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RESEARCH ARTICLE

Adaptation of Well-being Literacy Scale to Turkish: Validity and Reliability Study

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ABSTRACT

The view that well-being cannot be taught directly to individuals, but rather individuals can be taught to use language to improve their well-being, has led to the concept of "well-being literacy". Recent studies in the field of positive educational practices emphasize the importance of well-being literacy, which is defined as the ability to improve the well-being of oneself and others, in the social field as well as in the field of education. This study aimed to adapt the Well-being Literacy Scale to Turkish and test its validity and reliability in adults. Also, the relationship between well-being literacy, socioeconomic status, perceived general success, and health was investigated. The study group consists of 307 adults, 210 women, 96 men, and an unspecified person. Personal Information Form, Well-being Literacy Scale, General Well-being Scale Short Form, and Subjective Socio-economic Scale were used as data collection tools. It was found that the Well-being Literacy Scale had good levels of fit index in the confirmatory factor analysis results. Within the scope of criterion validity studies, a positive and moderate relationship was found between the Well-being Literacy Scale and the General Well-being Scale Short Form (r=.413, p=.000). Within the scope of reliability analysis, a .75 test-retest coefficient and a .88 Cronbach Alpha coefficient were determined. In correlational analyses, socioeconomic status was found to predict welfare literacy, though very low. Also, it was found that well-being literacy predicted individuals' perceived success at a low level but did not have a significant predictive effect on perceived general health levels. It is suggested that studies to investigate the sources and outputs of well-being literacy, which has started to become an essential focus in positive education practices and social health policies, will contribute to the field. In addition, adapting measurement tools in lower age groups may be necessary to focus on these skills in educational institutions.

Well-being is a concept studied in many different disciplines, such as sociology, psychology, economics, anthropology, and has a long history (Alexandrova, 2017). However, the concept of well-being has gained a different dimension with positive psychology and started to be reflected in educational practices. Positive education, reflections of positive psychology in education, is interested in students' well-being and academic achievement (Norrish et al., 2013; Seligman et al., 2009). In fact, it has been emphasised that only success will not make individuals happy and that happy individuals are more prone to be successful (Lyubomirsky et al., 2005). In support of this, it is stated that education should serve the individual to be healthy (Hahn & Truman,

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2015; Hoare et al., 2017). At this point, it can be said that positive educational practices aimed at improving the well-being of individuals are essential in terms of educational policies.

The World Health Organisation [WHO, 2020] defines health as "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity". As understood from this definition, well-being is a term that consists of different components and expresses more than the absence of negative situations (Hou et al., 2021). Ryan and Deci (2001) state that well-being refers to optimal psychological functioning and experience. On the other hand, well-being is evaluated based on basic functions such as having a healthy body, adequate nutrition, vitality, and complex functions such as being happy, having adequate self-esteem, taking part in a community, and being able to participate in social life without embarrassment (Sen, 1993). Halbreich (2022) states that optimal well-being includes several components, such as physical and emotional health, daily functionality, economic status, and social interactions with a broader community.

Hou et al. (2021) draw attention to the importance of well-being in terms of public health. The United Nations defines well-being as one of the 17 most fundamental goals of the 2030 Sustainable Development Goals (United Nations, 2015). In Turkey, within the scope of the 2023 Education Vision, the role of schools in children's well-being is emphasised (Ministry of National Education, 2023). WHO (2023) states that approximately 280 million people in the world suffer from depression, and approximately 700 thousand people commit suicide every year. Many studies reveal the relationship between depression and psychological and subjective well-being (Alim, 2018; Gürgan & Gür, 2019; Hou et al., 2021; Layous et al., 2011; Schütz et al., 2013). Similarly, well-being is associated with stress (Kidger et al., 2016; Nurius et al., 2015; Saleh et al., 2017), job satisfaction (Horasan, 2017; Kidger et al., 2016), and academic achievement (Choi et al., 2019; Cobo-Rendón et al., 2020; Erdem, & Kaya, 2021; Getir, 2015). This point confirms that having a high level of well-being is a protective factor against stress and depression and an enhancing factor for phenomena such as job satisfaction and academic achievement.

