THE IMPORTANCE OF IMPORTANCE RATINGS

Gergely BOGNÁR

Department of Political Science, CEU
Nádor u. 9, H-1051 Budapest; e-mail: bognar@christal.elte.hu

Abstract: Importance ratings reflect people's priorities over different aspects of their lives. Some quality of life indices attempt to take into account people's priorities by weighting domain scores with the importance ratings allocated to them in deriving an overall quality of life score. Most indices, however, do not incorporate such ratings, and some researchers argue against their use. At the same time, empirical research on importance ratings has had mixed results. This may be partly because there remain unsettled conceptual questions about importance ratings. This paper addresses some of these questions.

Keywords: importance ratings, quality of life indices, quality of life research, subjective well-being

INTRODUCTION

One might think that importance ratings should have a significant role in determining an overall quality of life score for a person. Since presumably different people have different priorities over different aspects of their lives, weighting their scores for different quality of life domains according to the importance they assign to those domains seems to be essential for deriving a meaningful overall quality of life score. Many quality of life indices, however, do not incorporate importance ratings. They derive overall scores based exclusively on domain scores, often simply by adding them up.

Some quality of life researchers defend the practice of not using importance ratings. For example, Tom Trauer and Andrew MacKinnon (2001) present several arguments against the idea that domain scores should be weighted with importance ratings. They argue that importance ratings are undesirable and unnecessary for quality of life measurement. They appeal both to conceptual considerations and empirical studies in support of their case. But empirical studies have had mixed results so far and it is unclear what conclusions they warrant. Perhaps part of the reason for the
ambiguity of these results is the lack of adequate conceptualization of the role of
domain importance in quality of life. Such a conceptualization would not only enable
us to evaluate the conceptual considerations against the use of importance ratings, but
also assist in the formulation of research questions to settle what role, if any, they can
play in quality of life measurement.

ARE IMPORTANCE RATINGS REDUNDANT?

There is no doubt that the idea that people’s priorities over various aspects of their
lives influence how well their lives go overall has strong intuitive appeal. Someone
whose life goes well with respect to some area that she cares deeply about will be, other
things being equal, better off than she would be if she did not especially care about that
area. In arguing against the necessity of collecting importance ratings, quality of life
researchers surely do not deny this. What they do deny is that importance ratings yield
information over and above that which can be obtained by other methods of data
gathering for evaluating a person’s quality of life. They deny that importance ratings
are necessary for the purposes of quality of life measurement.

There could be several reasons for this. For instance, the importance people associate
with quality of life domains may be merely an epiphenomenon of their satisfaction with
those domains. Alternatively, importance ratings may be particularly unreliable because
of cognitive biases or contextual effects. Or it may simply be that domain importance can
be taken into account in other ways, thus importance ratings are redundant as a matter of
parsimony – either or both with respect to deriving overall quality of life scores and
developing recommendations to promote people’s quality of life.

Thus, one argument that is given in support of the claim that importance ratings are
redundant is that the domains of a well-designed quality of life instrument should be
considered to already include the more important aspects of life (Trauer and
MacKinnon 2001: 580). There is no need to survey people about the importance they
assign to different domains, since importance is already “built into” the instrument at
the stage of generating the domains and the indicators within those domains. That is,
there is no extra information to be had, at least if domains are selected on the basis of
methods which can be seen as expressing some form of consensus on what aspects of
life are important to people – for example, they are selected on the basis of studies,
interviews or focus groups, or reviews of the literature and existing measurement tools.

Whether this argument is plausible depends partly on the particular purpose of a
given piece of research. Even if it turns out that importance ratings do not uniquely
contribute to overall quality of life scores, there might be other purposes for which one
may want to use the allegedly extra information. On the small-scale level, information
on individual variances in importance may help to identify areas of concern – areas
where intervention would be most efficient in leading to better quality of life
outcomes. Thus, for example, in the development of rehabilitation programs,
importance ratings may help to find the combination of program components which
are the best trade-offs in the sense that they concentrate resources to areas where
improvement is most urgent.
Similarly, in large-scale applications, information on importance may be useful to identify problem areas and guide resource trade-offs. Moreover, as people move through life, their priorities change. Importance ratings make it possible to map the priorities of people of different ages, sex, and socio-economic backgrounds. They can also serve as the basis of comparisons between different cultures and target groups. Therefore, even if standard domains reflect the importance people usually assign to different aspects of life, importance ratings can give a more detailed picture of individual values and preferences.

