by a single company. On the other hand, the pupil enterprises spent about €10,000 on products from their 39 local suppliers.

Keywords: Entrepreneurship Education Program, Creativity Education, Pupil Enterprises.

JEL Classification: I25

1. INTRODUCTION

Over the last few years, a strong worldwide economic crisis has been experienced, characterized by an increase in unemployment and the impoverishment of the population. Our country is no exception. In fact, in 2012 the unemployment rates, especially for young people, accounted for 38% of the population between 15 and 24 years old (Sá, 2014). Considering these indicators, the European Commission (2002) argues that creativity and entrepreneurship need to be encouraged from an early age, because they are key skills for the development of a society and a country.

As a competence, creativity can be understood as the skill used to create something new (a product or a solution) that has value or utility (Amabile, 1996). Meanwhile, an entrepreneur can be described as someone with vision, adaptability, persuasion, confidentiality, competitiveness, risk-taking, honesty, perseverance, discipline, organization

¹ Susana Imaginário, University of Algarve, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (ssimaginario@ualg.pt)

² Eurídice Cristo, University of Algarve, Division of Entrepreneurship and Technology Transfer (CRITA), Faro, Portugal. (emcristo@ualg.pt)

³ Saul Neves de Jesus, University of Algarve, Faculty of Human and Social Sciences, Research Centre for Spatial and Organizational Dynamics, Faro, Portugal. (snjesus@ualg.pt)

⁴ Fátima Morais, Instituto de Educação, University of Minho, Guimarães, Portugal. (famorais@ie.uminho.pt)

(National Commission on Entrepreneurship, 2003; cit. by Moreland, 2006), altruism, weighting, work, job satisfaction, commitment, and self-motivation (Faria, 2010).

Based on this perspective, creativity and entrepreneurship must be associated with education, taught in schools at all educational levels (Comissão Europeia, 2006), and be adapted to the target group (Comissão Europeia, 2002). Furthermore, creativity and entrepreneurship education must be supported by local organizations and entities, including the Government and companies (Redford, 2013).

This new conception of education seems to be easy to implement but presupposes rectification of academic curricula to associate creativity and entrepreneurship with knowledge (Shaheen, 2010) as well as to promote the development of skills and attitudes (Craft, 2005). However, in Portugal education has a very knowledge-based structure that provides little scope for dynamic programs based on learning by doing. Furthermore, over the last few years, it has been possible to notice an increase in students' and teachers' demotivation, school failure, and dropout (Jesus & Lens, 2005). Actually, the school dropout rate is estimated to be about 31% (Instituto Nacional de Estatística, 2011), which is more than double the European Union's rate (14.4%) (Comissão Europeia, 2011).

Moreover, the adoption of entrepreneurship education should resort to a competence approach focused on the acquisition of general and specific skills, rather than knowledge, and should require the active involvement of schools and teachers (Chaves & Parente, 2011). In fact, Imaginário, Cristo, Jesus, and Morais (2014) argue that it is necessary for the student to handle practical situations from the entrepreneurial reality to increase the acquisition of knowledge and skills.

When we investigate the entrepreneurship educational programs, it is possible to realize that entrepreneurship and creativity can be taught (see e.g. Ma, 2006; Scott, Leritz, & Mumford, 2004). However, the results are not always favorable, and some projects do not exert a positive impact on the entrepreneurial skills of the participants (for instance Ferrando, Sáinz, Soto, Fernández, & Valverde, 2014; Parkurbis, 2007). Indeed, according to the evaluation carried out by the Global Entrepreneurship Monitor in 2011 (Thompson, Gonçalves, Medina, & Amaral, 2013), the programs implemented in Portuguese primary and secondary schools do not appear to promote and stimulate the creativity of young people, expertise considered to be key to entrepreneurial behavior. On the other hand, in cultural and social terms, this report concludes that our society does not encourage risk-taking, creativity, and innovation.

However, it is important to stress that the absence of a formal evaluation process is seen as a major limitation of this type of project (Garavan & O'Kinneide, 1994). Besides, some of the impact studies presented in the literature do not include pre- and post-tests or even control groups (Matin, McNally, & Kay, 2013).