In recent years, there have been studies focusing on the well-being of students and teachers in schools within the scope of positive educational practices (Aelterman et al., 2007; Allison et al., 2021; Borkar, 2016; Gander et al., 2013; Noble & McGrath, 2015; Shoshani et al., 2016; Soutter, 2011; Waters, & Higgins, 2022). Seligman et al. (2009) emphasize that improving students' well-being in schools has a protective effect against depression, as well as helps students' learning processes and creative thinking. On the other hand, it is stated that well-being cannot be developed directly; instead, individuals can be taught to use language to improve their well-being (Hou et al., 2021; Oades et al., 2020). It is emphasized that well-being literacy (Oades et al., 2021b), which is defined as “the capability of comprehending and composing well-being languages, across various contexts, that may be intentionally used to maintain or improve the well-being of oneself, others or the world”, should be acquired through education in early childhood (Baker et al., 2021). The Australian Curriculum, Assessment and Reporting Authority [ACARA, 2022] defines students' well-being literacy among general skills and provides recommendations for developing this skill.

This study aimed to adapt the measurement tool regarding well-being literacy (Hou et al., 2021) integrated by ACARA (2022) into the education system in Turkish and test its validity and reliability values on the adult group. In addition, this study aimed to examine the relationship between well-being literacy and subjective socioeconomic status, perceived success, and health. It is thought that this study will contribute to the literature in Turkey in terms of providing a measurement tool for determining well-being literacy in adults and revealing some internal and external sources associated with this skill. Because despite the increasing conceptual arguments about well-being literacy (Oades, 2017; Trask-Kerr et al., 2019; Huang et al., 2020), the fact that there is very little published research on this concept is considered important in terms of bringing the measurement tool related to this concept to Turkey. In this respect, the current study can give an idea of how individuals' well-being literacy can be improved.

Well-being and Well-being Literacy

The concept of well-being is addressed from different hedonic and eudaimonic perspectives. Subjective well-being is people's evaluations of their lives (Diener & Chan, 2011). Subjective well-being includes not only the absence of negative criteria but also a general subjective evaluation of all aspects of one's life, including

positive criteria (Diener, 1984). Subjective well-being, based on the hedonic perspective that sees the purpose of life as the maximum amount of pleasure of the individual, consists of three components: life satisfaction, more positive emotions, and less negative emotions (Ryan & Deci, 2001). On the other hand, psychological well-being, based on the eudaimonic perspective, which states that even if the individual is happy, the results of his/her actions may not be good for him/her, focuses on psychological health (Ryan & Deci, 2001). Psychological well-being is defined as a structure that includes six dimensions: self-acceptance (accepting oneself with its good and bad aspects, accepting past life), positive relationships with other people (close, transparent, and satisfying relationships), autonomy (personal freedom in the social context), environmental mastery (the individual's ability to manage the environment and use external opportunities effectively), life purpose (life goals, objectives, and beliefs) and personal development (sense of development, openness to new experiences, realisation of potential) (Keyes & Ryff, 1999). As a result, well-being, which is described as an experience (Hou et al., 2021), is handled from different perspectives due to the comprehensiveness of the concept. Keyes and Annas (2009) argue that hedonic and eudaimonic parts of well-being cannot be handled separately from each other. According to the researchers, an individual with high well-being should have both psychological and subjective well-being. If both are not high, the individual cannot be considered to have a high level of well-being (Keyes & Annas, 2009). Within the scope of this study, well-being is addressed in a way to cover both psychological and subjective well-being.

Well-being literacy is defined as individuals' conscious use of language to increase the well-being of themselves and their environment (Oades et al. 2021b). It is stated that well-being is an experience, and the language spoken about well-being is a state of literacy. Therefore, well-being literacy includes using language that can serve well-being (Hou et al., 2021; Oades et al., 2020).

