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Analysis of the Evolution of the Determinants of Quality of Life in Central and Eastern Europe over the Past Decade

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Abstract

In 1989, the European Union was nearly 40 years old, following the signing of the initial agreements aimed at European unification, while the communist regimes in Central and Eastern Europe collapsed. In the aftermath, the European Union began to focus its attention on this region, as Western Europe needed Eastern Europe, and vice versa. The fact that all the countries in Central and Eastern Europe had been under Soviet domination for nearly half a century made the transition to a liberal democratic European system a particularly complex and demanding process. This research article analyses the challenges faced by the countries of Central and Eastern Europe during their accession to the European Union, as well as their development and trends over the past decade in improving quality of life. The accession to the EU was a gradual process, influenced by the pace of legislative reforms in each candidate country. The determinants of quality of life and their evolution were examined from the moment of application for membership through to the fulfillment of the EU's accession criteria. Quality of life is understood as a multidimensional and multifactorial concept, encompassing various aspects and sectors of activity. A series of quality-of-life indicators were assessed, from the accession of the former communist states to the EU up to the present day, highlighting both the areas with the slowest progress and those with the most significant achievements over the last ten years.

Keywords: quality of life, EU accession, forms of EU accession, health in CEE, education in CEE.

1. Introduction

In the context of the evolution of the standard of living in Central and Eastern Europe over the last decade, I conducted a retrospective analysis of growth indicators related to quality of life, including health, education, personal activities,

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work-life balance, working conditions, political participation and governance, social connections, as well as the individual's relationship with their family.

The countries analysed in this research are Poland, Slovenia, Hungary, the Czech Republic, and Slovakia, which joined the EU in 2004, as well as Bulgaria and Romania, which acceded in 2007. The indicators used to analyse the determinants of quality of life were selected based on the objective of this research and were examined using direct measurements of data collected from specialised websites, including Eurostat. We sought to answer the following question: How have the determinants of quality of life evolved in the CEE countries in the last decade after joining the EU? The "Conclusions and Discussions" section presents the trends and differences in the growth indicators of quality of life, supported by solid arguments based on data collected from specialised platforms. The studies used were selected from articles that met the criteria of the main objective of this research. Quality of life and the associated indicators of subjective well-being are analysed and presented based on data from 40 articles that fulfilled the analysis and research criteria for this study.

2. The State of Knowledge

The unification of Europe began on May 9, 1950, initiated by French Foreign Minister Robert Schuman and economist Jean Monnet, who developed a plan for the establishment of the European Coal and Steel Community, known as the Schuman Plan or the ECSC Treaty. Imeri (2015) mentions that this proposal was unanimously welcomed by Germany, Italy, the Netherlands, Belgium, and Luxembourg. These countries, alongside France, became the founding members of the European Community, based on the coal and steel treaty, which preceded the European Economic Community (EEC) and, later, the European Union as we know it today. Through the signing of agreements, treaties, and commercial pacts, these states evolved through debates and economic integration, leading to the formation of the European Union in its current form. Before the collapse of socialist Yugoslavia in 1989, Slovenia was the first country to adopt a political and economic program called

"Europe 1992" and began preparing seriously for a new relationship with Europe. In 1990, a referendum for independence was organised, with 90% of Slovenia’s citizens voting in favour. In December 1997, the European Council in Luxembourg accepted the European Commission's recommendation to begin negotiations with six countries: the Czech Republic, Estonia, Hungary, Poland, Cyprus, and Slovenia. By the conclusion of the European Council summit in Helsinki at the end of 1999, negotiations were extended to include Bulgaria, Latvia, Lithuania, Romania, Slovakia, and Slovenia, which was already prepared for accession negotiations with the European Union.

The official negotiations between Slovenia and the European Union began on March 31, 1998, with the final phase of the most intense discussions taking place in November 2002, during the European Council meeting in Copenhagen on December 12 and 13, 2002. At this meeting, negotiations were concluded with all

ten candidate countries, and the European Council confirmed that these ten countries would join the EU on May 1, 2004. During the two years of preparation for EU membership, Slovenia met all the convergence criteria set by the Maastricht Treaty, becoming the first country among the new EU member states to achieve this milestone.

Upon its accession to the European Union on May 1, 2004, Slovenia assumed all the obligations associated with this status, including the establishment of an adequate Schengen regime to allow citizens from other member states to enter without border controls, an essential measure for opening the labour market and liberalising trade. The European Union supported democratisation in Central and Eastern Europe in various ways, but it also imposed strict principles regarding the functioning of democracy and the rule of law. Raik (2004) states that the indirect and unintended impacts were more widespread than the norms and principles that dominated the EU's enlargement process, which promoted democracy based on inevitability, speed, efficiency, and political experience. These principles imposed multiple constraints on democratic politics in the candidate countries in order to meet the accession conditions. This sentiment was perceived as a unique opportunity to unite Europe in peace and freedom, transforming it into a zone of stability and prosperity for the new EU members. For this reason, it was necessary to balance the accession requirements with the management of internal reforms so that the costs of enlargement remained at an acceptable level. The pre-accession period for the new member states was primarily governed by the key terms inevitability, speed, efficiency, and expertise, but alongside these, objectivity, conditionality, and competition must also be mentioned. These key terms appeared consistently in all official speeches on enlargement and integration, and these speeches gained power, asserting what was good and right for the candidate countries, thereby defining an evaluation framework and presenting an accurate description of the state of democracy. Under the EU's strict requirements, European leaders became increasingly involved in enlargement, stating that it was a historic challenge that had to be respected by all the countries invited to join the EU. Borkowski (2001) presents Poland's integration policy in the European context, with norms and regulations that had to be respected and implemented throughout the accession process, aiming to reduce the country’s development gap and achieve significant economic growth, both in terms of the population’s standard of living and quality of life.

Poland is the country that followed three fundamental stages for joining the European Union: the pre-association stage, the implementation stage of the European Agreement, and the stage of studying the appropriate accession procedure. These stages were part of the process of integrating Poland into the European Union. In a statement by the author, it is mentioned that Poland, Hungary, and the Czech Republic consistently and repeatedly expressed their firm desire to become member states of the European Community in the shortest time possible. Their association with the EU is crucial for both Western Europe and Central and Eastern Europe. Based on an analysis of negotiations regarding the

association of the Central and Eastern European countries, Všelichová (2002) emphasises the interest of Western Europe in ensuring that all clauses of the association agreement were strictly followed to facilitate the accession process. By the end of the 1980s and 1990s, Western countries proposed ideas concerning the future structure of Europe, particularly in adjusting relations with the countries of Central and Eastern Europe to implement the new democratic systems required for EU accession.

The internal reform of the European Union was a prerequisite for the selection of the most efficient alternatives for the establishment of a new European structure. These proposals and reform measures were introduced in an amendment when the Maastricht Treaties were concluded on February 7, 1992, and later revised in the Amsterdam Treaty in 1997. However, for some countries like the Czech Federation and Slovakia, accession was completed in a short period of time due to their more detailed and efficient commercial and economic cooperation. On December 15, 1991, an association agreement was signed between the former Czechoslovakia and the European Community.

After the separation of Czechoslovakia into the Czech Republic and Slovakia, the agreement with the European Union was signed on October 4, 1993. The Czech Republic's accession agreement was ratified by the president of the Czech Republic and entered into force on February 1, 1995. After the ratification process of the treaty was completed in all the European Union countries, the accession was structured in two stages, each lasting five years. The first stage focused on the progressive creation of a free trade area for industrial products, while the second stage concentrated on the liberalisation of borders.

