

Department of Clinical Psychology, Skubiszewski Medical University of Lublin
Medical School in Przemyśl

DANUTA SUCHORZEPKA, ALICJA NASIŁOWSKA-BARUD

Selected conceptions of defining the quality of life

Life is the greatest of gifts received by man. Social sciences treat it as the right vested in each and every one of us. Care for life and its dignity as well as its protection are the domain of numerous sciences. Theologians view life as the highest value and criticise all forms of its disturbance or destruction. Unfortunately, for a human being, life is too often a struggle with a reality which is difficult to accept. That is why so much attention is paid to the need of establishing proper conditions for continuous improvement of its quality. The quality of life has in the recent years become the subject of extensive research and of many scientific papers and is present in many branches of science and social practice.

In common parlance, the word "quality" has different meanings. In reference to human life, it reflects a person's individual feelings and needs. So far, the term does not have one generally accepted meaning. It is described in various ways, depending, among others, on the occupation and specialisation of the person defining it (a philosopher, a poet, a doctor, a priest). The quality of life refers to a clinical norm (lack of sickness symptoms), a social norm (performing a certain function), or an individual norm (realising personal goals) (1). It is associated with satisfaction, happiness and fulfilment. It is self-acceptance, contentment and realisation of goals in everyday life. To achieve contentment, we seek to fulfil our material and spiritual needs. Life satisfaction is dependent on individual evaluation criteria connected with an individual's personality and aspirations. What is a life priority for one person may have no value for another. And so, there arise differences of opinion as to the essence of the quality of life and methods of its measurement. In spite of the growing interest in the concept and the more widespread use of quality of life assessment, no agreement regarding the definition has been reached.

A REVIEW OF DEFINITIONS

The term "quality of life" (QL) first appeared in an American dictionary after World War II and has since been undergoing a gradual evolution. Initially, it denoted "a good life" in a typically consumer sense manifested in wealth. Subsequently, the meaning was broadened to include the domain of "being" (instead of "having"), which resulted in a necessity to introduce new criteria: education, freedom, health, happiness (5). It was then that the process of QL assessment received some attention. The approach to this problem got psychologised. There arose a need for a more precise definition, attempts at which have been made ever since. Hunt and McKenna claim that the quality of life of a human being is closely connected with the sphere of motivation, i.e. with the ability and possibility to fulfil the needs. The higher the degree to which the important needs are fulfilled, the better the quality of life; at the same time they list the needs which most frequently determine good quality of life: food, drink, sleep, activity, sex, freedom from pain; warmth, security, lack of fear, stability; love, physical

contact, intimacy, communication, sharing experiences, common endeavour to achieve a goal; curiosity, exploring the world, fun, creation, sense of purpose; identity, status, appreciation, respect, the feeling of being useful to others, self-esteem, professionalism, strength, independence, freedom; self-actualisation (7).

Finally, the general assessment of the quality of life has been defined as a person's view of his/her life situation at a given period of time (4). In other words, it is an assessment of a certain fragment of life which occurs relative to the human subject, the surrounding environment (the geographical and social space) and his organism (the experiences coming from the inside of an individual's own body). Depending on the approach to the concept of the quality of life, authors define this issue in different ways. According to Cohen, for instance, the quality of life is the ability of a given person to carry out his/her plans (3).

Calman, on the other hand, describes the concept as involving the difference between a person's hopes and expectations and his/her present experiences (2). Still other authors see the quality of life as well-being, satisfaction with one's life and positive assessment of the general functioning (14).

