



Research Article

Occupational Health in Japan: A Comparative Quality of Life Study among Wellness Oriented Professionals

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Abstract

Background: Quality of Life (QoL) is a multidimensional indicator of well-being, shaped by health behaviors and social context. In Japan, where appearance and social harmony are culturally valued, this study examines QoL among Amway Business Owners (ABOs)—independent entrepreneurs authorized to sell products directly to consumers and to build networks of other business owners. ABOs are routinely exposed to wellness products and entrepreneurial practices.

Methods: A cross-sectional survey was conducted with 1,524 participants divided into three groups: ABO Business Leaders (n=607), ABO Consumers (n=517), and a general population control group (n=400). Two validated QoL instruments were used to assess perceived health and quality of life: the Japanese versions of the BeautyQoL instrument specific to cosmetology and the generic SF-36 Health-Related QoL questionnaire.

Results: ABO Business Leaders reported the highest levels of physical and mental wellbeing, healthier lifestyles, superior scores across all BeautyQoL dimensions compared to the other groups. ABO Consumers also scored higher than the control group, suggesting a dose-response relationship between wellness engagement and QoL. The analyses of the SF36 dimensions showed ABO Business Leaders outperformed the other groups in term of Vitality, Mental Health Index and General Health Perception.

Conclusion: Sustained involvement in wellness-related occupations is associated with enhanced QoL in Japan. These findings highlight the psychosocial benefits of integrating health-focused practices into professional identity and suggest potential applications in public health and workplace wellbeing strategies. These results merit further confirmation in Western cultural settings, to assess their generalizability and to better understand potential cross-cultural differences.

Keywords: Occupational health; Quality of life; Wellbeing; Japan

Background

Quality of Life (QoL) has emerged as a critical indicator for evaluating the overall well-being of individuals beyond traditional clinical outcomes. It encapsulates physical, psychological, and social dimensions, offering a comprehensive view of how people experience and respond to life within their cultural and environmental contexts [1,2]. In Japan, where societal values emphasize harmony, self-presentation, and aging-related health concerns, the determinants of QoL may differ markedly from Western contexts [3,4].

This study focuses on Amway Business Owners (ABOs) in Japan, a population uniquely involved in both entrepreneurial activities and consistent

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Citation: Beresniak A, Auray JP, Johoji K, Toh K, Leverett J. Occupational Health in Japan: A Comparative Quality of Life Study among Wellness Oriented Professionals. Archives of Clinical and Biomedical Research. 10 (2026): 92-98.

Received: February 15, 2025

Accepted: February 23, 2026

Published: March 04, 2026

use of health and beauty-related consumer products. Although Amway Business Owners are not healthcare professionals, their occupational activity involves sustained exposure to wellness-related products, practices, and health-oriented lifestyles, justifying their consideration as wellness-oriented professionals in an occupational health context. These independent entrepreneurs are authorized to sell products from this multinational company and to build networks of other business owners. ABOs are routinely exposed to wellness products and entrepreneurial practices and often adopt lifestyle practices that integrate nutritional supplements, wellness tools, and appearance-enhancing products into their daily routines. Such practices, combined with a structured social network and a sense of entrepreneurial purpose, may influence multiple facets of QoL including mental wellbeing, self-esteem, social interactions, and perceived physical health.

Previous research has highlighted the positive correlation between active lifestyle choices, social support networks, and improved QoL [5,6]. Furthermore, the use of cosmetic and wellness products has been shown to enhance self-confidence and quality of life, particularly in appearance-conscious societies like Japan [7,8]. In order to establish and measure the positive impact of wellness and cosmetic products on quality of life, various QoL assessment tools are available—either generic, such as the SF-36 [2], or specific, such as BeautyQoL [7]. The BeautyQoL instrument has been validated for use 17 languages including Japanese, enabling reliable measurement of these multifaceted outcomes [1,7].

Comparative data on the quality of life (QoL) of individuals who are heavily immersed in wellness product environments versus that of the general population remains limited in the current literature. This lack of evidence is particularly significant within occupational contexts where the regular use of wellness and cosmetic products is combined with entrepreneurial routines. Such environments may exert a dual influence: on one hand, they may enhance QoL by promoting healthier behaviors, a sense of autonomy, and psychosocial well-being [9,10]; on the other, they may introduce pressures associated with performance, self-presentation, and network-building, potentially contributing to chronic stress or dissatisfaction [11,12].