Also in 1993, the Association Council was established to ensure parity representation between the Czech Republic and the European Union, with the responsibility of overseeing and fulfilling the requirements set out in the documents related to accession and European reforms, in order to address the issues arising from these.

The European Union bodies examine the effectiveness of its common foreign and security policy, as well as its impact on the development of relations with candidate countries. Ágh, A. (2008) emphasises that Hungary's accession to the European Union initiated a process of democratisation and economic development starting in the 1990s, under the motto "early Europeanisation." Another more concrete perspective for the EU emerged in 1998, called "adaptive Europeanisation," and from 1998 to 2002, it was labelled as "derailed Europeanisation." In the years following accession, the process was described as a "post-accession crisis."

Hungary began building institutions for EU accession as early as the late 1980s, earlier than all other Central and Eastern European countries, but it faced a significant institutional organisational deficit in meeting the criteria for European Union membership. From the perspective of Central and Eastern European countries, Hungary held the first free and democratic elections before 1989, after which the former government started administrative and economic reforms aimed

at intensifying and introducing European traditions. In 1990, the Hungarian government began transforming the general institutional structure, introducing horizontal and vertical responsibility, a main task of "anticipatory Europeanisation" (Slivková 1999). In November 1994, when the new coalition government of Slovakia took office, the process of ratifying the European agreement between the EU and Slovakia began. From that moment, the relationship between the European Union and Slovakia was based on a contractual form in line with EU directives, and intensive development occurred in every aspect of political, economic, and social life. On June 27, 1995, Slovakia officially requested EU membership, and on July 16, 1997, it was revealed that Slovakia still had 10 criteria to meet. For this reason, Slovakia was not invited to join the European Union. At the Luxembourg summit, negotiations began with the Czech Republic, Poland, Hungary, Estonia, and Cyprus, and on March 25, 1998, the European Commission approved the specific accession terms for the 10 candidate countries from Central and Eastern Europe, and the accession process was launched on March 30, 1998. The analysis of this process shows that Slovakia faced major difficulties in starting the accession treaty, but in December 1999, at the Helsinki meeting, Slovakia entered the group of candidate countries.

In 2002, Slovakia became a full member of the European Union. Dimitrova and Dragneva (2002) note that the reform efforts made in the last decade by the countries of Central and Eastern Europe were rewarded with the commencement of accession negotiations with the European Union, adopting the criteria set by the European Council at Luxembourg in December 1997. In the first wave of EU enlargement, there were thirteen candidates, but the EU suggested that only ten of them would be admitted in the first wave, and two of them, Bulgaria and Romania, would not be accepted into the EU, although Bulgaria made considerable efforts for accession. Bulgaria has not always been able to gain credit for its successful transition to democracy, even though it has been characterised as a peaceful and stable country.

Between 1992-1993, Bulgaria negotiated its association agreement with the European Union, signed in March 1993, which remained the legal basis for its relationship with the EU. Between 1993 and 2007, the year when Bulgaria and Romania were accepted into the European Union, Bulgaria went through a series of legislative changes to meet the accession criteria. This research has shown how much time was needed for Bulgaria and Romania to meet the membership requirements. Drăgan (2007) mentions that, despite Bulgaria's valuable natural resources, its integration into the European Union required a series of complex and lengthy reforms. Romania, on the other hand, is a country richer in natural resources, such as oil, natural gas, coal, iron, non-ferrous ores, gold, and silver, as well as fertile arable land and an educated and inexpensive workforce. However, Romania remains one of the poorest countries in Europe, with a per capita purchasing power 70% below the European average. Still, by the middle of the year 2000, the country’s macroeconomic trends significantly improved, with inflation dropping from 40% to 8.4%. These economic advancements were crucial

for the EU accession process, as Romania had to meet strict criteria to become an EU member. Officially, Romania's invitation to join the European Union was made in 1993, at the Copenhagen European Council, which established specific criteria to be met by any candidate country. Romania submitted its application for EU membership on June 22, 1995, and the official accession negotiations for Romania, as well as for Bulgaria, began on February 15, 2003. The Copenhagen Summit in December 2002 set the initial date for Romania's EU accession as 2007. In its 2004 report, the European Commission concluded that Romania met the functional market economy criterion, a prerequisite for EU membership, but expressed concerns about Romania's ability to cope with market competition pressures. The European Summit in Brussels on December 16-17, 2004, approved the negotiations and noted with satisfaction Romania's progress in implementing the acquis communautaire and its commitments in the areas of justice and internal affairs. As such, Romania and Bulgaria were set to join the European Union on January 1, 2007.

The Accession Treaty did not grant Romania direct access as a full member, as it was considered a country in the process of accession, with the possibility of participating as an active observer in almost all EU committees and bodies. Romania went through a fairly difficult transition period from 1989 to 2000, moving from a centralised economy to a market economy. During this period, inflation peaked at 80%, but within a few years, it managed to drop to 8.4%, contributing to the country's economic development and its integration into a free market. The European Union is founded on liberal principles of freedom, democracy, respect for human rights, and the fundamental freedoms of the rule of law. I conducted a retrospective analysis of the countries that joined the European Union in 2004, as well as those that joined in 2007, which were covered in this research, to observe how the negotiations for EU accession unfolded and how prepared the Central and Eastern European states were to enter the broader European community. Among all the candidate countries, Slovenia was found to be the most prepared for accession, while most other countries faced difficulties in meeting the criteria imposed by the European Union. We will now examine the progress of these countries in areas such as health, education, personal activities, leisure, workplace dynamics, political participation and governance, social connections, and their relationships with family members. Jovanovic et al. (2018) discussed who benefited and who lost from the accession of Central and Eastern European countries to the European Union. One of the cornerstones in the creation of Europe was the establishment of a European community based on prosperity, solidarity, and common development, serving as a means of peace and economic progress. Another positive aspect of the creation of the European Union was the significant gains expected in Eastern Europe, where the communist bloc had remained under Soviet tutelage for almost 50 years.

From an economic perspective, it was noted that the first indicator, GDP, has been and continues to be on the rise in all countries in Central and Eastern Europe. The EU accession process from 1990 to 2013 demonstrated that economic

expansion began to show results, as GDP per capita grew, incomes from agricultural activities increased, labour productivity rose, exports expanded, and imports of goods also increased. This economic transition attracted significant foreign investments in Poland, Hungary, the Czech Republic, and Romania due to the cheap labour market, although the workforce was relatively educated, productive, and efficient. From a demographic standpoint, Central and Eastern Europe underwent considerable changes, as it is estimated that over the last 20 years, more than 20 million Eastern Europeans have left their home countries and relocated to Western Europe. In conclusion, there have been many positive developments in the economies of Central and Eastern Europe, where living standards have improved, and economic transformation led to growth. However, this has also had a negative economic effect because external debt increased, and countries in Central and Eastern Europe were living on credit cards, as the standard of living was not continuously on an upward trend.

2.1 Healthcare

After the fall of communism in Central and Eastern Europe, the healthcare system underwent a significant change, as Tambor et al. (2021) asserts that there were a series of negative effects on health equity, leading to a sharp economic decline that distanced healthcare systems from centralised and nationalised models. Currently, the countries in Central and Eastern Europe are struggling to secure sufficient financial resources for healthcare to catch up with Western European countries in terms of the quality of medical services needed by the population.