Another argument for the redundancy of importance rating information is that satisfaction ratings and importance ratings are not separable. Trauer and MacKinnon (2001: 580) suggest that people’s satisfaction reports may themselves indicate the importance they assign to different domains. Respondents who report high satisfaction or dissatisfaction with a domain may simultaneously indicate that they assign high (or low) importance to that domain, especially if the reported satisfaction or dissatisfaction is extreme. Satisfaction results are indicators of both of the person’s perception and importance rating.

As it stands, this is a conjecture about the relation of satisfaction levels and importance ratings. Empirical studies may corroborate it by showing that when people express a high level of satisfaction with some aspect of their lives, they tend to rate that aspect as important to them, and when they express a high level of dissatisfaction with some aspect of life, they tend to rate it as unimportant. But even if this was the case, it would require an explanation.

One explanation may be that the importance people assign to a given aspect of life is parasitic upon their satisfaction with that aspect. That is, importance ratings are epiphenomenal. It is well-known that people often adapt to their circumstances: if their life conditions deteriorate, they may become satisfied with less, and if their circumstances improve, they may raise their expectations and report lower satisfaction. So it may be that in a similar manner, people who are satisfied with some aspect of life tend to judge that aspect important, and they tend to assign low priority to aspects with which they are dissatisfied. Perhaps people do adapt priorities to possibilities. However, the extent to which this phenomenon is prevalent, if there is such a phenomenon at all, is an empirical question.

**SUBJECTIVE AND OBJECTIVE MEASUREMENT**

We can also examine Trauer and MacKinnon’s conjecture from a conceptual perspective. Are there any reasons to maintain that importance ratings are redundant in quality of life instruments? In order to answer this question, it is worth considering a number of distinctions within the theory of quality of life measurement.

A quality of life index attempts to represent how well the life of a person is going for that person. Philosophers have developed many theories to give an account of well-being or “the good life.” These are theories of what has final value or what is intrinsically valuable with respect to well-being. Philosophers have variously argued that only certain states of consciousness, the satisfaction of desires (or perhaps only the

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satisfaction of a special class of desires), perfecting one’s abilities, or pursuing certain normative ideals have final value with respect to well-being.

Although these philosophical theories disagree about final value, they are either silent or are in broad agreement on what has *extrinsic* value with respect to well-being. Things which have this sort of value are the *conditions* for a life to go well for the person whose life it is. They are the goods which promote well-being if, other things being equal, there is more of them present in a person’s life or they are at least sufficiently available to the person. They are the means which promote or instantiate that which has final value.

Thus, for instance, income and health can both be considered a condition of well-being. Other things being equal, a person who does not have the adequate material means or who suffers from illness or impairment does not fare as well as she otherwise could. Even people who accept different philosophical accounts of well-being usually agree that health and income are conditions of “good life.” They may disagree on final value while agree on what goods and conditions contribute to final value.

But if this is so, then it is possible to attempt to measure well-being without becoming entangled in philosophical controversies. Quality of life research attempts to do just this by assessing the *conditions* of well-being without taking a stand in the debates of philosophers. That is, quality of life research is built on the broad consensus concerning these conditions.

Conditions of well-being are often classified as “objective” and “subjective.” Objective conditions of well-being include standard of living, physical health, the quality of the environment, among others. Subjective conditions include the person’s experiences and psychological attitudes toward her life. The former concern “external” conditions, while the latter concern “internal” conditions. Most people would agree that both are important components of well-being. Other things being equal, a person who lives in very good objective conditions but does not have valuable experiences or attitudes toward her life does not fare as well as she could if she had such experiences and attitudes. Similarly, a person who has positive attitudes and experiences but who lives in poor objective conditions would be better off if she had a higher standard of living, better physical health, and so on.

Conditions of well-being are measured with the help of quality of life indicators. An indicator maps the level of well-being of a person with respect to a specific condition of well-being. Different indicators are, once again, often classified as “objective” and “subjective.” Objective indicators may be based on observation, statistical data, and reports of life conditions (including the reports of the people whose quality of life is measured). These indicators are *descriptive*. Subjective indicators, in contrast, are based on perceptions and experiences, usually the perceptions and experiences of the people whose quality of life is measured. They are most often measured by questionnaires with questions about the subject’s satisfaction with different aspects of her life. As opposed to objective, descriptive indicators, subjective indicators are *evaluative*.