In the case of ABOs, who operate both as consumers and micro-entrepreneurs, the convergence of product exposure and motivational dynamics represents a unique opportunity to explore how commercial wellness cultures shape subjective health perceptions. This becomes particularly relevant in the Japanese context, where cultural values emphasize harmony, social appearance, and interdependence, while demographic trends—such as rapid population aging—raise pressing questions about sustainable well-being and health maintenance [13]. Understanding how entrepreneurial engagement and

wellness product exposure interact with culturally grounded health beliefs and behaviors is therefore both timely and necessary. It has implications not only for health promotion strategies but also for the design of inclusive and responsive business models within the wellness economy [14]. This study addresses this knowledge gap by comparing health perception and QoL of two ABO groups, ABO leaders and ABO consumers, with the general population. ABO Leaders are actively engaged in building a business through wellness product sales and team development, while ABO Consumers primarily purchase products for personal use with minimal or no commercial activity. Using validated tools and multidimensional survey data, this research aims to generate evidence-based insights into the lifestyle-health nexus in contemporary Japanese society, ultimately informing both occupational health policy and consumer wellness strategies.

Methodology

Study Design

This research employed a comparative cross-sectional survey design to evaluate QOL among two Amway Business Owners (ABOs) groups in Japan and to compare their results with a control group from the general population.

Study Population

Participants were stratified into three distinct groups: Group 1 (ABO Business Leaders) composed by 607 individuals with at least 10 years of experience as business leaders with strong involvement of promoting well-being and health products, Group 2 (ABO Consumers) composed by 517 individuals with over 10 years of experience of part time limited involvement of promoting wellness products, without leadership responsibilities and Group 3 (Control Group) composed by 400 individuals from the general Japanese population, serving as the reference group.

Inclusion and Exclusion Criteria

Inclusion criteria required participants to be aged 18 years or older, culturally Japanese, residents of Japan, and capable of providing informed consent.

Exclusion criteria included inability to speak or read Japanese, and cognitive impairments that would prevent survey completion.

Data Collection

Data were collected between January and March 2025 using three complementary methods, Face-to-face interviews, Telephone interviews and online questionnaires.

To ensure data completeness and integrity, a strict "no missing data" policy was enforced. All surveys were reviewed for completeness before submission to the database.

Survey Instruments

The survey incorporated several validated instruments:

- Demographic and Socioeconomic Questionnaire (9 items): including age, gender, education, employment status, and financial situation.
- General Health and Lifestyle Questionnaire (7 items): addressing physical activity, dietary habits, and frequency of medical visits.
- Perceived Health and Lifestyle (10 items): capturing subjective physical health, exercise routines, and chronic conditions.
- BeautyQol Questionnaire: a 42-item validated instrument assessing five dimensions - social life, self-confidence, psychological well-being, vitality, and attractiveness, as well as a global score [7,15].
- SF-36 Questionnaire: a 36 item validated health related QoL instrument assessing eight dimensions - Physical Functioning (PFI), Role Limitations due to Physical Health (ROLP), Role Limitations due to Emotional Problems (ROEM), Social Functioning (SOC), Bodily Pain (PAIN), Vitality (VITAL), Mental Health (MHI), and General Health Perception (GHP), as well as a global score summarizing overall health-related quality of life [1,2].

Validated Japanese versions of the BeautyQol and SF-36 instruments were used to ensure cultural relevance and psychometric robustness.

Data Management and Quality Assurance

Responses were anonymized and securely stored. Multivariate and inferential statistical analyses, including parametric and distribution-free statistical tests were conducted using the SPSS analytic suite, with a statistical significance threshold of $p < 0.05$.

A final quality control step ensured complete datasets for all respondents, aligning with the study's methodological rigor and publication standards. All participants met the inclusion criteria, and no missing data were reported, ensuring a high level of data quality.