Currently, all countries in Central and Eastern Europe, except Lithuania, rely on social health insurance, based on mandatory contributions. However, there are two countries, the Czech Republic and Slovakia, which have a competitive insurance model, due to the fact that these countries are the most developed and well-organised from a governmental structural point of view. Nevertheless, when analysed economically, Slovenia and the Czech Republic are the most developed countries in Central and Eastern Europe, having the highest GDP per capita and the highest Human Development Index score, as well as the longest life expectancy. In the analysed study, it was found that, except for Hungary, a significant upward trend was observed in the Czech Republic, Poland, and Slovenia. At present, the countries in Central and Eastern Europe have introduced health insurance laws requiring all citizens, employees, and temporary residents to participate obligatorily in the health insurance system. In most countries, healthcare services are quite comprehensive, covering prescribed services including primary medical care, specialised hospitalisation, outpatient care, disease prevention, rehabilitation, free medicines (partly), medical products, and emergency personal health care. However, as we are informed at both national and international levels, there is an acute shortage of medical professionals in Eastern Europe, or there is an uneven distribution that may undermine timely access to medical care. According to the author's analysis, approximately 3.8 doctors and 8.2 nurses are available per 1000 inhabitants. In all the countries of Central and Eastern Europe, there are situations

where not all healthcare expenses are covered, which is why doctors and nurses migrate to other countries for better pay and a more effective healthcare system, where all preventive healthcare expenses are accounted for.

In Central and Eastern Europe, it is evident that various medications, as well as certain medical services, are excluded from the list of free services, including dental services, body remodelling for obesity-related conditions, and general health prevention. Petre et al. (2023), in their analysis of the healthcare system in Romania, briefly mentions that Romania faces numerous present challenges, including insufficient funding, a lack of qualified medical personnel, inefficiency in providing healthcare services, lack of health education in schools, insufficient medical infrastructure, lack of consistent preventive healthcare control, and, last but not least, a lack of qualified managerial personnel in healthcare.

The public-private sector ensures healthcare in Romania, holding most of the hospitals and the national health insurance for all citizens. Healthcare system funding is provided through the National Health Insurance House by both private and state companies, which cover approximately all Romanian citizens, regardless of nationality, age, or gender.

The average percentage of GDP allocated to healthcare in Romania is 6.3%, which is insufficient to ensure quality healthcare services and compensated medicines for all citizens. Public institutions under the Ministry of Health allocate limited time and financial resources to public health in order to ensure healthcare for the improvement of women's, children's, and elderly citizens' health, aiming to reduce morbidity, mortality, and other non-communicable disease-related factors, while ensuring equity in healthcare services, especially for vulnerable groups. Romania has adopted a national strategy for the years 2023-2030, "Together for Health," with three very important directions set by the Romanian state: I) protecting and promoting public health, II) providing high-quality health services and technologies, and III) improving the efficiency and coherence of the entire healthcare system. What challenges does the healthcare system in Romania face? The Romanian healthcare system faces a high level of corruption, especially in the dual-effect service system (dual effect refers to a doctor working in the state healthcare system who directs patients to their private clinic, where they allocate time for consultations and treatments, either for a fee or through the national health insurance). This system of corruption creates dissatisfaction among citizens, as, in addition to the salary received from the service, citizens must also pay a certain amount of money to the doctor, and they must additionally purchase medications from the open market for treatment.

However, there are some signs of improvement in the healthcare sector, with efforts to reduce infant mortality rates, improve vaccination rates, increase hospital infrastructure, and improve access to healthcare in rural areas, which are becoming more accessible. Significant efforts are also being made to retain the healthcare workforce in the country, and public policies on quality healthcare have started to be implemented with responsibility and efficiency. In this analysis, we will present a comparison between Western and Eastern Europe, conducted by Popic and

Schneider (2018), which highlights the differences between these two regions regarding healthcare quality. The study shows that Western European countries have an open and comprehensive approach to citizen care and health prevention, while Eastern European countries, with a history marked by communist regimes and transitions from centralised economic systems to market economies, are lagging behind in healthcare. As a result, the healthcare system in Central and Eastern European countries is far below that of Western Europe, as reflected in the tables below, with data taken from the Eurostat website. The greatest concern for healthcare in Central and Eastern Europe has been and remains the Czech Republic, although Slovenia was the best prepared for EU accession. On the other hand, Romania is at the bottom of the list when it comes to healthcare funding, due to corruption in healthcare and the lack of efficient management.

The evaluation and exploitation of healthcare are approached differently in Western and Eastern Europe. In the West, healthcare is better evaluated and analysed, while in the East, there is a more negative attitude and a more critical evaluation of the healthcare system. These differences are reflected in the current institutional configuration of the healthcare systems in both regions and in how healthcare services are provided and the regulations controlling access to these services. Key factors influencing citizens' evaluations of the healthcare system are institutional factors and how health policies are structured. The differences in attitudes toward welfare between East and West are linked to the historical heritage of Eastern countries, which were influenced by different political and economic regimes, while Western countries have placed a greater emphasis on individual care and the provision of specialised healthcare. Regarding the healthcare production process, there are three key dimensions that define and interconnect various institutional aspects: monetary input, which refers to the financing of healthcare services; real input, which reflects the availability of human resources and human capital specialisation in healthcare; and institutional construction, which regulates access to healthcare services.

The healthcare system in Central and Eastern Europe is also analysed by Brodszky et al. (2019), who shows the economic burden faced by countries that were under Soviet domination. Healthcare costs related to illness, medical service costs, medication costs, and prevention and control costs are very high for both society and the individual. Even non-medical costs are higher, and it is evident that, in addition to costs covered by state institutions, citizens need to pay out-of-pocket for non-medical expenses when treating a particular condition. Technological development, which has been on an upward trend globally in the last decade, especially in healthcare, has led to the implementation of various financing programs for the introduction of technology and IT systems.

Given that society in Central and Eastern Europe is increasingly aging, with citizens' average age of illness being over 65, this demographic continues to grow, requiring more attention for this significant group.

There is a deterioration in health, especially among the elderly, and Henchoz et al. (2008) states that aging brings poor health prospects, as the phenomenon

"what do I care, I am already old" sets in this mentality is becoming increasingly common among citizens over the age of 65, as there are no programs encouraging and preventing health issues for elderly citizens or those who already suffer from obesity or overweight conditions.

It is worth mentioning that in rural areas, there is an acute shortage of specialists and medical assistance, and the lack of financial resources, as well as the difficulty of traveling to a family doctor's office, leads to abandoning annual specialist visits. To understand this paradox, other influencing factors beyond health must also be considered. Although objective health indicators play an important role in the perception of older people, they do not fully explain all the needs and health conditions they face. They may view their future lives with optimism, fulfilling the feeling that preventive health control, which can contribute both directly and indirectly to the perception of other elderly individuals, can lead to a healthy life, both physically and mentally. In Central and Eastern Europe, there has been no perception of the application of health prevention, leading to an increase in the morbidity rate among the elderly, which follows an upward trend. Central and Eastern European countries, as well as other European nations, are making significant efforts to improve the health of their populations, as stated by Miladinov (2020) in his research article, where he mentions that many countries in Central and Eastern Europe are trying to implement everything necessary to enhance the healthcare system's quality. Analysing mortality rates is of widespread interest among academic staff, policymakers, and medical researchers, who propose directing fund flows in the most efficient way possible towards the population groups that need financial support the most in order to improve their health status. Life expectancy at birth is a widely used summary indicator that describes the health status of the population, along with longevity. Although health is a multidimensional concept, life expectancy at birth is one of the most used indicators for measuring health, and some researchers argue that life expectancy at birth is an important synthetic indicator for evaluating the economic and social development of a country or region.