Unfortunately, there seems to be a considerable amount of confusion in quality of life research about what precisely “subjective” and “objective” mean in the context of quality of life measurement. Often, a subjective indicator of quality of life is taken to be the evaluation of some aspect of life on the part of the individual whose quality of
life is assessed. Sometimes, however, any method of assessing quality of life that is based on self-reports is called subjective. In this sense, an objective quality of life indicator is any indicator whose measurement does not involve surveys or questionnaires eliciting the subjects’ reports.

For instance, consider the “healthy days index,” which is calculated from the HRQOL-14 measurement tool. This tool comprises an interview with questions related to health, abilities to carry out everyday tasks and to meet personal care needs, emotional states, and sleep problems. All questions concern factual information, and call for descriptions on the part of the subject. In their recent review and evaluation of quality of life indices, Hagerty et al. (2001: 12-4) classify it as a subjective index. They also evaluate it with respect to several criteria. On the criterion that quality of life domains (in this case, health) must be measured both subjectively and objectively, it is rated 2 on a 3-point scale. If, by “subjective,” the authors mean that quality of life measurement must be based entirely on the individual’s self-report, then the HRQOL-14 fails altogether to carry out any objective measurement. If, on the other hand, subjective measurement is to be carried out by evaluative questions concerning “satisfaction” – as another requirement states they must be – the index fails altogether to carry out any subjective measurement, even though it is once again rated 2 out of 3 on this criterion in their evaluation of the index.

The ambiguity of the notion of “subjective” characterizes some measurement tools as well. The World Health Organization defines quality of life in terms of the person’s subjective evaluations of her life conditions:

*Quality of Life has been defined by the World Health Organization as an individual’s 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. This definition reflects the view that quality of life refers to a subjective evaluation, which is embedded in a cultural, social and environmental context. (WHOQOL Group 1999: 3*)

The WHO’s quality of life indices, however, are based on surveys which include questions concerning both the subject’s evaluations and descriptions of her life conditions. The items on the questionnaires concern medical support needs, financial situation, mobility, ability to concentrate and work, feelings of safety and satisfactions, among others.

Thus, the distinction between subjective and objective quality of life measurement actually encompasses two separate distinctions: one is a distinction between descriptive and evaluative measurement methods, and the other is a distinction among indicators according to whether their objects of evaluation or description – the conditions of well-being they are the indicators of – are internal or external.

As a matter of fact, there is no a priori reason to assign a given kind of indicator to some given condition of well-being. Of course, it may easily be the case that a certain kind of indicator is better suited to measure some condition than others. For example, the

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4 This quality of life index was developed by the Health Care and Aging Studies Branch of the US Centers for Disease Control and Prevention. For more detail, see [http://www.cdc.gov/hrqol/](http://www.cdc.gov/hrqol/).

5 The World Health Organization has two indices for quality of life measurement: the WHOQOL-100 and its shorter version, the WHOQOL-BREF. For details, see [http://www.who.int/evidence/assessment-instruments/qol/index.htm](http://www.who.int/evidence/assessment-instruments/qol/index.htm).

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most suitable indicator of a person’s happiness (an internal condition of well-being) may be the person’s report of life satisfaction—an evaluative indicator. In general, it may even be that evaluative indicators are usually the best indicators of internal conditions, but this is not necessarily so in each case. For instance, if a cognitive disability makes it impossible for the subject to form or communicate judgments of satisfaction, one might have to rely on descriptive, inferential or testimonial evidence. In other cases, one may suspect that satisfaction reports are distorted by cognitive biases or contextual effects, and prefer to fall back on descriptive indicators.

Similarly, external conditions of well-being may be measured by both descriptive and evaluative indicators. For example, one may argue that people’s perceived safety is a better indicator of one aspect of the quality of their living environment than the actual crime rate in their neighborhood.

Therefore it is possible to pair both descriptive and evaluative indicators with both internal and external conditions of well-being. It is not hard to find examples for each of the possible combinations. The number of square meters per person per household is a descriptive indicator that measures an external condition. A person’s observed level of stress is a descriptive indicator of an internal condition. And a person’s satisfaction with her job is an evaluative indicator of an external condition, while her reported happiness is an evaluative indicator of an internal condition.

As I have already mentioned, evaluative indicators are typically (but not necessarily) based on survey questions about the satisfaction of the person with some condition of her well-being. Thus, satisfaction reports are one possible kind of indicator of how good a person’s life is with respect to some condition of well-being. Importance ratings, in contrast, map the role different conditions of well-being play in determining how good overall a person’s life is. That is, they measure the contribution of different conditions of well-being to overall well-being.

