Defining Quality of Life

Quality of life - although many people have studied the topic, it is difficult to find a definition that would deliver the same meaning universally due to the individual differences in viewing and perceiving such a subject, whether it is the personal values, level of education, differences of occupation, socioeconomic status, as well as the individual field of experiences that are used to explain quality of life. Nonetheless, many scholars and researchers have attempted to define the meaning of the quality of life according to the theories and beliefs that vary accordingly.

According to the World Health Organization (WHO), quality of life refers to “the integration of the multidimensional perception of an individual physical and mental awareness, independence, social interaction, environment, and the beliefs of the individual under the tradition, mores, and life goals.”

The Importance of Quality of Life

Humans are considered the most important resources in the society. Therefore, it is not surprising that many would be interested in studying about the human quality of life, which is regarded as a way of improving human capacity, for the word “quality of life” has frequently been mentioned corresponding to human developments. Miles mentioned that decision making reflected the capacity of an individual's development and efficiency. Miles also added that it is unnecessary to try to separate individual from social developments because both can never be taken apart.

Since the conception of quality of life changes according to different time periods and values, humans try to adapt to these changes in order to live a prosperous life. Good quality of life does indeed result in higher efficiency in humans, thus bringing about this efficiency to develop oneself to the goals one sets and to the needs of the society according to particular standards and social values. Therefore, the purpose of studying quality of life development is to understand what a good quality of life and happiness is, as a response to the human essential needs in living a prosperous life.

Quality of life, other than helping to develop the person and the society, is also considered as an important factor in reducing social problems. With the belief that if a person could appropriately respond to their needs, physically, psychologically, ethically, and cared for their social members, the problems that had arisen could be reduced or even eliminated. On the contrary, the society with low quality of life is like lacking quality resources in creating and developing the society, thus problems follow. Therefore, good quality of life is important in defining human prosperity, and the whole person, physically and mentally.

Conception of Quality of Life Assessment

The conception of quality of life assessment has begun since the 20th century. While Western countries are undergoing industrial revolution, economic indicators such as the Growth National Product (GNP) were used to indicate the country’s prosperity, stability, and quality of life. However, questions arise as to whether GNP can solely be used to indicate such qualities. Therefore, the Human Development Index (HDI) was introduced to include the social factor into the assessment. The HDI comprises the basic needs that are necessary for human developments, which are longevity, knowledge, and standard of living, measured by the mortality rate, illiteracy rate, and the Gross Domestic Produce (GDP), respectively, and documented in world records. Due to the differences in cultures in each society, the standards and terms of developments vary, thus they cannot be appropriately used to compare with one another.

In addition, ESCAP has classified quality of life assessment into three groups, which are economic indicators compose of the GNP and GDP; the objective social indicators such as health status, nutrition, education, surrounding environment, working life, and social interaction; and subjective social indicator which is the information regarding the reaction and perception towards happiness and satisfaction, considered as the quality of life. The development of a quality of life assessment instrument should take these factors into account.
account, as well as take into consideration the integration and correspondence to the status quo, in order to develop an instrument that is able to assess the defined "quality of life" as much as possible.