Defining health, especially the quality of people's health, leads to reducing low education levels, reducing unemployment, increasing life quality, improving economic performance, and, not least, improving the quality of the community they are part of. Looking at the demographic decline of a country, there are three key indicators: migration, mortality, and birth rate. Among these three indicators, only one cannot be improved through enhancing the quality of the healthcare system: mortality. To reduce mortality, it is crucial to focus on preventive actions in health, which can be positively influenced by periodic check-ups with a family doctor, leisure-time exercise programs, reduced alcohol consumption, a complete smoking ban, and, not least, healthy eating. We will briefly analyse the factors that need to be improved in order to increase longevity. Education: if we have quality education, both formal and informal, we will acquire competencies and skills that will help us have a good job with a decent income, public health prevention policies, regular visits to the family doctor, and other concerns for improving

health and increasing quality of life. Taking these factors together, we can consider that life expectancy at birth can follow an upward trend. Another criterion contributing to increasing life expectancy at birth is the surrounding environment, as stated by Țarcă et al. (2024) in his analysis, where he highlights that the quality of the surrounding environment is an important factor that can influence the general health status of a country. Air pollution with CO2, rising greenhouse gas emissions, depletion of natural resources, and soil degradation are all capable of reducing life expectancy at birth. It is clear that behavioural and social factors for improving living standards and health include increasing healthcare spending, protecting the environment, improving indirect factors contributing to better health, and, last but not least, increasing the percentage of GDP allocated to healthcare. The World Health Organisation recommends increasing current healthcare spending per capita and raising the number of specialists and doctors in all fields, as well as the necessary auxiliary staff for the healthcare system. Janssen et al. (2021) state that, in Europe, men live to be 75 years old, and women live to be 82 years old, and we ask ourselves what life expectancy at birth will be in the coming decades. To answer concisely and directly, we must look to our governments, which will help plan the future costs of healthcare and social security. Some of the causes of the low life expectancy at birth include smoking, alcohol consumption, a disorganised lifestyle, lack of exercise, and, in general, the absence of programs to combat these extremely harmful habits for citizens' lives. Between 1950 and 1960, life expectancy in Western Europe stagnated due to an increase in smoking activities, alcohol consumption, and disorganised lifestyles. However, to present a more reliable forecast, the author incorporated smoking trends, obesity levels, and alcohol consumption into the most pessimistic scenario of health degradation and declining longevity.

The gradual reduction of mortality in the medium and long term can be concretised by low socioeconomic and medical progress, which can significantly increase life expectancy at birth, provided the three negative factors (smoking, alcohol consumption, and obesity) follow a downward trend. Since alcohol consumption, smoking, and rising obesity rates are on the rise in Central and Eastern Europe, this is due to the inheritance from the communist era. In conclusion, life expectancy at birth can only increase if public policies are implemented that prevent the population from smoking, drinking alcohol, and ensure an organised life.

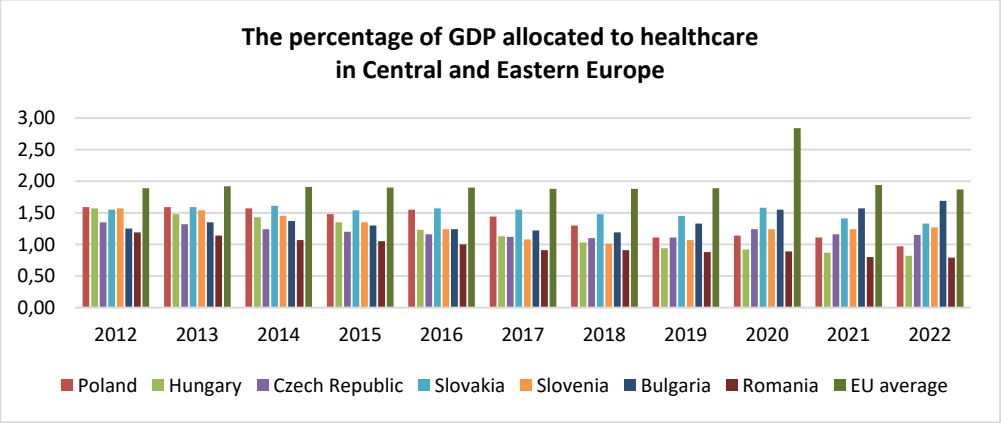
Highlighting the data about the percentage allocated from GDP to a specific factor of quality of life improvement, "health", demonstrates the political concern for the population's health, according to the tables above. It is observed that countries that have allocated a high percentage of GDP to health, such as the Czech Republic, have the highest percentage, compared to the European average, while the lowest percentage in the EU is in Romania.

Table 1. Percentage of GDP allocated to healthcare

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Average /10 years
Poland	1,59	1,59	1,57	1,48	1,55	1,44	1,3	1,11	1,14	1,11	0,97	14,85
Hungary	1,57	1,48	1,43	1,35	1,23	1,13	1,03	0,94	0,92	0,87	0,82	12,77
Czech Republic	1,35	1,32	1,24	1,2	1,16	1,12	1,1	1,11	1,24	1,16	1,15	27,62
Slovakia	1,55	1,59	1,61	1,54	1,57	1,55	1,48	1,45	1,58	1,41	1,33	16,66
Slovenia	1,57	1,54	1,45	1,35	1,24	1,08	1,01	1,07	1,24	1,24	1,27	14,06
Bulgaria	1,25	1,35	1,37	1,3	1,24	1,22	1,19	1,33	1,55	1,57	1,69	15,06
Romania	1,19	1,14	1,07	1,05	1	0,91	0,91	0,88	0,89	0,8	0,79	10,63
Average EU	1,89	1,92	1,91	1,9	1,9	1,88	1,88	1,89	2,84	1,94	1,87	21,82

Source: Eurostat.

Figure 1. Trend classified by year



Source: author's own creation.

Table 2. Forms of classification

Country	Average / 10 years	Classification	Interpretation
Poland	14.85%	**Class C**	Low percentage allocated from GDP to health
Hungary	12.77%	**00000 0**	Very low percentage allocated from GDP to health, with critical effects on the population
Czechia	27.62%	**Class A+**	Very high percentage allocated from GDP to health
Slovakia	16.66%	**Class A**	High percentage allocated from GDP to health
Slovenia	14.06%	**Class C**	Low percentage allocated from GDP to health
Bulgaria	15.06%	**Class B**	Medium percentage allocated from GDP to health
Romania	10.63%	**00000 0**	Very low percentage allocated from GDP to health, near the limit with critical effects on the population
EU Average	21.82%	**Class A+**	Very high percentage allocated from GDP to health

Source: author's own creation.

In this data presentation, I have highlighted the country with the highest GDP allocation for health, which is the Czech Republic, and the country with the lowest percentage of GDP allocated, which is Romania.