Consequently, the role of satisfaction reports and the role of importance ratings are structurally different. Satisfaction reports pertain to measuring some condition of well-being, while importance ratings pertain to the contribution of various conditions to overall well-being.

From the conceptual perspective, there is reason to expect that both satisfaction reports and importance ratings have a role in quality of life measurement. But perhaps there is a problem with using both of them in the same instrument from the methodological perspective. Indeed, it has been argued that satisfaction reports and importance ratings should not be mixed.

SUBJECTIVE WELL-BEING AND QUALITY OF LIFE

If people’s satisfaction reports are also indicators of the importance they assign to different aspects of their lives, then evaluative indicators have a doubly indispensable role in quality of life measurement: in addition to their merits as indicators based on people’s perceptions and experiences, they also map people’s priorities. If these priorities are to be reflected in a quality of life index, then descriptive indicators must be supplemented with satisfaction reports.
Many quality of life indices actually utilize only evaluative indicators in the form of satisfaction reports. Sometimes this is due to an assumption that quality of life is entirely a function of a person’s perceptions and experiences. (One of the problems with this view is that it fails to separate arguments about the nature of well-being from arguments about its measurement.) At other times, these indices attempt to measure quality of life only with respect to subjective well-being—people’s experience of how well their lives go. With their arguments, Trauer and MacKinnon target the use of importance ratings in combination with satisfaction ratings; in particular, they target the practice of multiplying domain satisfaction levels with importance ratings for those domains in order to derive overall quality of life scores. In other words, they object to weighted scores of subjective well-being.

The problem with such scores is that they attempt to combine data obtained from ordinal measurement while multiplication requires ratio levels of measurement. Thus, if one wants to weight satisfaction scores for particular domains with their importance ratings, the data must be transformed or collected in forms for which such procedures are legitimate.

The culprit is not necessarily the importance ratings. Indeed, these ratings, arguably, have a natural zero point (“not important at all”). Moreover, as opposed to satisfaction ratings, ratio measurement of importance ratings does not seem to be particularly difficult. It makes more sense to try to establish the relative importance people assign to different aspects of their lives than their relative satisfaction with those aspects. The latter is psychometrically dubious. (Can you be exactly twice as satisfied with your job as you are with your health?)

For instance, people may be asked to distribute a given number of “importance points” over domains. The distribution determines their rankings on ratio scales: domains which do not get any points are interpreted as “not important at all,” and the number of points for different domains can be interpreted as expressing the relative importance of different conditions of well-being. There are other possible methods for operationalizing importance data.

Another possibility is to combine importance ratings with descriptive indicators, some of which may be amenable to more precise measurement than satisfaction scores are. Importance ratings combined with descriptive indicators may determine meaningful overall quality of life scores without raising worries about the inseparability of importance and satisfaction. In the extreme case, if satisfaction reports are also indicators of priorities—as Trauer and MacKinnon suggest they might be—the relation may also go the other way: someone who assigns high importance to a domain may be simultaneously indicating that she is satisfied with that domain, making satisfaction reports redundant. Even though this seems unlikely, it is not straightforward to explain why this conjecture is more unlikely than the original one.

Be that as it may, most empirical studies on importance ratings examine their contribution to overall scores which are derived from satisfaction levels. It is unclear what the role of importance ratings in such subjective well-being measures might be.

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Part of the problem is that subjective well-being is just one component of the broader quality of life construct. It may even be just one of the conditions of well-being, and perhaps it should be treated as just one of the domains of quality of life. This raises questions about the partitioning of conditions of well-being into domains for the purposes of measurement. How should different conditions be assigned to domains? What sort of indicators should be associated with those domains? Ultimately, importance ratings may be redundant with respect to subjective well-being simply because subjective well-being is just one limited aspect of well-being.

CONCLUSION

People’s priorities matter. It is prima facie desirable that they are taken into account in quality of life measurement. It has been claimed that this is unnecessary, since information on domain importance piggybacks on other sources of information. This would be a surprising outcome of empirical research, but it has not yet been established conclusively. Moreover, conceptual considerations point in the other direction.

REFERENCES


Contrast the claim by Boddington and Podpadec (1999) that quality of life measurement “tends to focus on isolated elements of what goes to make up life quality without considering in any great depth how these separate elements might fit together”.

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