Language is a communication system that facilitates the transmission of emotions, thoughts, and information processing among individuals. Well-being literacy pertains to how and why individuals use language in their daily lives and how this awareness can enhance their and others' well-being (Oades et al., 2020). Language, which provides insights into well-being experiences (Sun et al., 2020), serves as an active source for individuals to construct their psychological and social realities, and people actively construct meanings in their experiences through language (Barton, 1994; Brothers, 2005).

Well-being literacy, defined as skills that can influence both one's own and others' well-being, is conceptualized as a five-component structure. (Oades et al., 2021a; 2021b; 2022):

1. Vocabulary and knowledge about well-being: It means that the individual's vocabulary and knowledge are at a level that can express his/her own well-being. It means that the individual has the vocabulary and scientific knowledge about well-being to put into sentences something that he/she values that affects his/her well-being.

2. Comprehension of multimodal text related to well-being: This component refers to the individual's reading, listening, and watching/examining about/for well-being. The individual uses receptive language (ACARA, 2022). Reading and discussing a well-being-themed novel to develop a sense of empathy; listening to music about/for well-being to feel positive emotions; viewing a portrait that evokes positive emotions such as awe or inspiration about/for well-being are some examples (Oades et al., 2021a; 2022).

3. Composition of multimodal text related to well-being: It refers to the individual's ability to write, speak, and create something about/for well-being (ACARA, 2022). It is stated that activities such as verbally sharing their feelings with others, writing a blog, singing a song that will increase their well-being, choreographing a dance or painting that represents the joys and sorrows of life, sending messages to family members living far away to strengthen their ties, etc. can strengthen this component (Oades et al., 2021a; 2021b; 2022).

4. Context awareness and adaptability: It refers to the ability to adapt the language used concerning well-being in accordance with the needs and situations of different contexts. An example of this is a person's ability to choose words and adjust their communication style in accordance with the requirements of the context when speaking at home, at work, with family, friends, or colleagues (Oades et al., 2021a; 2021b; 2022).

5. Intentionality for well-being: It means that the individual not only uses the language of well-being but also is aware of why he/she uses it and its importance. Well-being literacy is more than a single behavior or intention. The language used concerning well-being should become a habit in the individual's life, and this should happen spontaneously (Oades et al., 2022).

Researches indicate that individuals can consciously enhance their well-being by using language in specific ways. For instance, Pennebaker and Seagal (1999) found that writing about significant personal experiences using more positive emotion words improved psychological and physical health. King (2001) demonstrated that writing about life goals provided psychological and physical benefits. Moreover, while the development of well-being literacy primarily concerns the enhancement of personal competencies, it also aims to increase individuals' capacity for assuming responsibility for fostering the well-being of others. This perspective contributes to improving well-being and quality of life (Oades et al., 2020). According to Keefe and Copeland (2011), literacy is not solely an individual attribute; it requires building relationships with others, making literacy a collective responsibility of every individual in society (Oades et al., 2021b). Considering the critical role of well-being in various aspects of life, such as families, communities, workplaces, and healthcare services, it is essential to identify the variables associated with well-being literacy and develop programs to enhance well-being literacy. Therefore, studies focusing on measuring well-being literacy behaviors are deemed significant.

Purpose

This study first, aimed to adapt the Well-being Literacy Scale developed by Hou et al. (2021) into Turkish and test its validity and reliability. The second aim of the study is to examine the relationship between individuals' well-being literacies and subjective socioeconomic status, perceived success and health status. In line with this main purpose, answers to the following questions were sought:

1. Are the psychometric properties related to the validity and reliability of the adapted Well-being Literacy Scale satisfactory?

2. Is there a significant relationship between individuals' well-being literacy and their subjective socioeconomic status, perceived general success, and perceived general health? In this direction, answers to the following questions were sought.

2.a. Does the subjective socioeconomic status of individuals predict their well-being literacy in a significant way?

2.b. Do individuals' well-being literacies significantly predict their perceived general success?

2.c. Do individuals' well-being literacies significantly predict their perceived general health?