The diversity of definitions testifies to the multi-faceted, complex nature of the phenomenon, the differences being deepened by the subjective perception of quality of life on the part of both the researcher and the subject. The quality of life differs for many people with respect to a range of factors which make up the subjective assessment of an individual's situation. While for one person, the leading factor in achieving optimal QL is his/her relationship with the nearest and dearest, for another person it may be job satisfaction. Generally, factors which contribute to the quality of life can be divided into two groups: subjective and objective. Subjective factors include: physical (ailments), psychical (anxiety, depression, self-esteem), social (job satisfaction, economic situation, free time), interpersonal (social support, interaction with other people). Objective factors include: health condition (examination and test results), psychopathological picture and psychiatric diagnosis, socioeconomic status (income, lodging, employment), social contacts (quantity and quality) (10). The general QL assessment results from a combination of the subjective and objective factors.

This view is not shared by Wells and Testa, who think that what is most important for QL assessment is the subjective assessment of well-being, satisfaction with one's life and everyday functioning (12, 15). A similar view is expressed by Hays, who is of the opinion that the "quality of life is a subjective assessment of contentment and satisfaction with life as a whole" (6). In this approach, satisfaction can be specified globally and with reference to individual spheres of life, taking into simultaneous consideration the meaning of life itself and its individual domains for a given person. Life satisfaction is also mentioned by Lin Zahn, the author of the conceptual model of the quality of life. According to her, QL is specified by four determinants: life satisfaction, self-concept, health functioning, socio-economic factors.

Life satisfaction is defined on the basis of the congruity between aspirations and achievements and is expressed through widely understood well-being and welfare. The most proper instrument to assess the quality of life is self-assessment and the opinions of the examined persons about their own life.

Self-concept (image) is a cognitive component of personality which includes opinions and beliefs regarding oneself at a given time, shaped on the basis of one's own observations as well as reactions and opinions of other people. The image of the "self" lies at the basis of assessing human abilities in the case of critical self-assessment as well as in the light of how valuable an individual thinks him/herself to be. It has a tremendous impact on well-being and is a subjective measure of the quality of life.

Physical health, that is, lack of illness, which manifests itself through fitness, good functioning and life activity, is an objective indicator of the quality of life, though, at the same time, it has a subjective value. A study of the quality of life has to take into account the significance of health for a given person as well as the influence of cultural and social factors (local environment, family) on

health and health attitudes. As this demonstrates, health affects both the subjective and the objective dimension of the quality of life.

Socio-economic factors specify a given person's status, which is made up of three components: job (employment), education, and income. These are the resources at an individual's disposal, which affect his or her material well-being. Socio-economic status determines an individual's place in the social structure, thus influencing the assessment of the quality of life as it is related to fulfilling the need for (social) security and respect (11).

The concept of the quality of life proposed by Lin Zahn has both a social and an individual dimension; it takes into account human personality traits and character, individual experiences and their conditioning, age, cultural environment, and socio-economic situation.

Universal criteria of the quality of life have been proposed by Tomaszewski (13), who takes into account psychological mechanisms: richness of experiences, level of consciousness, level of activity, creativity, co-existence with other people.

An interesting interpretation of the quality of life has been presented by Suchodolski. In his opinion, the components of the quality of life are built by the way a person participates in the world. How we use the quality in life and how we face the unavoidable are the great art of shaping one's own quality of life. A person's quality of life is creative work, social engagement, developing one's own skills and interests (8).

CONCLUSIONS

The concept of the quality of life does not come from a specific psychological theory, but has a pragmatic origin. Researchers who aim at defining the quality of life measure both the specific and the general elements determining the general quality of life. Depending on the approach to the concept, different definitions arise. Some authors identify good quality of life with subjective well-being as well as satisfaction with life and everyday functioning. For others interested in this conception, the quality of life is closely related to the sphere of motivation, that is, a person's abilities and possibilities of fulfilling one's needs. The better one's primary and secondary needs are fulfilled, the more positive the assessment of the quality of life. The diversity of definitions of the concept is also significantly influenced by the hierarchy of factors constituting QL as well as the subjectivity of the researcher and the subject. According to this conception, assessment of the quality of life is a combination of subjective and objective factors. However, most of the researchers studying QL identify it with life satisfaction specified on the basis of the conformity of aspirations and achievements. The definitions presented above and their analysis seem to most specifically give the general characteristics of the quality of life. In spite of the differences and controversies regarding the conception, there are many common elements to be observed. It has been agreed that human QL is always an extremely subjective value, which has a multidimensional character, varies in time and is not directly observable or measurable (9). Whatever definition is adopted, the concept always implies the individual assessment of all that which in a person's view makes his life valuable and worthy.