2.2 Education

Educational policies in Central and Eastern Europe have undergone a series of changes in the last 30 years, due to the way education was conducted until 1989, the year when communism fell. Thus, the shift was made from centralised public policies to market economic public policies, and the structure of the economy changed from a socialist-communist centralised system to a market economy, as stated by Gawlicz and Starnawski (2018) in their research article, where they present the transformation of the inherited educational system as well as the policies borrowed and adapted to the free-market and democratic policy. In the history of the former communist states of Central and Eastern Europe, there is evidence that the communist era should not be seen as monolithic, but rather as a historical period that spans several generations with the dynamic of international and national power of the centralised system.

Practically, communism meant for the countries of Central and Eastern Europe a form of state governance with economic policies dictated from the centre without ideas and inspiration coming from the grassroots. Although communism was not entirely isolated from the West, it performed in cultural and scientific actions that took place within the state apparatus, specifically in cultural, educational, and economic forms. However, the principles and ideology of communism were executed top-down, without the right for comments or complaints against the state's leadership. The notion of the transition from communism to democracy and liberalism is based on two principles: democratisation of states with both formal and informal planning, as well as withdrawal from the bureaucratic dictatorship of the party-state and the shift to a free economic market open to every citizen. The dimension of sociocultural transformations with a broader spectrum, on the one hand, triggers the dynamics of political and economic rearrangements, while on the other hand, transformations were made in the economic-educational sector, an area that had to be adjusted to fit the post-transition realities and effects, which are the neoliberal policies in the dynamics of the public sphere and the integration into European Union structures, with the goal of preparing society for self-conversion by abandoning the old and adapting to the new. As in other sectors of activity, education and its reforms have been framed by efforts of modernisation and democratisation presumed in the implementation and adaptation of new forms of education, aligned with educational policy models from the West.

In the European Union, there are 11 countries from Eastern Europe that are affiliated with the economies of the most developed states of Western Europe, but educational policies are still not as advanced as one would have hoped. They are still in the transition phase, adjusting to the new, more dynamic, efficient, and qualitative rules for the education system. Korotaj et al. (2024) mention that today's youth face a series of considerable social pressures that impose different

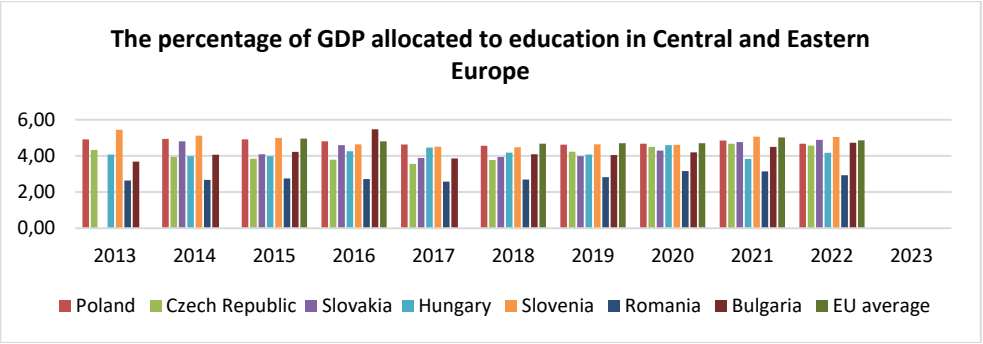
expectations to dictate the meaning of their lives through various groups. When they graduate from secondary school, there is uncertainty in making decisions for the future; some proceed to university studies, while others directly enter the labour market because in some secondary educational institutions, school does not end with a qualification, but only with a high school diploma without a qualification (COR code), forcing them to take unqualified jobs to ensure their daily livelihood. We will attempt to discover various relevant methods for Central and Eastern Europe to eliminate the causes between educational inputs and labour market outcomes, which do not often correlate with the skills and competencies acquired. This leads to incompatibility between education and the labour market. In Central and Eastern Europe, educational policies for the decentralisation of educational units have been developed, and the countries that have carried out this decentralisation with more attention and efficiency, such as Poland, the Czech Republic, or Slovakia, have achieved considerable results both in the education system and on the labour market. This is because the effects of education on the labour market appear when the educational system has the necessary investments to improve the quality of the education system, as mentioned by Lupu and Nuță (2023), stating that where people are at the core of all economic processes, they must be educated to acquire skills, competencies, and habits in everything they do. All changes in education have been and must continue to be made in accordance with European standards, and especially with the Bologna process. The growth rate of educational spending in Central and Eastern Europe is somewhat lower than the European average. In the data presented in this research analysis, we will observe the difference between Eastern European countries that have invested in education and treated it with seriousness and responsibility: Poland, the Czech Republic, Slovakia, Hungary, Slovenia, followed by Romania and Bulgaria. These countries will be analysed over a period of 10 years, from 2012 to 2022, where we will notice that only a few countries approach the European average. All the data has been taken from the European Union website, Eurostat information.

Table 3. Percentage of GDP allocated to education

Country	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Average/ 10 years
Poland	4.91	4.94	4.91	4.81	4.63	4.56	4.62	4.67	4.85	4.67	000	47,57
Czech Republic	4.33	3.95	3.84	3.79	3.56	3.77	4.23	4.50	4.67	4.57	000	41,21
Slovakia	.0.00	4,81	4,09	4,59	3,89	3,94	3,98	4,29	4,76	4,89	000	34.43
Hungary	4.07	3.98	3.98	4.26	4.46	4.18	4.07	4.59	3.83	4.17	000	41,59
Slovenia	5,44	5,12	4,99	4,64	4,51	4,48	4,64	4,61	5,06	5,05	000	48,54
Romania	2,64	2,67	2,75	2,72	2,58	2,69	2.82	3,16	3,14	2,93	000	28.1
Bulgaria	3.68	4,06	4.22	5.47	3.86	4.09	4.05	4.20	4.50	4.73	000	42,86
EU average	0,00	0,00	4,96	4,81	0,00	4,67	4,70	4,70	5,02	4,86	000	33,72

Source: Eurostat.

Figure 2. Trend classified by year



Source: author's own creation.

Table 4. Forms of classification

Country	10-year average	Classification	Interpretation
Poland	47.57	Class A+	Very high percentage allocated from GDP to health
Hungary	41.21	Class B	Very low percentage allocated from GDP to health, with critical effects on the population
Czech Republic	34.43	Class C	High percentage allocated from GDP to health
Slovakia	41.59	Class C	High percentage allocated from GDP to health
Slovenia	48.54	Class A+	Reduced percentage allocated from GDP to health
Bulgaria	28.1	00000	Very low percentage allocated from GDP to the education system
Romania	42.86	Class C	Very low percentage allocated from GDP to health, at the limit, with critical effects on the population
EU Average	33.72	Class C	Very high percentage allocated from GDP to health

Source: author's own creation.

2.3 Personal Activities

Personal activities are an indicator of subjective well-being, yet they are difficult to define and measure, as they are tied to individual happiness, which is evaluated based on an economy built around GDP, commonly used as the main metric for assessing the quality of life. Fialová and Štika (2015) argue that this indicator of subjective well-being, analysed alongside life satisfaction, forms part of the broader indicators: happiness, health status, family relationships, and personal security. When discussing personal activities, it is understood that these result from both education and the work performed. If an individual receives satisfactory compensation and works in a less stressful job, they are able to engage in personal activities during their leisure time, which provide personal satisfaction as a reward for the quality of education received during their educational cycle.