Method

Research Design

This research was a scale adaptation study. In addition, the relational research model was used to reveal the predictive relationship between variables. In this design, the relationship between multiple variables is investigated without any manipulation (Fraenkel et al, 2009). In this respect, firstly, a scale adaptation study was conducted. Then, the predictive relationships between well-being literacy and perceived health, perceived success and subjective socioeconomic status were examined.

Study Group

Data were collected from adults through convenient sampling (Creswell, 2014; Krippendorff, 2004). The study group comprised 210 women (68.4%), 96 men (31.3%) and an unspecified person (%0.33) totaling 307 participants. The participants were between 18 and 58, with an average age of 27.58. Among the participants, 168 (54.7%) were university students, and 139 (45.3%) were not. Among the participants who were university students, 54 (17.6%) were 1st year, 34 (11.1%) were 2nd year, 32 (10.4%) were 3rd year and 47 (15.3%) were 4th year. In terms of educational status, 2 participants were primary school (0.7%), 5 participants were secondary school (1.6%), 167 participants were high school (54.4%), 74 participants were undergraduate (24.1%) and 59 participants were postgraduate (19.2%).

Data Collection Tools

Four data collection tools, namely the Personal Information Form, Well-being Literacy Scale, General Well-being Scale Short Form, and Subjective SES Scale were used in the study.

Personal Information Form. The Personal Information Form included demographic information (gender, age, education level, and grade level if a university student) and graded questions about perceived success and health status. How successful and healthy individuals see themselves, in general, was asked as a single item by giving five options (between very unsuccessful and very successful for perceived success; between very bad and very good for perceived health).

Well-lit 6 Items. For the analyses of the measurement tool developed by Hou et al. (2021), data were collected from three different samples: students (N = 1392), parents (N = 584), and school staff (N = 317). The measurement tool is a 7-point Likert-type scale (1=strongly disagree, 7=strongly agree) and consists of 6 items and a single-factor structure. The increase in the score obtained from the scale indicates an increase in well-being literacy. As a result of the exploratory factor analysis, it was found that the one-factor structure explained 56.6% of the total variance in the student group, 69.7% in the parent group, and 70% in the school staff group. The factor loadings of the items in the measurement tool ranged between .68 and .81 in the student group, between .79 and .90 in the parent group, and between .81 and .86 in the school staff group. Within the scope of criterion validity studies, significant relationships were found positive with well-being and negative with ill-being. Within the scope of reliability studies, the internal consistency Cronbach alpha coefficient of the scale was calculated as .84 for the student group, .91 for the parent group, and .91 for the school staff group.

General Well-being Scale Short Form (GWBSF). The measurement tool developed by Longo, Coyne, & Joseph (2018) was adapted into Turkish by Odacı, Kaya, and Kınık (2021). The 5-point Likert type (1=Never true, 5=Always true) measurement tool consists of a single factor with 14 items. The increase in the score obtained from the scale indicates that the general well-being level of the person increases.

Confirmatory Factor Analyses (CFA) were conducted with data collected from 468 university students. As a result of the CFA, the structure of the scale in its original form was confirmed. CFA fit indices were found as $\chi 2$= 337. 01; Sd= 75; χ^2/Sd= 4.49; NFI= .92; CFI= .93; RMSEA= .086; SRMR= .066. Within the scope of criterion validity studies, moderately significant relationships were found between general well-being level and positive mood (r=.59), life satisfaction (r=.54), and need satisfaction (r=.61) in the positive direction and negative mood (r=.-.34) in the negative direction. Within the scope of reliability studies, Cronbach Alpha internal consistency coefficient and construct reliability of the scale were found to be .84, and the two-half test correlation was found to be .77.

Subjective SES Scale. The single-item measurement tool developed by Adler et al. (2000), which is scored between 1 and 10, measures individuals' perceptions of their socioeconomic status. In this study, the single-item question was organized by remaining appropriate to its original form. In the question, the participants were asked to rate their own status by considering their income, educational status, and professional prestige.