Aiming to promote the development of entrepreneurial skills in the educational community (students, teachers, and parents), making it more proactive, autonomous, responsible, self-confident, with a team spirit, able to take risks, and prepared to make decisions, the Entrepreneurship in the School Program was developed. This project was implemented under the strategic program of the "Network of Cities and Urban Centers for the Competitiveness and Innovation of the Blue Corridor," applied to the Axis 2 INALENTEJO, which covers ten municipalities of the Alentejo region (Sines, Santiago Cacém, Vendas Novas, Montemor-o-Novo, Évora, Arraiolos, Estremoz, Borba, Vila Viçosa, and Elvas), and it was coordinated and implemented by Sines Tecnopolo, the leading municipality being Sines. This program was technically and scientifically supported by the University of Algarve through its Division of Entrepreneurship and Technology Transfer (CRIA) and had the approval support of the DGEstE – General Directorate of School Establishments, Services Directorate of the Alentejo region (Imaginário, Cristo, Jesus, & Morais, 2014).

The Entrepreneurship in the School Program was designed based on the creation of an “import/export” company, managed, in the classroom, by the students during a school year. The constitution of the pupil enterprises was not made formally, but the whole process of creation and management was replicated and simulated, including the use of real money to engage in real business. Each pupil enterprise had to establish trade relations with other companies through the exchange of goods that would later be sold to the local community and could be supported by a real company from its municipality, the so-called “mentor company” (Imaginário, Cristo, Jesus, & Morais, 2014).

The use of real money had a dual functionality. On the one hand it aimed to ensure the program’s realism, and on the other it increased the participants’ motivation by assigning an award to the commercial partnership that obtained the most profits. Therefore, all the pupil enterprises had to collect between €100 and €150 by using their own money, by asking for a loan, or by following another strategy that they chose. Although this activity seemed to be easy to accomplish, it generated controversy among the students, because they did not want to invest their own money (Imaginário, Cristo, Jesus, & Morais, In Press).

This project was implemented during the academic year of 2012/2013 in 12 schools from 7 Corridor municipalities (Sines, Santiago do Cacém, Vendas Novas, Montemor-o-Novo, Évora, Vila Viçosa, and Elvas). In total 281 students and 27 teachers were involved, organized into 18 pupil enterprises and 9 commercial partnerships, established based on geographical distance and heterogeneity of sociodemographic criteria (Imaginário, Cristo, Jesus, & Morais, In Press).

To ensure the proper functioning of the project and the fulfillment of the tasks, the program’s technical team offered daily monitoring and advice to all the participants, students or teachers, virtually or in person. Virtual monitoring was guaranteed through email or the program’s Facebook page, while in-person monitoring was ensured by monthly sessions in each of the schools (Imaginário, Cristo, Jesus, & Morais, In Press).

The analysis of the participants’ opinions showed that the program was well adjusted to the entrepreneurial reality, allowing them to engage in the different activities carried out by each pupil enterprise from its establishment to its launch on the market. However, they believe that the bureaucratic burden of this process is excessive and time-consuming. Nevertheless, its adjustment to the educational context needs to be improved. If on one side its contents fit easily into the academic curricula, on the other side the timing of the proposed activities was not planned well considering the multiplicity of courses and types of education attended. The latter issue also contributes to the need to review the commercial partnership methodology adopted, since the activity of a pupil enterprise could be limited if its commercial partner is late. This result also shows that the establishment of interpersonal relationships and the interaction between students, teachers, and schools is considered to be one of the outstanding features of participation in the program (Imaginário, Cristo, Jesus, & Morais, In Press).

Furthermore, it was concluded that the Entrepreneurship in the School Program promoted the development of creativity and entrepreneurial skills of the young students (Imaginário, Cristo, Jesus, & Morais, Submitted). The results of a longitudinal study with a control group demonstrated that at first there were no significant differences between the two groups, but by the end of the program the participants showed significant differences in skill development. Specifically, the control group presented a significant decrease in entrepreneurial skills (i.e. creation, risk-taking, and action), while the participants showed a significant increase in creativity.

Considering these results, this study aims to describe and analyze the business activities of each pupil enterprise regarding the strategies used to obtain the necessary capital, the strategies adopted to sell the “imported” products, as well the strategies implemented to

increase the profit, the characterization of the products sold (including the buying and selling price, production costs, and number of “imported” units), and the characterization of the suppliers (type of enterprise, location, and type and number of products sold). To ensure the anonymity of the participants, letters were assigned to each pupil enterprise and numbers to each commercial partnership.