The majority of researchers agree that as an individual becomes wealthier, the importance of income in determining happiness diminishes, Personal activities may include outdoor walks, an hour of exercise in the park, a recreational and

preventive gym session, cultural activities for knowledge or information, attending cultural events such as performances or films, outings to the park with friends, or even nocturnal walks, which inspire calmness and contribute to mental stability. An essential factor in this context is public lighting, which is provided by local public authorities. The lighting must meet quality standards to foster a sense of calm, personal security, and accessibility to desired locations, particularly during evening walks, which can induce a sense of well-being and mental stability.

The increase in the Human Development Index (HDI), measured in terms of education, economics, and health, can indicate the level of satisfaction an individual derives from their life. These three factors significantly contribute to the improvement of quality of life and are widely regarded as indicators of subjective well-being, as noted by most researchers. Among these are health prevention and status, civic engagement and governance, employment and earnings, education and acquired skills, well-being, and personal security. However, a dilemma arises in that no researcher includes in the measurement index the degree of an individual's willingness to enhance their quality of life. Nonetheless, the individual's will plays a crucial role in this process and should be regarded as an important aspect in evaluating the quality of education.

Two essential elements must be considered in interpreting the quality of life: one pertains to the quality of life in urban areas, and the other to rural areas. Gajdoš and Hudec (2020) state that in urban areas, quality of life depends on several factors, such as climate, physical beauty, economic prosperity, social justice, stability, educational opportunities, recreational, cultural, and sporting activities, leisure time, social networks, and volunteering actions.

All these possibilities are largely available in urban environments, where cities are suitable for living because they provide acceptable housing, accessible jobs commensurate with the individual's education, infrastructure, public transport, health services, social assistance, quality education, cultural and sports activities, infrastructure, supply, governance, people, and, last but not least, personal activities.

Personal activities have a stimulating effect on an individual's mental level, as relaxation and the fulfilment of desires create a psychologically fulfilling and calm environment, enabling the individual to perform work tasks effectively. In other words, personal activities play an important role in an individual's life because they satisfy non-work-related desires, and work tasks are performed in a calm and stress-free environment. Another factor that enhances the citizen's quality of life is environmental protection, which plays a crucial role in human life. Vaznonis et al. (2024) state that pro-environmental attitudes and behaviours are linked to subjective well-being, where pro-environmental behaviours can be promoted in a way that increases individuals' subjective well-being through positive emotions, feelings of happiness, and a positive life evaluation.

Involvement in pro-environmental activities correlates with higher levels of well-being and opens a wider range of attitudes and behaviours that contribute to subjective well-being, encompassing both private and public spheres. Personal

activities related to subjective well-being include a range of activities such as volunteering, environmental protection volunteer actions, household improvement volunteer actions, religious activities, or various professional training courses. Rozmiarek et al. (2021) argue that volunteer actions are fundamental for organising sporting activities at any level, and there is no doubt that without volunteer actions, some activities would be difficult to carry out or might not occur at all. The role of volunteers is recognised as a human value with significant social, cultural, political, and economic dimensions. Volunteers are service providers who ensure and engage in events and actions, the effect of these actions being assistance to the poor and marginalised, creating new forms of collaboration and social innovation, strengthening local engagement in development processes with human participation and active citizenship, as volunteers can become the active faces of events.

Volunteer actions require time, effort, empathy, dedication, interaction, motivation, will, and financial support. These functions are essential for volunteer actions to be well-received by both the community and the individual. The reasons and types of volunteer actions vary depending on the type of event being organised, its duration, and its intended audience.

Volunteers involved in such actions derive great satisfaction from meeting expectations, as they are given the opportunity to meet new people who share similar interests and goals, aiming at identifying other actions for development and achievement. Kelle et al. (2024) poses a question that we all must consider: How are the exchanges between professional life and family, as well as the individual's voluntary behaviour, determined, and what contribution should they make to develop volunteer actions? In response to this question, we must discuss and analyse the availability and possibilities of carrying out volunteer actions, which require appropriate workforce, financial support, and the willingness to engage in such actions. All these criteria can contribute to the development of a pragmatic and realistic response for conducting volunteer activities. It is worth noting that volunteer actions take place in areas where there is a high standard of living, as the factors mentioned above are present in areas with high-quality life.

However, in general, volunteering is based on organisations and refers to activities within clubs, associations, unions, churches, religious associations, public or municipal institutions, as well as foundations, which usually involve long-term commitments based on membership and hierarchical structure.

Individual organised volunteering refers to less formalised activities, which are important and usually carried out by a person voluntarily, without external coercion. Formal volunteering is also studied in a similar manner, although there is considerable variation in how informal volunteering is characterised, such as the non-structured allocation of time to someone, whether friends, neighbours, or the community, including pro-social activities at the local level or for caring for children from low-income families, shopping for neighbours, or assisting adults. As volunteer contributions become increasingly complex, conflicts between work and family life become more visible to both organisations and individuals in

relation to the family, seeking compatibility between professional and family responsibilities.

2.4 The Workplace Dimension

In the 1993 Copenhagen Conference, the European Union established the most important objectives for the countries of Central and Eastern Europe in terms of implementing regional policies and facilitating territorial cohesion in Europe. According to Egri and Lengyel (2024), the development level of these countries was significantly lower than that of older EU member states, which led the European Council to decide that 11 countries from Central and Eastern Europe should prepare for EU membership, given their considerable development gap. Both mainstream and heterodox theories have gaps in trajectories and directions, with a fragmentation of convergence processes between them. Several studies have found that the member states from Central and Eastern Europe are less developed and must gradually approach the EU average, depending largely on the institutional systems and public policies they adopt. One of the EU's cohesion policy objectives is to help countries in Central and Eastern Europe overcome delays in economic development and labour market development (Dorjnyambuu & Galambosné Tiszberger, 2024). Along with economic development delays in these countries, there is also wage disparity from country to country, such as the inequality between the Czech Republic and Romania, which is generally constant, but lower between Poland and Slovakia, increasing in Bulgaria. The visibility of wage inequality in these countries has mainly been determined by the effects of wage structures, regardless of economic growth or decline, which predominantly determine the wages of individuals based on income earned from labour. This increase in wage inequality harms socioeconomic well-being in several directions, including household incomes, consumption, and even interpersonal relationships.

In practice, wage disparities result from the quality of jobs and the improvement of the workforce, which are the effects of the educational system. It is crucial to consider the quality of education in the studied countries, where a difference in educational quality has been observed, expressed through measurable indicators. At the core of these wage disparities lie technological development, globalisation, and economic exchanges. Looking back in Central and Eastern Europe, where income inequalities were smaller due to centralised economies and a less pronounced difference in the educational system, as most of the education system was mandatory, balancing the income distribution. Some studies have analysed micro-determined factors, and it was found that wage inequality varies according to worker and firm characteristics, such as occupation and the related industry.

The determinants of these disparities identify wage differences and their increase as the reason for the appearance of disparities, such as the relatively high demand for qualified workers and institutional factors requiring high qualification in the labour market, as well as the rapid growth of technological and AI industry development. Encouragingly, since 2014, wage disparities in Central and Eastern Europe have started to decrease, particularly in Poland, Hungary, Bulgaria,

Romania, the Czech Republic, and Slovakia. As mentioned earlier, education is at the core of wage disparities, and these disparities are reflected in significant wage differences within the education sector. The reduction in wage inequality is also influenced by gender and permanent contracts, as women's wage trends are higher, increasing the remuneration gap between women and men as the quantiles advance, indicating that the difference between women and men is most pronounced.