Procedure

The researchers who developed the measurement tool were contacted by e-mail, and permission was obtained. Afterward, the permissions were obtained for scale adaptation with research numbers 2023 - 149 within the scope of the Gazi University Ethics Commission meeting dated 10.01.2023. The data collection process lasted approximately five months between January and June. Data were collected in two ways: online via Google form and face-to-face via paper and pencil tests. Participants who participated online were informed in writing about volunteering, and participants who provided in-person support were informed verbally and in writing. All participants participated voluntarily, and no reward was given. It took approximately 5 minutes to complete the scales within the scope of the study.

Translation of Items into Turkish

This study followed the scale adaptation steps described by Hambleton and Patsula (1999). First, the researchers translated the original version of the scale into Turkish. Two English language experts checked the translations, and necessary corrections were made. Then, five experts in Guidance and Psychological Counseling examined the scale items in terms of meaning, and necessary corrections were made. The field experts were fluent in English and had studies in well-being. A language expert translated the agreed version of the scale back into English. This version of the scale was sent to the researchers who developed it, and their opinions were taken to see if there was a lack of meaning in the adaptation. In line with the practitioner's feedback, the scale items were examined once again. Finally, the scale was examined by a Turkish language

expert, and necessary corrections were made. Then, the main application was made, and a test-retest was applied to a separate group to test the scale's reliability.

Data Analysing

The data were analyzed using SPSS25 and AMOS 21 package programs. CFA was conducted to test the construct validity of the adapted measurement tool. $\chi 2/df$ Chi-square/Degree of freedom, Root Mean Square Error of Approximation (RMSEA), Standardised Root Mean Square Residual (SRMR), Normed Fit Index (NFI), and Comparative Fit Index (CFI) fit indices were used to evaluate the model. Within the scope of validity studies, criterion validity studies were conducted. Within the scope of reliability studies, Cronbach Alpha internal consistency coefficient and test-retest correlations were analyzed. After the measurement tool was adapted, simple regression analyses were conducted to determine the relationship between well-being literacy and the variables in the study. Pearson Product Moment Coefficient was used for the analysis.

In the preliminary analyses, 21 participants who gave incorrect answers to the control item in the measurement tool were not included in the data analysis. In addition, the data of one participant whose number of missing data in the data set exceeded 5% (Tabachnick & Fidell, 2015) were not included in the analysis. Before the analyses, missing items were assigned a value as the series average.

There are multiple methods for identifying outliers and removing them from the data set. Outliers can be detected as a result of Mahalanobis Distance, Cook distance values greater than 1, values whose z scores are not within ±2 (Andrade, 2021), and box plot analysis (Field, 2009; Kline, 2010; Tabachnick & Fidell, 2015). Using these four methods, 14 outliers were identified and removed from the data set. Thus, 307 applications were analysed from the data set with a raw number of 321. Table 2 shows the skewness and kurtosis coefficients for the variables in the study.

Table 1. Skewness and Kurtosis Coefficients

	Skewness Coefficients	**Kurtosis Coefficients**
WLS	-.125	-.697
GWBSSF	-.540	.321
Subjective SES	-.299	.344
PGH	-.423	.812
PGS	-.592	.533

Note. WLS: Well-being Literacy Scale, GWBSSF: General Well-being Scale Short Form, Subjective SES: Subjective Socioeconomic Status, PGH: Perceived General Health, PGS: Perceived General Success

It is stated that the skewness and kurtosis coefficients are “ideal” for the range of ±1 for normal distribution (George & Mallery, 2001). In this context, it can be said that the data in the study show normal distribution in terms of skewness and kurtosis coefficients.

Findings

The lowest, highest, and average scores and standard deviation values are presented in Table 2.