2. METHODOLOGY

2.1. Sample

A total of 281 students and 27 teachers participated in this entrepreneurial training program, organized into 18 pupil enterprises and 9 commercial partnerships. Table 1 presents some of the socio-demographic characteristics of the pupil enterprises, their shareholders, and their teachers.

Table 1 – Socio-demographic characteristics of the pupil enterprises, their shareholders, and their teachers (company identification, number of students, mean age, attended year and course, number of teachers involved, and their degree area)

Pupil Enterprise	Shareholders				Faculty	
	N	Mean Age	Attended year	Course	N	Area
Company A	25	16	10.º	IT Management	1	Economic Sciences
Company B	27	15	9.º	Regular Education	1	Geography
Company C	10	15	9.º	Regular Education	1	Physical Education
Company D	12	16	10.º	Entrepreneurship Club		
Company E	18	16	9.º and 11.º	Commercial Technical and Computer Technician	6	Economic Sciences e Informatics
Company F	6	16	9.º	Integrated Program for Education and Training	3	Mathematics, Natural Sciences and Social Action
Company G	16	17	11.º	Agricultural Production	2	Agricultural
Company H	22	18	12.º	Agricultural Production		
Company I	8	15	9.º	Regular Education	2	Geography and Visual Arts
Company J	4	15	9.º	Regular Education	2	Portuguese and French teaching and arts
Company K	6	16	10.º	Entrepreneurship Club	4	Economic Sciences
Company L	9	15	9.º	Regular Education	1	Social Sciences
Company M	25	16	10.º	Science and Technology		
Company N	15	16	10.º	Arts		
Company O	29	16	10.º	Languages and Humanities		
Company P	19	16	10.º	Science and Technology		
Company Q	17	17	11.º	Healthcare Assistant	2	Secretariat e Economic Sciences
Company R	13	16	9.º	Hostelry and Service Floors	2	Modern literature and Turism

Through the analysis of table 1, it is possible to realize that the students are close in age and, demographically, their main difference concerns their attended course. Until the ninth grade, Portuguese students usually attend regular education, which presents itself with a variety of general subjects. When they enter the tenth grade, they have to choose a more specific curricular area between general courses (science and technology, languages and humanities, economics sciences and arts), technical training, or vocational training.

Most of the pupil enterprises contain students who attend secondary school (58%, N=11), students who attend general courses (54.5%), and basic education students, of whom only 37.5% (N=3) attend professional courses.

On the other hand, the participating teachers present a variety of training areas, but they mainly graduated in socioeconomic sciences (41%, N=11), while 26% (N=7) graduated in languages and humanities, 26% (N=7) in science and technology, and 7% (N=2) in arts.

2.2. Measurements

To collect the pupils' enterprise activity, a data collection grid was developed with the necessary information, namely strategies for obtaining capital, strategies to sell the "imported" products, characterization of the products sold (including buying and selling price, production costs, and number of "imported" units), and characterization of the suppliers (type of enterprise, location, and type and number of products sold).

2.3. Procedures

The data collection grid developed was completed and updated during each monitoring session. To analyze the results, we used the qualitative content analysis technique first. Later we used the Statistical Package for Social Sciences 20 (SPSS) to determine the totals, percentages, means, and standard deviations and Microsoft Office Excel to calculate the monetary results, including production costs, sales, and profits.

3. RESULTS

Nowadays entrepreneurship and creativity are important as key competences for individuals' development and for countries' progress (i.e. Comissão Europeia, 2002). Therefore, it is crucial to develop and implement activities that can promote entrepreneurship and creativity (Imaginário, Cristo, Jesus, & Morais, 2014).

Based on these assumptions, the Entrepreneurship in the School Program was implemented during the academic year of 2012/2013 and attended by 281 students and 27 teachers from different schools in the Alentejo region. Aiming to develop creative and entrepreneurial skills in the educational community (Imaginário, Cristo, Jesus, & Morais, In Press), it also intended to reward the commercial partnership that achieved the highest profit.

Besides the adoption of real creation and management of company activities, the realism of this program was also assured by the use of real money and real trades. However, the use of money to start the pupil enterprise was one of the most controversial issues for the participants, because the students did not want to invest their own money (Imaginário, Cristo, Jesus, & Morais, In Press).