Results

Response modalities of perceived health questions are presented in Table 1. In terms of self-perceived physical health, Group 1 participants demonstrated the most favorable outcomes. Nearly three-quarters of this group rated their physical health as either "Excellent" or "Good," a notably higher proportion than in Group 2, where just over half reported similarly positive health perceptions. Group 3, by contrast, showed markedly lower self-rated physical health, with only around one-third of participants selecting

In addition, participants in Group 1 reported higher quality of sleep and a stronger sense of purpose in their daily activities, further reinforcing their comparatively positive mental health profile. Concerns about the future were most prevalent in Group 3, with Groups 1 and 2 expressing significantly lower levels of anxiety regarding life prospects.

Quality of life outcomes, as measured by the BeautyQol highlighted further distinctions, as showed in Figure 1. In the BeautyQol assessment, Group 1 consistently achieved

Physical Health	Group 1	Group 2	Group 3
Excellent	28%	16%	13%
Good	43%	40%	25%
Fair	25%	37%	46%
Poor	5%	8%	20%
Fresh Fruits and Vegetables			
Every day	41%	37%	30%
4-6 times per week	24%	24%	23%
1-3 times per week	29%	32%	32%
Rarely or never	6%	7%	16%
Mental Well Being			
Excellent	29%	17%	14%
Good	45%	37%	27%
Fair	18%	38%	41%
Poor	8%	9%	18%
Sensitivity to stress			
Rarely or never	16%	11%	20%
Occasionally	61%	58%	47%
Frequently	17%	25%	20%
Almost always	5%	7%	13%
Sleep Quality			
Very good	29%	17%	14%
Fairly good	45%	37%	27%
Poor	18%	38%	41%
Very poor	8%	9%	18%

Table 1: Perceived health response modalities across Group 1, Group 2 and Group 2.

the highest categories. These differences align with broader trends in health-related behavior.

Group 1 participants reported higher consumption of fresh fruits and vegetables and the lowest intake of convenience and processed foods, suggesting a lifestyle more closely aligned with health-conscious practices. These patterns were also reflected in healthcare usage; Group 1 had the lowest reported frequency of doctor visits, possibly indicating better perceived health status or fewer medical concerns.

Mental wellbeing indicators also revealed distinct trends across the three cohorts. Participants in Group 1 most frequently rated their mental health as "Excellent" or "Good," followed by those in Group 2, while Group 3 consistently reported the lowest levels of psychological wellbeing.

Sensitivity to stress was also lowest among Group 1 respondents, with this group appearing more emotionally resilient and better equipped to manage daily challenges. Reports of social support were highest in Group 1, where participants more often indicated strong networks of friends, family, or colleagues to rely on during difficult times.

the highest scores across all five dimensions—social life, self-confidence, psychological wellbeing, vitality, and attractiveness—followed by Group 2 and then Group 3 (Figure 1). These findings suggest that individuals with long-term exposure to wellness products and entrepreneurial engagement may derive significant psychosocial benefits related to appearance and vitality. Taken together, these results suggest that ABO Business Leaders, and to a lesser extent ABO Consumers, experience more favorable health-related quality of life outcomes. The data point to a potential cumulative effect of long-term exposure to structured wellness environments and entrepreneurial engagement on overall wellbeing.

Analysis of the Health-Related QoL SF-36 domains revealed distinct patterns across the three groups (Figure 2). For the Vitality (VITAL) dimension, Group 1 outperformed both Group 2 and Group 3, while Group 2 scored higher than Group 3. A similar gradient was observed for the Mental Health Index (MHI) and General Health Perception (GHP), with Group 1 consistently achieving the highest scores, followed by Group 2, and Group 3 recording the lowest. In

term of Bodily Pain (PAIN), a significant difference emerged, with Group 1 and Group 3 performing similarly and both surpassing Group 2. Regarding the Physical Functioning Index (PFI), Role Limitations due to Physical Health (ROLP) and Role Limitations due to Emotional Problems (ROEM), the scores of the three groups are very similar with slight advantage to Group 3.