Table 2. Lowest, Highest, Average Scores and Standard Deviation Values of Measurement Tools

Measurement Tools	Min	Max	$\bar{X}$	Sd.
WLS	18	42	30.391	5.980
GWBSSF	20	69	49.742	9.225
Subjective SES	1	10	6.29	1.529
PGH	1	5	3.66	.695
PGS	1	5	3.632	.6963

Note. WLS: Well-being Literacy Scale, GWBSSF: General Well-being Scale Short Form, Subjective SES: Subjective Socioeconomic Status, PGH: Perceived General Health, PGS: Perceived General Success

Table 2 shows that the lowest score obtained from the Well-being Literacy Scale is 18; the highest score is 42; the mean score is 30.39; the standard deviation is 5.98. The lowest score obtained from GWBSSF is 20, the highest score is 69, the mean score is 49.74 and the standard deviation is 9.22. The lowest score obtained from Subjective SES is 1, the highest score is 10, the mean score is 6,29; and the standard deviation is 1,529. The lowest score obtained from perceived general health is 1; the highest score is 5; the mean score is 3.66; and the standard deviation is .695. The lowest score for perceived general success is 1; the highest score is 5; the mean score is 3,632; and the standard deviation is .696.

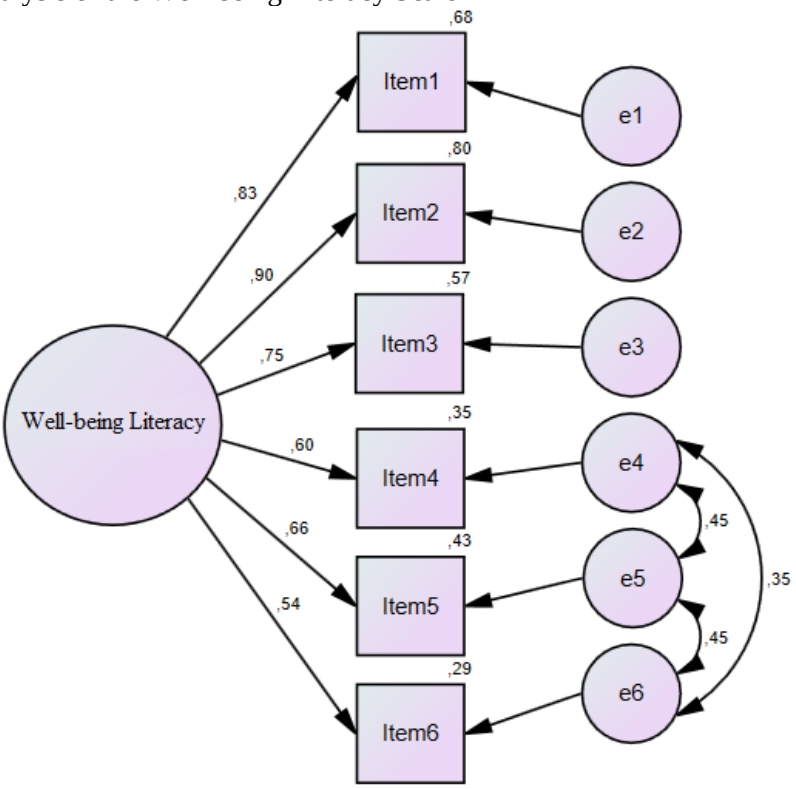
Validity Studies

Within the scope of validity studies, CFA, and criterion validity of the scale were analyzed.

Confirmatory Factor Analysis (CFA)

CFA was conducted on a group of 307 participants.

Figure 1. Factor Analysis of the Well-being Literacy Scale



Initial fit indexes were found as [χ2/df=13.853 (p=.000); RMSEA= .205; CFI=.88; NFI= .88; SRMR= .067]. Byrne (2016) suggests modifying items with the highest error covariances, which are clearly higher than others. Modification values were examined based on the first-level confirmatory factor analysis results conducted in this direction. Three modifications were made between items 4 and 5, items 5 and 6, and items 4 and 6, which showed highest covariance values between them.After the modifications, the goodness of fit values of the CFA results of the scale are as follows: [χ2/df=2.91 (p=.000); RMSEA= .079; CFI=.99; NFI= .98; SRMR= .023]. It can be said that these values are acceptable in line with the criteria (RMSEA<.08; NFI>.95; CFI>.95; SRMR<.08) stated in the literature (Browne & Cudeck, 1992; Hooper et al., 2008; Hu & Bentler, 1999; Kline, 2010; Tabachnick & Fidell, 2015), and the factor structure provides a good fit. Additionally, the average variance extracted value was found to be .53. Its value should be more than .50 because it indicates that fewer errors remain in the items than the variance explained by the latent factor structure imposed on the measure (Hair et al., 2010). The average variance extracted value in this study is deemed acceptable.