REFERENCES

1. Bullinger M.: Concepts and methods of quality of life assessment. In: *Quality of life of cancer patients.* (ed). R. Zittoun, Beaune 1992.
2. Calman W.: Quality of life in Cancer Patients – Hypothesis. *J. Med. Ethics*, 10, 124, 1984.
3. Cohen A.: On the quality of life: Some philosophical reflections. *Circulation*, 66, Suppl. 3, 29, 1982.
4. De Walden-Gałuszko K.: *Wybrane zagadnienia psychoonkologii i psychotematologii.* Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 1994.
5. Fallowfield L.: *Quality of Life.* Souvenir Press Ltd., London 1991.
6. Haes J. C. J. M. *Kwaliteit van Leven van Kankerpatienten.* PhD thesis (Dutch), University of Leiden. The Netherlands. Lisse Sweets, Zeitlinger 1988.
7. Hunt S. M., McKenna S. P.: The QLDS: A Scale for the measurement of quality of life in depression. *Health Policy*, 2, 307, 1992.
8. Jaracz K., Wołowicka L.: *Jakość życia jako kategoria opisu ludzkiej egzystencji.* Materiały Zjazdowe nt. Pielęgniarstwo a jakość życia, Kraków 2000.
9. Kiebert G. M.: *Jakość życia jako rezultat badań klinicznych w onkologii.* In: J. Meyza (ed.) *Jakość życia w chorobie nowotworowej*, Warszawa 1997.
10. Kunschbeck H. et al.: Quality of life in patients with inflammatory bowel disease, *Psychother. Psychosomatic*, 54, 110, 1990.
11. Szulc W.: *Jakość życia a kulturoterapia. Ujęcie modelowe.* *Pielęgniarstwo*, 2000, 2, 25, 1996.
12. Testa M.: Quality of life during antihypertensive therapy: Techniques for clinical assessment and evaluation. *Br. J. Clin. Pharmacol.*, 23, 9, 1987.
13. Tomaszewski T.: *Ślady i wzorce.* Warszawa 1984.
14. Tuynman-Qua H. et al.: *Quality of Life in Depression Scale*, Ibero Publications, Houten 1992.
15. Wells K. B. et al.: The functioning and well-being of depressed patients. Results from the medical outcome study. *JAMA*, 262, 914, 1989.

SUMMARY

The aim of the work is to present numerous conceptions defining the quality of life. Various definitions are formulated and those presented in the work seem to characterize the concept in the most specific way. They share a lot of common features. However, there are also some differences between them mainly concerning the issue whether the quality of life is a general or rather a multi-dimensional construction and what factors determine good quality of life. It has been agreed that the quality of life is variable in time, not observable or measurable, however, as a definition, it has to be precisely established and defined.

Niektóre koncepcje definiowania jakości życia

Celem pracy było ukazanie różnorodnych koncepcji na temat definiowania jakości życia. Formułowanych jest wiele definicji, a przedstawione w pracy wydają się najbardziej specyficznie charakteryzować to pojęcie. Mają one wiele cech wspólnych, ale też istnieją między nimi różnice. Kontrowersje skupiają się głównie wokół zagadnienia, czy jakość życia jest ogólną budową, czy też konstrukcją wielowymiarową. Liczni autorzy zgadzają się co do tego, że jest ona zmienna w czasie, nie jest obserwowalna i mierzalna, ale jako pojęcie musi zostać ściśle sprecyzowana i zdefiniowana.