Finally, a Multiple Correspondence Analysis (MCA) was conducted on the categories of three General Health Perception variables: Question 10: frequency of doctor visits, Question 11: Rating physical health and Question 12: Exposure to chronic conditions. The factor map presented in Figures 3 displays the projection of the variables responses modalities (RM) onto a two-dimensional space, F1 and F2. The resulting cloud of points typically takes the shape of a "horseshoe" when the variables are ordered and the correlations among them are non-linear—as is the case here, given that the variables are qualitative. This phenomenon is commonly referred to as the "Guttman effect", a pattern often observed in correspondence analyses when variables are ordered along a latent continuum [16]. The percentages written on the two axes show how

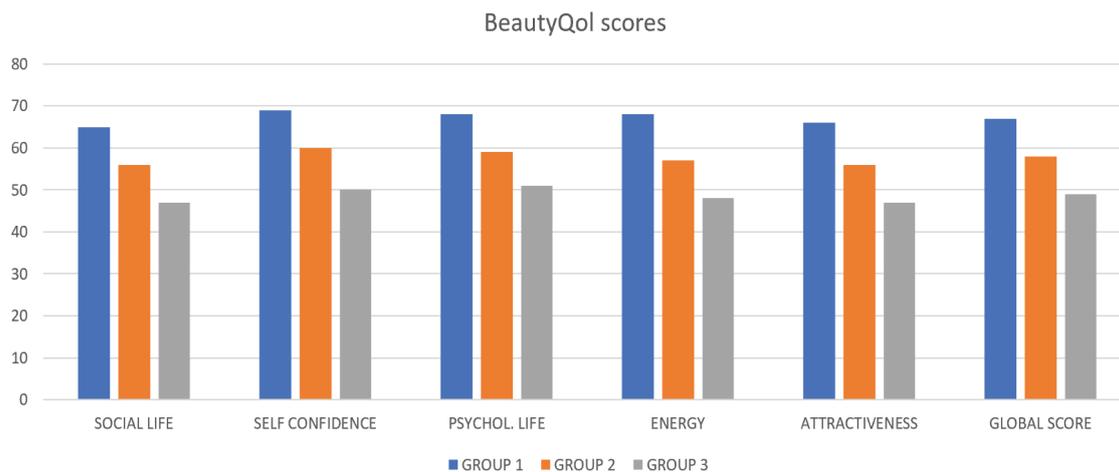


Figure 1: BeautyQoL scores across the three groups.

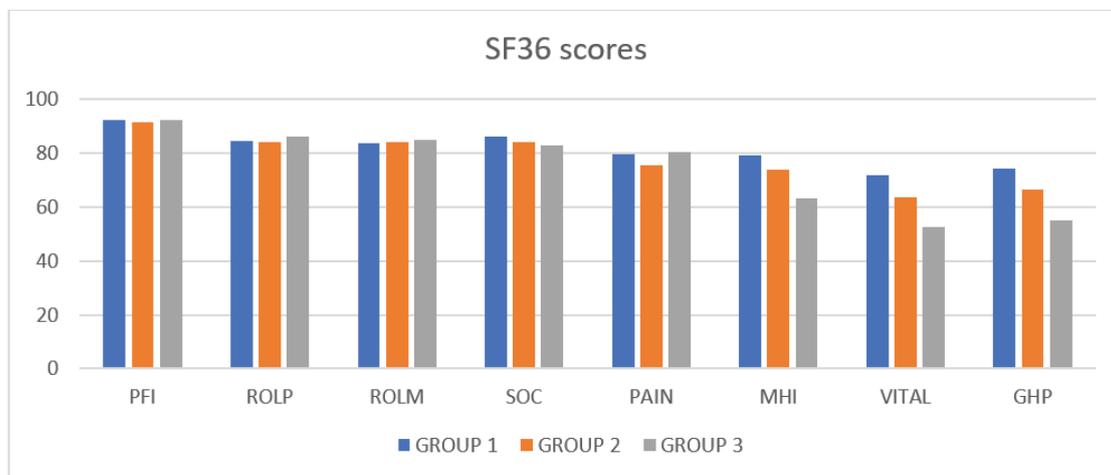


Figure 2: SF-36 scores across the three groups.

much of the total information in the data is represented by each axis. The coordinates along the first factorial axis F1—whether associated with individuals or with the categories of the variables—can be interpreted as synthetic indicators of perceived health. Higher F1 values correspond to more favorable health and lifestyle states, while lower values indicate more deteriorated conditions.