Criterion Validity

In parallel with the original scale development study (Hou et al., 2021) and considering the structure of the concept, its relationship with the concept of general well-being was examined. In this respect, we investigated the relationship between the measurement tool and GWBSSF. It was found that the Well-being Literacy Scale was positively and moderately correlated with GWBWB (r=.413, p=.000).

Reliability

Internal consistency and test-retest values were analysed within the scope of reliability studies.

Internal Consistency

The scale's Cronbach Alpha internal consistency coefficient was found to be .88. DeVellis (2021) states that an internal consistency coefficient above .80 is very good. In this respect, it can be said that the measurement tool shows a high level of internal consistency. Additionally, within the scope of this study, the composite reliability value was found to be .8654. It is noted that this value should be above .70 (Fornell & Lacker, 1981). Therefore, it can be observed that the composite reliability value is at a reasonable level.

Test-Retest

A group of 57 university students (12 males, 45 females) between the ages of 19 and 32 were administered a test-retest at 2-week intervals. The test-retest score was found to be .75 (p<.001).

The Relationship of Well-being Literacy with Subjective Socioeconomic Status, Perceived General Success, and Perceived General Health

Within the scope of the second aim of the study, the relationship between well-being literacy and socioeconomic level, perceived success and perceived health was examined. Table 3 presents regression analysis results regarding the predictive role of socioeconomic status on well-being literacy.

Table 3. Simple Regression Analysis Results on the Prediction of Socioeconomic Status on Well-Being Literacy

Variables	B	SH	β	t	p	R	R^2	ΔR^2
Constant	26.149	1.428		18.311	.000			
WLS	.674	.221	.172	3.057	.002	.172	.030	.027

Note. F (1, 305) = 9.343, p<.005. WLS: Well-being Literacy Scale,

Table 3 shows that socioeconomic status significantly predicts well-being literacy (R = .172, R2 = .030, F (1, 305) = 9.343, p<.005). Socioeconomic status explains 4% of the variance in well-being literacy. Table 4 presents regression analysis results regarding the predictive role of well-being literacy on perceived general success.

Table 4. Simple Regression Analysis Results for the Prediction of Well-Being Literacy on Perceived General Success

Variables	B	SH	β	t	p	R	R^2	ΔR^2
Constant	2.523	.196		12.844	.000			
PGS	.037	.006	.322	5.759	.000	.314	.098	.095

Note. F (1, 304) = 33.166, p<.001. PGS: Perceived General Success

Table 4 shows that well-being literacy significantly predicts the perceived general success (R = .314, R2 = .098, F (1, 304) = 33.166, p<.001). Well-being literacy explains 10% of the variance in perceived general success. Table 5 presents regression analysis results regarding the predictive role of well-being literacy on perceived general health.

Table 5. Simple Regression Analysis Results on the Prediction of Well-Being Literacy on Perceived General Health

Variables	B	SH	β	t	p	R	R^2	ΔR^2
Constant	3.725	.207		18.016	.000			
PGH	-.002	.007	-.020	-.340	.734	.020	.000	-.003

Note. F (1, 303) = .116, p >.05. PGH: Perceived General Health.

In Table 5, it is seen that well-being literacy does not significantly predict individuals' perceived general health levels (R = .020, R2 = .000, F (1, 303) = .116, p >.05).