All the students started their pupil enterprise with the capital indicated, a minimum of €100 and a maximum of €150 (M=€122, SD=€23), but obtained it differently. Most of the pupil enterprises used proper funds (50%, N=9), and only 28% (N=5) resorted to a loan from the school or their teachers. However, four pupil enterprises used other strategies to gather their capital. Companies A, C, and J chose to sell other products, some produced

by them, like cakes, and others offered by school clubs, such as hand soaps and herbs. Company D, on the other hand, asked for a donation from a local bank.

Since the program would reward the commercial partnership that obtained the highest profit, all the pupil enterprises were motivated to adopt strategies to increase their profit. Therefore, the adoption of a good marketing strategy would lead to good results of the commercial partnership. In fact, Imaginário, Cristo, Jesus, and Moraes (In Press) conclude that there was a significant development of creativity in students who participated in the Entrepreneurship in the School Program.

To sell their products, 72% of the pupil enterprises (N=13 – A, B, C, D, E, F, J, K, L, M, P, Q, and R) decided to organize or participate in events developed at their schools as well as to take part in other local/regional events, such as fairs, seminars, and vigils. Companies B and L also resorted to raffling some products at a symbolic price to reach more people and to increase their profits. Another strategy adopted was to offer products in the purchase of others; for instance, Company E offered vases when someone bought herb seeds and Company B offered a recipe booklet to clients who bought pearl chocolate.

Some pupil enterprises resorted to other tactics. For instance, Company A chose to register the order before acquiring the products from its commercial partner; Company F used school resources, produced all its products to “export” to its commercial partner, and asked local people to offer the necessary ingredients for producing the final products; Company J sold several flowers and fresh plants that were offered by the school gardening club; Company K, to promote its commercial partnership, created a website to advertise and sell the products from both companies; and, finally, Company B also promoted its products by transforming them into other products, such as salami, chocolate cake, and goats’ cheese sandwiches, and selling them at the events in which they participated. Moreover, 7 companies (30% – A, B, E, F, J, M, and N) exposed their company’s image through the use of t-shirts and sweatshirts with the company’s name and logo at attended events, and 14 pupil enterprises (78%) found free solutions to transport their products between each commercial partnership, using teachers and friends to take the products from one municipality to another or even soliciting funds from the school.

It should also be emphasized that all the pupil enterprises were present at the program’s final fair, at which they were able to build and decorate their stand as well as to sell their products. On the other hand, all the pupil enterprises publicized and promoted themselves on their Facebook pages, presenting their unique corporate image and showing their catalog/products.

Besides these strategies, all the pupil enterprises had to choose the products that they would like to offer and contact the suppliers, negotiating the prices if possible. Each company had to select about 8 different products, but it was the commercial partner who chose the product that it wanted to “import.” In total the pupil enterprises had 47 suppliers; however, 5 companies supplied more than 1 pupil enterprise (suppliers 1, 2, 3, 4, and 5 – table 2). Therefore, the real number of suppliers is 39.

Table 2 – Characterization of the major suppliers (type of business, location, units and value of sales, and number of pupil enterprises supplied)

Supplier	Type of business	Municipality	Sales (Units/Value)	N of pupil enterprises Supplied
Supplier 1	Regional and traditional pastries	Vila Viçosa	318 (318€)	4

Supplier 2	Products made with recycled materials	Santiago do Cacém	36 (128,40€)	3
Supplier 3	Regional jams	Elvas	167 (380,53€)	2
Supplier 4	Regional and traditional pastries	Sines	61 (185,10€)	2
Supplier 5	Seeds of herbs	Vendas Novas	154 (185,10€)	2
Supplier 6	Regional product	Vila Viçosa	670 (664€)	1
Supplier 7	Regional and traditional pastries	Vila Viçosa	480 (720€)	1
Supplier 8	Regional product	Vila Viçosa	410 (410€)	1

Through the analysis of table 2, which presents the characterization of the major suppliers, it is possible to realize that these five suppliers are located in different municipalities and are responsible for 20% of the traded units. However, three other suppliers were identified that, although they only supplied one pupil enterprise, are accountable for 42% of the traded units (suppliers 6, 7, and 8), a total of €1,794. All these suppliers provided products sold by company B.

Table 3 presents the economic aspects of the pupil enterprises' activity, namely the units that each pupil enterprise "imported" from its commercial partner, its production costs, its sales, and its profits. It has to be said that we consider as production costs the amount paid for "imported" products from the commercial partner as well the money spent on merchandising.