The centroids (centers of gravity) of the three identified groups—G1, G2, and G3—are clearly separated along this axis. Group 1 is positioned in the region associated with the most favorable response modalities across the three health perception variables, whereas Group 3 is situated near the least favorable response patterns. This gradient supports the interpretation of the first dimension as an underlying continuum, effectively summarizing participants' health and lifestyle profiles.

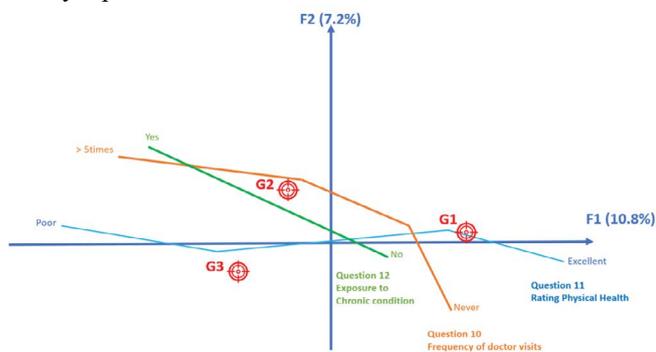


Figure 3: Factorial map from the Multiple Correspondence Analysis (MCA) of the three Health Perception variables - Question 10: frequency of doctor visits, Question 22: Rating physical health, Question 12: Exposure to chronic conditions.

Discussion

The findings of this study underscore the complex relationship between professional engagement in wellness environments and perceived QoL. Participants involved in health and wellness business model—particularly those in leadership roles—demonstrated consistently higher scores across multiple dimensions of wellbeing when compared to individuals in the general population. These results contribute to a growing body of literature suggesting that quality of life is not merely a reflection of clinical health indicators but also deeply embedded in social roles, identity, and the cultural meanings individuals assign to their lifestyle choices [17].

In recent decades, the concept of QoL has gained prominence in both medical and sociological research as a key indicator of individual and societal health. For populations embedded in wellness-centric professions, such as the ABO groups studied here, the workplace is not only a source of income but also a site for the cultivation of health-related practices, social identity, and aspirational lifestyles. As noted in sociological theories of health promotion, individuals' engagement with health is shaped by both structural factors

and agency—where people actively interpret and negotiate the meanings of health, success, and self-care [18].

The higher BeautyQoL scores among all dimensions observed among ABOs, particularly leaders, suggest that continuous exposure to health and beauty products, combined with entrepreneurial involvement, may contribute to a more positive perception of physical and mental health. This may be partly explained by the concept of the "health habitus"—a term derived from Bourdieu [19] to describe how individuals internalize social norms related to health and lifestyle through everyday routines. In wellness-driven environments, the promotion of positive health behaviors (e.g., nutritional supplementation, exercise, and stress management) may become internalized not only as personal goals but as professional obligations, reinforcing a coherent and health-affirming identity.

These findings are overall confirmed by the SF36 scores. Group 1 consistently demonstrated superior outcomes compared to the other two groups across several domains of the SF-36, particularly in vitality, mental health, and general health perception. The advantage of Group 1 over both Group 2 and Group 3 in these domains points to a more favorable overall health profile, not only in terms of perceived energy and psychological well-being but also in general health awareness. Interestingly, while the three groups showed quite similar physical functioning ROLP and ROLM scores with a slight advantage to Group 3, it lagged behind in psychosocial domains, indicating that physical capacity does not necessarily translate into improved mental or general health. Conversely, Group 1 combined relatively good performance with stronger psychological and general health outcomes, underscoring the multidimensional nature of quality of life and suggesting that professional activities targeting both physical and mental health may be particularly beneficial.

Of particular importance, the role of social support and purpose observed in Group 1 echoes Durkheimian insights into the protective effects of social integration. Professional wellness communities often offer collective engagement, shared goals, and emotional reinforcement—all of which can buffer stress and promote psychological resilience [20]. This aligns with findings in this study, where ABO leaders reported stronger coping mechanisms, greater emotional stability, and higher levels of perceived social support than their counterparts in the general population.