Conclusion and Discussion

This study aimed to adapt the Well-being Literacy Scale developed by Hou et al. (2021) into Turkish and test its validity and reliability values in the adult group. The adapted measurement tool consists of six items and a single-factor structure in accordance with the original form. As a result of CFA conducted on a group of 307 adults, it was observed that the scale had goodness of fit values. Within the scope of criterion validity studies, a positive, moderate correlation (r=.413, p=.000) was found between the scale and the GWBSSF. Within the scope of reliability studies, the test-retest correlation coefficient was .75, and the Cronbach alpha internal consistency coefficient was .88. From all these results, the Well-being Literacy Scale was adapted into Turkish as a valid and reliable measurement tool that measures adults' well-being literacy. A high score on the scale indicates a high level of well-being literacy, and a low score indicates a low level of well-being literacy.

Within the scope of the second aim of the study, socioeconomic status was found to have a significant predictive effect on well-being literacy. In the literature, many studies show that the socioeconomic status of adults is related to their well-being (Ayçiçek, 2020; Navarro-Carrillo et al., 2020; Reyes et al., 2020; Wu et al., 2022). On the other hand, this relationship seems to be significant up to a certain threshold rather than linear. In other words, while socioeconomic status positively affects individuals' well-being up to a certain point, it does not have a significant effect after a certain point (Borghesi & Vercelli, 2012; Graham et al., 2017; İşgör, 2017; Yıkılmaz & Demir Güdül, 2015). Similarly, Oades et al. (2021) state that well-being literacy is associated with many external resources, such as accessibility to education, unemployment, and the national economy. In fact, individuals with high socioeconomic status may benefit more from opportunities such as theatre, holidays, trips, and books to improve their well-being.

Well-being literacy was found to have a predictive effect on perceived general success. Similarly, Chng et al. (2022) found that perceived success is an essential indicator of well-being literacy in their study on adults. In addition, many studies show that well-being has a predictive role in subjective personal and financial achievements (Dijkhuizen et al., 2018; Zakaria et al., 2014) and is positively related to academic success (Choi et al., 2019; Cobo-Rendón et al., 2020; Erdem, & Kaya, 2021; Getir, 2015). In this respect, the predictive role of well-being literacy on success perception is consistent with the literature. In their meta-analysis study, Lyubomirsky, King, and Diener (2005) revealed that positive emotions protect individuals from negative factors such as burnout and quitting and make them more successful. Another study conducted on university students found that individuals with high psychological well-being used healthy coping styles more in the face of stressful situations (Freire et al., 2016). Therefore, well-being is a factor that protects individuals against challenging life events, and therefore well-being literacy can positively affect the perception of success.

Contrary to the studies that reveal the relationship between well-being and health in the literature (Graham et al., 2017; Martinez, & Custodio, 2014; Ryff, 2013; Sabatini, 2014; Steptoe et al., 2015; Vázquez et al., 2009), no significant relationship was found between well-being literacy and perceived health in the current study. On the other hand, well-being literacy may not directly predict individuals' perception of health. The health perception of individuals may be affected by many environmental factors, such as air pollution, access to resources, crowded city life, working conditions, and socioeconomic status, in addition to well-being literacy.

Recommendations

It is stated that well-being literacy can be affected by many external factors such as social environment, economic and educational components, environmental pollution, clean water resources, and many internal factors, such as personality, genetics, and physiological (Oades et al., 2021b). Quantitative studies on this

subject are limited. The sources and effects of well-being literacy can be investigated. In addition, it is seen that studies about well-being literacy are conducted with adolescent and child groups rather than adult groups (e.g., ACARA, 2022; Baker et al., 2021; Borkar, 2016). The construct validity of this scale can be tested on different groups. Another suggestion is to investigate in more depth how well-being literacy is related to well-being. Finally, although there is awareness about the role of schools on children's well-being in Turkey, there is no study on well-being literacy. It seems to provide this skill to students and teachers and include it in the education curriculum in line with positive education practices.

Limitations

Since "well-being" is not a frequently used concept in Turkish, the concept of well-being used in the research was explained in the instructions of the measurement tools in accordance with the general structure of well-being (psychological and subjective well-being). Another limitation is that the research data were collected approximately 2 months after the 6 February Kahramanmaraş Earthquake in Turkey. Considering that the effects of the social trauma may continue, the participants were asked to evaluate their general well-being, success, and health perceptions by considering their situation before the earthquake.

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