Table 3 – Characterization of the pupil enterprises' activity (number of suppliers, number and percentage of units "imported" from each commercial partner, production costs, sales, and profits)

Company	Partnership	Suppliers (N)	Units "imported" from each commercial partner (N/%)	Production costs (€)	Sales (€)	Profits (€)
A	2	2	333 (8,9%)	1.488,00	1.860,50	372,50
B	7	4	1631 (43,6%)	2.388,60	3.128,50	739,90
C	8	3	161 (4,3%)	512,92	604,55	91,63
D	1	3	107 (2,9%)	197,80	310,50	112,70
E	6	2	114 (3,0%)	156,25	266,00	109,75

F	9	x	180 (4,8%)	519,40	583,00	63,60
G	6	1	232 (6,2%)	123,20	104,80	-18,40
H	4	1	25 (0,7%)	43,50	80,80	37,30
I	5	2	145 (3,9%)	366,34	444,30	77,96
J	3	4	109 (2,9%)	301,13	372,15	71,02
K	8	3	150 (4,0%)	508,85	377,32	168,47
L	1	3	26 (0,7%)	248,73	188,07	188,07
M	7	5	173 (4,6%)	2.125,10	2.499,40	374,30
N	3	2	68 (1,8%)	289,70	381,02	91,32
O	4	1	26 (0,7%)	49,55	76,00	26,45
P	5	3	43 (1,1%)	370,49	426,70	56,21
Q	9	5	146 (3,9%)	310,12	690,00	379,88
R	2	3	76 (2,0%)	1.178,10	1.640,90	462,80
Total		47 (real 39)	3.745 (100%)	11.177,78	14.034,51	3.405,46

From these economic results, it is possible to conclude that the pupil enterprises made a total of sales worth €14,034.51 and earned a profit of €3,405.46, but not all of them achieved the same performance. The sales value ranged between €76 (company O) and €3,128.50 (company B), while the profits fluctuated from €26.45 (company O) to €739.90 (company B). However, one of the pupil enterprises earned no profit; actually, company G had a financial loss of -€18.40.

Analyzing the relation between profit and units “imported,” it is possible to realize that the pupil enterprise that earned the largest profit is the one that imported the most products, but it is not the one that achieved the largest profit per product. This place is taken by company L, which, with only 26 products, had a profit of €188.07, representing an average profit per product of €7.23, followed by company R, which earned an average profit per product of €6.09.

Since the Entrepreneurship in the School Program also intended to reward the commercial partnership that earned the largest profit, as well as calculating the individual profit from each pupil enterprise, it was also necessary to determine the profit of each partnership. The

results show that the partnership profit ranged between €1,114.4 (commercial partnership 7) and €63.75 (commercial partnership 4).

4. DISCUSSION

Entrepreneurship, associated with creativity, is considered to be essential for the development of a society and a country (Comissão Europeia, 2002); therefore, it is necessary to teach it from an early age (Comissão Europeia, 2006). According to this perspective, schools must abandon formal education based on knowledge and adopt an approach focused on entrepreneurship education that also aims to promote the development of skills and attitudes (Craft, 2005; Shaheen, 2010).

Over the last 10 years, some entrepreneurship education programs have been implemented in Portugal (Comissão Europeia, 2002), but their results do not seem to have been particularly favorable since they do not appear to have promoted or stimulated the creativity of the participants (Thompson, Gonçalves, Medina, & Amaral, 2013). However, several training programs that had a positive impact on the development of creative and entrepreneurial skills can also be found (Ma, 2006; Scott, Leritz, & Mumford, 2004).

Since the absence of an evaluation process is identified as a major limitation of the implemented entrepreneurship education projects (Garavan & O'Kinneide, 1994) the Entrepreneurship in the School Program was designed to incorporate moments for the collection of data and information (Imaginário, Cristo, Jesus, & Morais, 2014). Based on the good indicators obtained in the evaluation of the program (Imaginário, Cristo, Jesus, & Morais, Submitted; In Press), especially the increase in creativity of the participants, it was considered appropriate to analyze the activities developed by each pupil enterprise further.