A growing proportion of employees facing health challenges tends to intensify wage inequality, as well as the level of education of individuals in a community with health issues.

This ambiguous effect on wage inequality in the countries under study highlights the level of preparation for both daily maintenance and the ability to engage in activities within society. Dobrzanski et al. (2024) analyse labour market participation through gross value added, and labour productivity performed during periods of economic prosperity and worker production growth. However, major events such as the COVID-19 pandemic and the war in Ukraine have led to significant wage inequalities. As a result, productivity growth rates have stagnated and contributed to the expansion of income and wealth inequalities. The authors mention that the main focus of academic literature investigating productivity and structural exchanges in the countries of Central and Eastern Europe has been the convergence of productivity, as well as the determinants of productivity.

The countries of CEE face convergence in terms of GDP per capita relative to the EU average since their accession to the European family. They have also dealt with disparities within countries, such as the northeastern regions of Poland, Slovakia, and Romania.

The rate of labour productivity growth in the national economy is, therefore, the sum of three components: the heterogeneous effect, the static external effect, and the dynamic external effect. The heterogeneous effect shows economic growth in labour productivity, the static external effect represents labour mobility between sectors, meaning the economy benefits from moving labour to more productive sectors, while the dynamic external effect denotes labour exchanges between sectors with lower and less qualified rates. The CEE countries with the most lagging regions are those with low labour productivity and low growth indicators. We will observe in the tables below the countries with the lowest labour productivity and a labour dimension significantly different from the EU average.

2.5 Political Voice and Governance

The citizen's trust in state institutions is marked by a high degree of skepticism, even though legal representatives are delegated by local communities, elected by vote, to exercise their power and monitor their activities. As Cornea (2020) mentions in his work, the population is very little connected to local and governmental administration processes. The low level of social activism among the local population and government authorities, who hold power granted by voters, is very low. This happens because decision-making and the implementation of various laws and regulations of state functioning are not publicly debated, and the

citizen's voice is no longer considered. Even if it were considered, citizens would still not engage in expressing their opinions. This is due to the fact that, over time, the majority of politicians have not fulfilled their duties as they should have, and as promised during their electoral campaigns. The evolution of local power in contemporary democratic states demonstrates that the trust of citizens in the effectiveness of their participation in local public life and central state administration creates the belief that public authorities act to serve the common local interest and are accountable to the population, which can contribute to activating local communities. Starting from the premise that the list of actions to ensure sustainable development is secured and promoted by the local administration, actions for sustainable development must be initiated. Public participation is presented in two basic aspects:

1. Directing a continuous flow of information from local authorities to government authorities;
2. Involving citizens in the decision-making process.

Regarding public participation, the Organisation for Economic Cooperation and Development (OECD) proposes interaction between local public authorities and citizens on three levels:

1. Transparent information for citizens, enabling them to see whether authorities are keeping their promises.
2. Consulting with citizens, who respond either spontaneously or at the invitation of local authorities.
3. Active participation of authorities, allowing citizens to become partners in making decisions about public policies.

If citizens were given the opportunity to influence the decision-making process, they would be included in public and social life. Zubco (2018) emphasises that good governance is one that aims for an informational society that produces activities recognised by citizens, respecting the most consistent and efficient rules and laws. Today, information technologies lead to the implicit reconceptualisation and reorganisation of systems that offer services and products of information. The implementation of electronic systems in authorities' activities leads to e-governance, which relies heavily on the dissemination of information, with effects and rules based on democratic values, which would reduce poverty and increase the overall quality of life. The political voice and governance in any democratic society must be urgently discussed and analysed by both the governed and the citizens of the community.

Lorenz and Anders (2023) mention that Central and Eastern Europe is not a region homogeneous region in political, economic, and spiritual terms. It is a politically and economically polychromatic continent, where some countries in C.E.E. are quite advanced, while others are less developed.

The lack of this homogeneity leads to skepticism and distrust in state institutions. Remote areas may have negative effects due to the lack of support from the EU, and people do not have the opportunity to actively participate in European democracy. The perception and vision of Brussels are too far from

ordinary citizens, and this may alienate young people from perceiving and understanding European democracy. At the same time, countries with remote areas have more characteristics known to affect support or involvement with the EU in their lives. In this context, low levels of support and information can have negative effects in the medium and long term on the practices and democracy of the EU. Considering that our interest in young people's perceptions and practices regarding EU citizenship is crucial for how equal rights and activities in remote areas matter, even though these factors are widely known at the European level in sociology, human geography, economics, and planning science, the European Union has addressed them relatively easily or very rarely.

For this reason, trust in state institutions, including European bodies, is very low. This only hinders or even slows down the process of improving quality of life and material well-being.

2.6 Social Connections

Dunajeva and Górak-Sosnowska (2023) mention that Central and Eastern Europe occupies an ambiguous and uncertain position in Europe, which is why it is consistently perceived as being behind in terms of its democratic culture and liberal principles. An important sector that has undergone significant changes in recent decades is education. This branch of society forms the foundation for acquiring the competencies and critical thinking skills that can be integrated into the education system. An informed and qualified population is an essential component of vibrant economies and inclusive, cohesive societies that aim to build a central pillar of development and social progress through educational reform. Consequently, numerous research studies and analyses have demonstrated that not only must the functioning of education be changed and modernised, but also other similar systems must be rehabilitated and brought in line with the democratic and liberal values of European democracy. It is also observed that Western educational systems are imported by the countries of Central and Eastern Europe, implemented with the methodology and application model of the European system, showing success in modernising these countries. However, the old sociocommunist legacy becomes evident when it comes to anything new, particularly when it originates from the West. Developed countries have progressed economically, culturally, and socially based on quality education, acquiring excellent competencies, skills, and practices that have led to remarkable results, contributing to the economic development of Western European countries. In a quality educational process, technological development occurs, and IT ensures faster and more efficient information exchange through various social connections, which significantly reduce geographical distances and national boundaries, as supported by Bailey et al. (2020).

Social connection is stronger and more active between regions with residents of all ages and various levels of education, as well as between regions that share a language, religion, or ethnicity. In this context, social networks shape many aspects of global society, including migration, business travel, tourism, social mobility,

political preferences, and even various educational systems. Through social connections, connectivity is achieved between citizens regardless of language, religion, education, or social position; distances decrease, and citizens acquire information more quickly, even in real time. This discovery in Europe contradicts previous research that found a positive relationship between connections and income similarities between counties and other regions or countries. The success of social connections has shown an impressive upward trend globally. The author mentions that the social network Facebook was created in 2004 and, by 2019, had reached 2.5 billion active monthly users. This demonstrates that social connections have become a very popular and sometimes publicly useful means for the population, contributing to the development of economic performance and improving the quality of life. Koc-Michalska et al. (2024) emphasises that online communication, especially social media platforms, plays a vital role in shaping how citizens interact with the state, political actors, the media, friends, relatives, and others with shared topics to develop. Many articles, books, and other manuscripts focus on some of the challenges of the present, which democratic institutions in the region face in transforming and sustaining civil society. They attempt to capture how digital media environments attenuate or exacerbate these challenges. The included manuscripts focus on the role that online platforms play in satisfaction with democracy in the CEE region. Interactions between journalists and political actors, strategic media coverage of elections, affective polarisation, antagonism, and the diversities of society are also discussed. Social connections are factors that bring individuals closer, inform, or even disadvantage them due to the fact that they spend too much time on social media networks.

