

Quality of Life: An Important Issue in Geriatric Research

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Quality of life (QOL) is a popular term that conveys an overall sense of well-being, including aspects of happiness and satisfaction with life as a whole. It is broad and subjective rather than specific and objective. What makes it so challenging to measure is that, although the term “quality of life” has meaning for nearly everyone and every academic discipline, what it actually means is somewhat different for each individual and group. How do you reach accord about a measure for quality of life? Perhaps the strongest area of a consensus is that quality of life is extraordinarily broad and conceptually complex, yet measures are most meaningful when they measure key concepts in a logical way and are as precise as possible.

Over the years, Quality of Life (QOL) assessment came to mean taking account of anything beyond mortality and system levels. Even noting side effects of treatment has been put forward as a QOL assessment. More and more, however QOL has come to embody the justified concern for patients as people and not just cases. It has also come to reflect the rise of a more consumer oriented approach to medical care, in which the patient's own opinion of what is happening to them is taken as important rather than patient being the objects of expert attention from professionals who themselves judge the effectiveness and relevance of what they do [1]. The interest in QOL also reflects a more serious concern for that broad definition of health as “a state of complete physical, mental and social well being and not merely the absence of disease” [2]. Virtually all the efforts of the health sector are directed towards creating an absence of disease, by prevention or treatment, with wellbeing as a secondary product. Without definitions and measures of well being, however, there can be little progress toward including it as an objective in the creation of a more healthy society. QOL measures provide one step toward such a goal [3].

Although health is an important domain of overall quality of life, there are other domains as well—for instance, finance, housing, security, schools, and the neighborhood. Aspects of culture, values, and spirituality are also key aspects of overall quality of life that add to the complexity of its measurement. Nevertheless, researchers in the fields of psychology and sociology have developed useful techniques that have helped to conceptualize and measure these multiple domains and how they relate to each other [4].

As QOL is multidimensional construct, there is some controversy regarding its definition [5] discussed that QOL comprises two objective components, namely behavioral competence and environmental quality, and two subjective components, namely perceived QOL and psychological well being. In year 1993 the World Health Organization (WHO) defines quality of life as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” [6].

Asthana HS [7] a renowned psychologist from India in his work ‘Quality of Life: a psychological Analysis’ has proposed that, the term quality of life (QOL) is an amorphous concept; it is normative and value laden. Its contours are difficult to define and its empirical inquiry still more challenging. He summed up, QOL overflows the boundaries of social sciences including economics and psychology. One must take into account what humanistic disciplines have to say in this regard and examine the issue in the context of the world view one holds.

The World Health Organization (WHO) has attempted both to define the concept and to develop appropriate assessment tools [8,9]. Developers of these tools have sought to incorporate both subjective and objective elements. Starting from the view that quality of life is a subjective and broad-ranging concept [8,10], the WHO sought to identify and test various facets of quality of life and examine in cross-cultural studies how these facets relate to the concept. Following focus group research with participants across a number of cultures, the WHO identified four broad domains as being universally relevant to quality of life, namely physical health, psychological well-being, social relationships, and environment [9]. These four domains have been incorporated into the assessment tools developed as a result of the research, namely the WHOQOL-100 tool and the short version, WHOQOL-BREF [11].

Quality of life of older adults is particularly important in our aging societies, and many scholars argue that it is better that to have QOL than long life of low quality. Good arguments are made that older adults are different from younger adults and that the factors related to QOL of people later in late life may differ from those of younger people. For example work may not be relevant to older retired adults, and there may be sensory deficits or physiological changes that affect their QOL. In addition, older adults are considered to be ‘health optimists’ in that they tend to view their health and QOL positively, even when they have multiple health problems. Variables that have been found to contribute to QOL of older adults include health and functional status, social support and environment [12].

Many studies on quality of life (QOL) of elderly people living in the community and old age homes [13]; suffering from different physical [14] and mental illnesses [15,16] have been conducted. Some reported issues regarding health related QOL and others reported issues regarding assessment [13,17] and administration specially in elderly patient with severe cognitive impairment or with dementia [17,18].

Bartels and Pratt [16] found that poor functional outcomes and lower quality of life among older people with severe mental illnesses are strongly associated with social isolation, depression, cognitive impairment, and chronic medical illness. These findings may be similar or contrast across the globe. As different nation have different infrastructure (for health care services), family and social setup, social security system, and spiritualism and belief systems. Therefore, there is lots of scope for further research on geriatric population considering above factors. In addition, rapid rise in the geriatric population worldwide, bind to pay an urgent need to focus upon assessment

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of global health (physical and mental) and quality of life (Physical, Psychological, Social, Financial, Environmental and Spiritual), to plan and develop better health care services for this segment of the society by the professionals and policy makers.

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