To start their pupil enterprise, each company was asked to raise capital between €100 and €150. This money should be invested in the acquisition of the first products and in their transportation and transformation, if necessary. Although all the pupil enterprises completed this task successfully, most of them did not want to use their own money (Imaginário, Cristo, Jesus, & Morais, In Press). In fact, only 50% of the pupil enterprises raised the company's capital using membership quotas. The other pupil enterprises resorted to more creative strategies, including loans, donations, and the sale of products. This issue was even expressed by the participants, who suggested that the program's organization should give the capital to each of the pupil enterprises (Imaginário, Cristo, Jesus, & Morais, In Press).

Other creative strategies were also used to market the "imported" products and to maximize the pupil enterprises' profit. Moreover, with the exception of the organization of or participation in events, used by 13 pupil enterprises, the companies implemented different marketing strategies. Some of the adopted strategies were quite common, such as raffles and product offers, but others were more innovative. The design of a fully functional e-commerce platform used to sell the partnership products must be emphasized (company K); however, as well as the Facebook page, this website was used more as a product portfolio than for the products' sale. On the other hand, free solutions for products' transportation between the commercial partnerships were adopted by 14 of the pupil enterprises, allowing them to save a large amount of money because the movement of goods through the Portuguese mail or carriers can be very expensive, especially when transporting heavy goods, such as jams in glass bottles.

Although all the pupil enterprises sold their products and completed their tasks, not all of them achieved the same performance and some adopted a more entrepreneurial attitude than others. Companies G, H, I, K, N, and O just carried out the required tasks to complete the program and did not develop other strategies to increase their sales and their profit

margin. In fact, analyzing the profit obtained by each pupil enterprise, it was found that company G was the only one that achieved not a profit but a loss (-€18.40).

Company G may have failed to sell most of the 232 products that it “imported,” but it was the third pupil enterprise in the number of units acquired from its commercial partner. Therefore, it was one of the companies that most demonstrated an entrepreneurial attitude towards risk taking. Moreover, this pupil enterprise was one of those that had lower production costs (approximately €0.45 per product), products with the lowest price (nearly €0.75 per product), and a good profit margin (about €0.40 per product). Considering these results, it is possible to assume that if it had sold another 60 units of the 182 unsold, it would have been able to cope with the financial loss and make some profit.

In contrast, company B was the pupil enterprise that engaged the most strategies to increase its profit, and it was the company that “imported” the most units of products from its commercial partner and had more production costs (€2,388.60), more sales (€3,128.50), and more profit (€739.90). Therefore, it is safe to consider this company as the most active, entrepreneurial, and creative pupil enterprise. In fact, during the project its responsible teacher often characterized the pupils as proactive, autonomous, and responsible; for instance, each member was actually in charge of his or her role played in the pupil enterprise and was able to act even without the presence of the teacher or the other business partners. This dynamism was eventually also reflected in its commercial partner’s activity, which achieved a more accelerated pace, and it finished its activity with a sales volume of €2,499.40 and a profit of €374.30.

Based on this performance and results, partnership 7, composed of companies B and M, was the partnership that obtained the greatest profit, a total of €1,114.4. This amount corresponds to about 33% of the profit made by all 9 commercial partnerships.

Please note that the success of the Entrepreneurship in the School Program was also facilitated by the 39 suppliers that agreed to work with the pupil enterprises. These suppliers were real companies from local businesses that sold mainly regional or traditional products. Although it is not possible to analyze the impact that this participation exerted on each supplier, it is important to note that in total the companies spent about €10,000 purchasing products from the suppliers, acquiring a total of 3,565 product units.

5. CONCLUSION

At a time characterized by an increase in unemployment and in the population’s impoverishment (Sá, 2014), entrepreneurship education seems to be a solution to the economic and social development of a society (Comissão Europeia, 2002). However, to promote entrepreneurship and creativity successfully, it is crucial for schools to adopt a more practical approach and focus on learning by doing, relegating the acquisition of knowledge to the second place (Craft, 2005).

Such entrepreneurship education activities are often implemented as programs or long-term projects, usually in an academic year, but it is not always possible to analyze their impact because many of them do not include an evaluation process (Garavan & O’Cinneide, 1994). In fact, according to an assessment of the programs implemented in Portuguese primary and secondary schools, they do not appear to promote and stimulate the creativity of young people (Thompson, Gonçalves, Medina, & Amaral, 2013).