2.7 Relationship with Family Members

Zaharijević et al. (2024) mention that the family is a dynamic entity, formed and reformed through connections between various actors and family members, including close and even distant relatives.

To understand this, it is important to recognise that relationships within the family provide a point of relaxation, communication, counselling, and support, which leads to an improvement in well-being.

The family continuously requires protection, care, respect, and guardianship; it remains at the centre of debates and discussions, often perceived with discursive effects and sometimes criticised. The relationship between the individual and the family is part of improving the quality of life, and this indicator for measuring life quality significantly contributes to identifying the well-being of the family. The family is the primary social unit responsible for producing social morals, creating a national community, promoting economic well-being, and, last but not least, for the reproduction of humankind. For this reason, the family requires unity, connection, and care from all its members, regardless of age or geographic distance. Robila (2004) mentions that Central and Eastern Europe has been marked by very dynamic geopolitical exchanges due to the First and Second World Wars, as well as the 35 years since the fall of communism, which dominated for about 50 years.

This has led to the reconfiguration of borders and regions, as well as territorial units within Central and Eastern European countries. More specifically, after the Second World War, several countries were annexed by the Soviet Union, imposing a communist political framework across Central and Eastern Europe. During the communist era, there were transformations in society, particularly in families, due to rural-to-urban migration, which encouraged the formation of extended traditional families. After the fall of communism, a transition period followed, from communism to democracy, followed by the privatisation process, centralised economies became market-regulated economies, creating market economies. Under communism, gender and ideology interacted, with socialist ideology proclaiming gender equality, ensured by various opportunities for both men and women in education and adult vocational training. After the communist period, family relations became increasingly diverse compared to the communist era, as freedom of expression in decision-making and assuming responsibilities came into play. A study on adolescents in Central and Eastern Europe showed that their psychosocial identity was rooted in the private family sphere and rarely extended into the outside world, as noted by Coroban (2013). The family represents a refuge and a support mechanism for its members when they are challenged to respond to aggressive interventions, deal with problems, and cope with insecurity caused by the transition. Interpersonal relationships are defined as direct, reciprocal, and interpsychological relationships, operating both consciously and unconsciously. We cannot develop as individuals without relationships with family and our environment of origin. In the family system, three familial roles are exercised: the spousal role, the parental role, and the sibling role. The spousal role focuses on the relationship between husband and wife; this relationship is reinforced both in traditional and modern families. Through trust and devotion, the parental role is the relationship between children and parents, with emotional, educational, and filial characteristics, while the sibling role concerns learning to live alongside equals through affection, rivalry, solidarity, competition, conflict, and negotiation.

This chapter briefly analyses the continuous attention given to the family, as it is responsible for the production of social morals, the creation of national communities, and economic growth. However, it is also perceived with discursive effects and occasionally criticised, particularly due to the dynamic geopolitical changes in Central and Eastern Europe, as well as the political frameworks and Soviet policies implemented in Eastern European countries. Regardless of the economic or social state, the family is the one that provides physical and mental security and stability.

2.8 Work-life balance

Dinescu (2023) states that the balance between the professional and private lives of parents and children, friends, and other citizens, as well as its absence, has an impact on both the professional and private lives of workers in the EU member states and on how Romania implements strategies and forms to create an environment that balances work and personal life. Establishing boundaries between

professional and private life proves to be very challenging in today's world, considering the current reality, as we can now say that there are no clear boundaries between the two spheres of workers' lives: work and private life. Therefore, it remains to be assessed whether and to what extent new regulations are capable of bringing improvements and increases in the quality of life, as suggested by Pulevska-Ivanovska et al. (2017). Achieving work-life balance is an elusive ideal and is often considered a complete myth. However, by making deliberate choices about the opportunities they will pursue and those they will decline, rather than simply reacting to urgent situations, leaders can engage meaningfully with work, family, and community. As the global population ages, this issue also has implications for human resource management within organisations. Generation Z is preparing to enter the workforce, and managers will face new challenges in addressing generational differences.

Understanding the main aspects of the work-life balance creates the practical aspects of the future. Professionals struggle to face a fulfilling professional and personal life, primarily focusing on the newest Generation Z. Huber (2014) mentions that the balance between professional and private life has an effect on the improvement of quality of life and is an indicator based on education. A quality education received during one's educational cycle grants the right to a well-paid, qualified job with a pleasant and less stressful atmosphere.

This allows an individual to be as available as possible for a high-quality private life with activities that fulfill the self and provide psychological satisfaction. Once professional life is of high quality and satisfying, an individual's responsibility for private life, family, friends, and even volunteer work becomes more persistent and effective.

Therefore, a quality education ensures a very good balance between professional and private life. From this section, it is concluded that the balance between professional and personal life is not clearly emphasised as a factor of prosperity, as countries in Central and Eastern Europe are not sufficiently industrialised, and the standard of living is not as high, since the mentality and habits from the communist era do not disappear so easily.

3. Methodology

The primary data collection method was content analysis, which was conducted using search engines, personal knowledge, and media sources regarding the European Union accession of countries in Central and Eastern Europe, such as Poland, Slovenia, Czechia, Hungary, Slovakia, Bulgaria, and Romania, countries that were under Soviet domination for approximately 50 years. Relevant articles were identified using keywords like "Quality of Life," "EU Accession," "Forms of EU Accession," "Healthcare in CEE," and "Education in CEE." These selected indicators formed the basis for discussing and analysing key factors, such as education and healthcare, workplace dimensions, family relationships, and other indicators reflecting the current status of the countries in Central and Eastern Europe, including social connections and trust in state authorities.

4. Analysis/Results Interpretation

The research conducted revealed that countries in Central and Eastern Europe have faced, and continue to face, a quality deficit in essential sectors such as health and education. There is a significant discrepancy between the countries that joined the European Union in 2004, which were closer to Western influence, such as Slovenia, the Czech Republic, and Slovakia, and those that acceded in 2007 and had strong Russian influence, such as Romania and Bulgaria. The latter occupy the lowest positions in the charts presented in this analysis, according to the indicators published by the Eurostat website. Thus, Slovenia, the Czech Republic, and Slovakia are at an A+ standard, while Romania and Bulgaria are at a 000 standard, far below the EU average. Additionally, subjective well-being indicators, such as workplace dimensions, personal activities, leisure time, and citizens' trust in government authorities, were also analysed. All of these analyses suggest that the standard of living and the improvement in quality of life in these countries remain below the European Union average.

5. Conclusions

The European Union consists of Western European countries with a relatively high quality of life and Central and Eastern European countries with a quality of life below the European average. This research has examined the form of EU accession, the preparation for accession, the actual process of accession, the responsibility of the countries invited to join, and how they have evolved post-accession. Through this research, I have highlighted how quality of life is addressed and its trends in Central and Eastern European countries, with the Czech Republic, Slovenia, and Poland showing an upward trend, while Bulgaria and Romania remain well below the European average. The two key factors contributing to the improvement of quality of life, education and health, form the foundation of this analysis.

I also analysed the percentage of GDP allocated to these two important factors and how Central and Eastern European countries are positioned in terms of this allocation. It is observed that these two main factors of quality of life are interconnected with other indicators of life quality improvement, which are analysed and highlighted in this research. In the future, it would be advisable to closely monitor the evolution of the countries analysed in near real-time, observe their trends, and identify the necessary actions for these countries to reach the level of Western European countries, or at least surpass the EU average.

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