Demographic characteristics, particularly gender, appeared to influence the observed differences in quality of life. Women were three times more represented in both ABO groups, whereas the general population group showed a balanced gender distribution. This overrepresentation likely contributed to the higher scores observed in emotional wellbeing, social functioning, and SF36 and BeautyQoL dimensions. Consistent with previous research [21], women

have specific abilities to regulate emotions and tend to value interpersonal relationships, self-care, and aesthetic presentation—core elements of wellness-related activities. The ABO direct sales business model, emphasizing relational skills and personal image, may therefore particularly resonate with women, reinforcing these domains of wellbeing.

Age also emerged as an important factor. Younger ABOs appeared more motivated by aspirational and lifestyle-oriented dimensions of wellbeing—such as personal growth, appearance, and social recognition—while older participants placed greater emphasis on stability, mental balance, and overall health maintenance. This generational gradient suggests that the meaning and pursuit of wellbeing evolve across the life course, with the ABO environment offering different forms of satisfaction depending on one's stage of life. The continuous engagement in wellness practices across ages may therefore foster intergenerational learning and resilience, contributing to the sustained higher QoL observed in this group compared with the general population.

The role of financial ease must also be considered in interpreting the findings. Financial comfort may facilitate access to wellness products, social events, and professional development opportunities within the network, thereby reinforcing positive feedback loops between economic and psychological wellbeing. It is noteworthy that most ABOs were initially consumers before becoming distributors. This experiential trajectory gives them a unique position: they are not merely promoting products but embodying lifestyles they have personally tested and validated. Their firsthand experience as consumers enhances both authenticity and self-efficacy, two dimensions closely linked to psychological wellbeing. Having directly benefited from the products, they can confidently integrate them into their daily routines and narratives of self-improvement, which may explain the greater improvement in perceived QoL among ABOs relative to the general population. This lived experience creates a coherent alignment between personal values, professional identity, and social engagement—a triad that has been shown to be central to sustained wellbeing.

In sum, the interplay between demographic characteristics, economic conditions, and personal experience within the wellness business context provides a rich explanatory framework for the observed disparities in QoL. The ABO model, by fostering both community integration and self-realization through experiential learning, appears to offer a psychosocial environment particularly conducive to the enhancement of wellbeing.

Importantly, the study highlights that QoL is not solely a function of material well-being, but also of perceived autonomy, self-efficacy, and alignment with personal values—features often enhanced in wellness entrepreneurship contexts. The symbolic value attached to being “healthy,”

“active,” and “purposeful” in such environments may have a reinforcing effect on subjective wellbeing, independent of objective health outcomes. For instance, the elevated BeautyQoL scores observed among ABO participants reflect not only aesthetic self-perception but also broader social capital derived from appearance and presentation in a culture like Japan's, where visual aesthetics and social harmony play central roles. Nonetheless, it is important to acknowledge certain limitations. While cross-sectional designs offer valuable snapshots of population-level differences, they do not establish causality. Furthermore, self-selection bias may be present, as individuals who are already health-conscious may be more likely to become involved in wellness-related professions. Future longitudinal studies should explore the dynamic interactions between occupational wellness exposure, evolving health behaviors, and long-term QoL trajectories.

Conclusion

This study affirms the critical value of systematically measuring subjective health perceptions and quality of life indicators among individuals engaged in wellness-oriented professional environments. The consistently higher scores observed among Amway Business Owners, particularly those in leadership roles, underscore the potential impact of sustained exposure to wellness cultures and products on perceived physical, mental, and social wellbeing.

As wellness industries continue their rapid global expansion—often blurring boundaries between health, beauty, and commerce—it becomes increasingly vital to assess not only their economic impact but also their psychosocial and cultural consequences. Public health policies, workforce development strategies, and even mental health frameworks may benefit from incorporating lessons learned from such occupational ecosystems. Also, attention to health lifestyles appear essential for exploring the interest of wellbeing products [22].

Our original findings highlight that the very object of one's professional activity exerts a measurable impact on workers' health, reinforcing the need to examine occupation-related determinants of quality of life. The results of this pilot study would merit further confirmation, particularly in Western cultural settings, to assess their generalizability and to better understand potential cross-cultural differences.

Funding:

The study received an unrestricted grant from Amway headquarters.

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