The Entrepreneurship in the School Program intended to develop entrepreneurial and creative skills in the educational community through the creation and management of an “import/export” pupil enterprise during a school year (Imaginário, Cristo, Jesus, & Morais, 2014). A total of 281 students and 27 teachers participated in this entrepreneurial training

program, organized into 18 pupil enterprises and 9 commercial partnerships (Imaginário, Cristo, Jesus, & Morais, In Press).

Based on the good indicators obtained (Imaginário, Cristo, Jesus, & Morais, Submitted; In Press), it was considered an asset to deepen the pupil enterprises' activities that contributed to increasing their creativity skills, namely the strategies to raise capital, the strategies to sell the "imported" products, and the characterization of the economic results obtained by each pupil enterprise.

Analyzing the activities developed by each pupil enterprise, it can be concluded that they all completed the program successfully; however, attention should be drawn to the fact that not all of them achieved the same performance. While some pupil enterprises only implemented the tasks envisaged by the project, others took further steps to stimulate their activity and try to earn the maximum profit possible. For instance, most of the pupil enterprises organized or participated in events promoting their products and some organized raffles and product offers. More creatively, many of the pupil enterprises arranged free solutions for transporting the products between the commercial partnership through friends, family, or teachers, and one of the companies even developed a fully functional e-commerce platform to sell the partnership products.

Although it is not possible to relate the definition and implementation of the sales strategies to the profits, it is possible to realize that the most active pupil enterprise was the one that gained the most profit. On the other hand, one of the pupil enterprises with the least entrepreneurial attitude was the only one that suffered a financial loss.

The choice of products and, consequently, suppliers also contributed to the success of the program, because most of the pupil enterprises offered traditional products that had a great demand from final consumers. It is, however, regrettable that it was not possible to analyze the impact that acting as a pupil enterprise's supplier exerted on each provider; therefore, it is considered that in future editions of programs with the same methodology, it should be possible to work with suppliers and collect some indicators. Anyway, it should be emphasized that in total the pupil enterprises spent about €10,000 with the 39 suppliers.

The adoption of a commercial partnership methodology was identified as one of the aspects that should be improved in future editions, since, as the pupil enterprises had different rhythms of work, the companies of the same commercial partnership ended up being dependent (Imaginário, Cristo, Jesus, & Morais, In Press). However, when considering the activities developed by each pupil enterprise, especially regarding commercial partnership 7, it is apparent that this feature ended up promoting their motivation. In fact, the dynamism and proactivity of company B eventually caused company M to accelerate its pace, which made this commercial partnership the one that obtained the largest profit.

Although this study consists of more descriptive work on the activities performed by the pupil enterprises, it is considered that its analysis allows the reader to take a different look at the Entrepreneurship in the School Program and the pupil enterprises. In fact, the literature on the subject, apart from providing a few impact studies, contains no research that could provide a more detailed characterization of the work developed during such projects.

It should also be noted that all the work performed by students and teachers was undertaken simultaneously with their usually school activities, and throughout the school year there were no dropouts of pupil enterprises or teachers.

ACKNOWLEDGMENTS

Thanks are due to all the students and teachers who participated in the Entrepreneurship in the School Program and, even if not having participated, agreed to collaborate in this

investigation. Additionally, special thanks are due to the municipality of Sines, Sines Tecnopolo, and the University of Algarve, which allowed the publication of the data and information collected during the project's implementation.

The publication of this article was supported by the Portuguese Institution of Financing (FCT, Fundação para a Ciência e Tecnologia) through the award of PhD grant number SFRH/BD/76044/2011 and through project UID/SOC/04020/2013.

BIBLIOGRAFIA

- Amabile, T. (1996). *Creativity in Context*. Boulder: Westview Press.
- Chaves, R., & Parente, C. (2011). O empreendedorismo na escola e o paradigma das competências: O caso da Junior Achievement - Portugal. *Sociologia, Problemas e Práticas*, 67, pp. 65-84.
- Comissão Europeia. (2002). *Final Report of the Expert Group "Best Procedure Project on Education and Training for Entrepreneurship"*. Bruxelas: Direção-Geral das Empresas da Comissão Europeia.
- Comissão Europeia. (2006). Aplicar o Programa Comunitário de Lisboa: Promover o Espírito Empreendedor através do Ensino e da Aprendizagem. *Comunicação da Comissão ao Conselho, ao Parlamento Europeu, ao Comité Económico e ao Comité das Regiões*. Bruxelas.
- Comissão Europeia. (2011). *Redução do Abandono Escola Precoce na União Europeia*. Bruxelas: Parlamento Europeu.
- Craft, A. (2005). *Creativity in Schools - Tensions and Dilemmas*. London: Routledge.
- Faria, M. (2010). Questionário de Competências Empreendedoras (QCE): Aplicação a estudantes do ensino superior. In L. Almeida, B. Silva, & S. Caires, *Actas do I Seminário Internacional "Contributos da Psicologia em Contextos Educativos"* (pp. 287-301). Braga: Universidade do Minho.
- Ferrando, M., Sáinz, M., Soto, G., Fernández, M., & Valverde, J. (2014). Resultados de un programa de innovación educativa para mejorar la creatividad del alumnado. *Revista AMAzônica*, XIV(2), 258-279.
- Garavan, T., & O'Kinneide, B. (1994). Entrepreneurship education and training programmes: A review and evaluation – Part 1. *Journal of European Industrial Training*, 18(8), 3-12.
- Imaginário, S., Cristo, E., Jesus, S., & Morais, F. (2014). Educação para o empreendedorismo em Portugal, o nascimento do Programa Empreender na Escola. *Revista AMAzônica*, XIV(2), 343-362.
- Imaginário, S., Cristo, E., Jesus, S., & Morais, F. (In Press). A criação e gestão de miniempresas na sala de aula – Opiniões dos alunos e professores participantes do Programa Empreender na Escola. *Avances en Psicología Latinoamericana*.
- Imaginário, S., Cristo, E., Jesus, S., & Morais, F. (Submitted). Programa Empreender na Escola - Impacto da participação nas competências empreendedoras e criativas dos alunos: Estudo longitudinal.
- Instituto Nacional de Estatística. (2011). *Portugal em Números*. Lisboa: INE.
- Jesus, S., & Lens, W. (2005). An integrated model for the study of teacher motivation. *Applied Psychology: An International Review*, 54(1), 119-134.

- Ma, H. (2006). A synthetic analysis of the effectiveness of single components and packages in creativity training programs. *Creativity Research Journal*, 18(4), 435-446.
- Matin, B., McNally, J., & Kay, M. (2013). Examining the formation of human capital in entrepreneurship: A meta-analysis of entrepreneurship education outcomes. *Journal of Business Venturing*, 28, 211-224.
- Moreland, N. (2006). *Entrepreneurship and Higher Education: An Employability Perspective. Learning & Employability - Series One*. York: The Higher Education Academy.
- Parkurbis. (2007). *B-Tech: Empresários na Escola - Percursos de Acompanhamento à Criação de Novas Empresas de Base Tecnológica*. Covilhã: Parque de Ciência e Tecnologia da Covilhã, SA.
- Redford, D. (2013). A criação de uma estratégia nacional para a educação do empreendedorismo em Portugal. In D. Redford, *Handbook de Educação em Empreendedorismo no Contexto Português* (pp. 31-62). Porto: Universidade Católica Editora.
- Sá, V. (2014). *O Desemprego Jovem em Portugal*. (Tese de Mestrado). Coimbra, Universidade de Coimbra, Portugal.
- Scott, G., Leritz, L., & Mumford, M. (2004). The effectiveness of creativity training: A quantitative review. *Creativity Research Journal*, 16(4), 361-388.
- Shaheen, R. (2010). Creativity and education. *Creative Education*, 1(3), 166-169. doi:10.4236/ce.2010.13026
- Thompson, D., Gonçalves, N., Medina, A., & Amaral, L. (2013). The relevance of education for entrepreneurship in Portugal – Results from the Global Entrepreneurship Monitor. In D. Redford, *Handbook de Educação em Empreendedorismo no Contexto Português* (pp. 63-84). Porto: Universidade Católica Editora.



ISSN: 2183-1912

Authors

Catarina Almeida
Cristiana Fernandes
Daniela Nogueira
Diogo Silva
Eurídice Cristo
Fátima Morais
João Bonança
João Salgado
João Viseu
Jorge Andreu Malveiro
Karine Alexandra Del Rio João
Lara Ayala-Nunes
Lucía Jiménez
M^a Victoria Hidalgo García
Nathália Brandolim Becker
Patrícia Pinto
Rui Rego
Rute Martins
Saul Neves de Jesus
Sérgio da Borralha
Susana Imaginário