Conception of Thai Quality of Life Assessment

The Thai conception of quality of life assessment is similar to those used internationally. Initially, due to the economical changes within the country, the National Economic Council was established, later known as the National Economic and Social Development Board, along with the National Economic and Social Development Plan. Although the economy was flourishing and it showed in the data that there was a good indicator of the better quality of life within the country, with dispersed income, most of the country’s population were still under poverty. Therefore, the economy could not stand for the citizen’s standard of living. The goals were then shifted from economic developments to understanding human quality of life, where social indicators were considered an equally important factor. The National Economic and Social Development Board, Community Development Department, and Rural Development Board are involved in the developments of the different social status assessment tools, one of which the National Economic and Social Development Board developed in 1975. In 1982, the Community Development Department had collected principal data at the village level. The data consisted of the overall status of the village, economic standing, level of education, participation and strength of the community, health and nutrition, the labor union, and use of drugs. The data was collected in every village in the rural region every 2 years along with the essential needs assessment, which are records in the household level, showing the essential need status of the household in different areas as to whether they reached the minimal quality of life during the particular period of time. The essential need assessment is considered as a tool used to measure the Thai quality of life during a period of time, indicating the weaker and stronger areas in their living, as well as which areas to improve on. The essential need assessment comprised of indicators of Thai good quality of life, such as good nutrition as needed by the body, appropriate accommodation and surrounding environment, opportunity to seek for different services available and the necessity to maintain a living and occupation, secure in life and monetary funds, and good mental health. The instrument has been revised and developed to suit the ever changing Thai society. Moreover, each department also developed quality of life assessment tools according to their definition of the term. For instance, the National Statistical Office collected statistics of each department in order to construct an instrument that would assess the economic and social status. The Ministry of Public Health also set up many programs in order to identify the factors related to public health, as well as many private sectors who are interested in constructing quality of life and social status measuring instruments to be used in the different areas and organizations.

As we can see, the conception of quality of life has progressed continuously, from using economic indicators to the index of quality of life assessment, and many instruments have been developed in order to show the overall quality of life of each society as defined by the researcher. Some instruments are group-specific such as the quality of life in the workplace of employees, or the overall quality of life of Thai women. In other words, the instrument could not be used in other populations and could not identify the quality of life of each individual at the particular time. Therefore, the development of instruments that could assess individual quality of life arise to answer the aforementioned question.

Different Types of Quality of Life Measuring Instruments

Presently, there have been many developments of quality of life measuring instruments due to the need in assessing patients of different illnesses, and which of these different illnesses bring different consequences to the quality of life of these patients. The quality of life is a good indicator of a good prognosis, including more efficient long-term treatment plans. From one quality of life database (i.e. http://www.proqolid.org), many standard quality of life assessment instruments used around the world have been gathered, indicating that evaluations of quality of life are considered important, and these instruments have been revised and developed according to the particular characteristics and objectives of the questionnaire. An example of such a questionnaire is used by the Ferrans and Powers Quality of Life Index developed by Carole E. Ferrans and Marjorie J. Powers in order to measure life satisfaction in the different areas: Generic version, Cancer version (QLI-C-FP), Cardiac version (QLI-H-FP), Chronic Fatigue Syndrome version, Diabetes version, Dialysis version, Epilepsy version, Liver Transplant version, Multiple Sclerosis version, Nursing Home version, Pulmonary version, Sickle Cell version, Spinal cord injury version (QLI-SCI-FP), and Stroke version. Other interesting instruments are the Quality of Life Scale by Douglas W. Heinrichs and William T. Carpenter Jr., used to evaluate the overall ability of schizophrenic patients who are not treated in hospitals, the Quality of Life Schedule developed by M. M. Barry and Charles Crossby used to evaluate chronic psychological illnesses, the Quality of Life Inventory developed by Michael B. Frisch used to measure life satisfaction by looking at just one score that evaluates all 16 factors including love, work, hobby, as well as the different problems in life and the strength of each area, and the Quality of Life at the End of Life Measure developed by Karen E. Steinhauser et al., used to evaluate the quality of life of the elderly.

Pictorial Thai Quality of Life (PTQL)

There are many types of quality of life measuring instrument. In Thailand, the quality of life assessment has been adapted from the World Health Organization (WHO) and translated in order to be appropriately used with the Thai population, due to the fact there are already many instruments that focus on measuring sicknesses and death, which only assess the consequences of the illnesses on the daily life and health behaviors, not the quality of life that is considered an important factor in health care. Furthermore, these health status measurements are developed within a single society, including the tendency for the medical field to focus on the happiness of the patients after being well-treated as the primary goal, although the happiness of the patient
through sickness should also be considered. Therefore, quality of life measuring instruments that are able to assess quality of life within the country have been developed through the measurement of the knowledge of the individual regarding the consequences of the illness. The instrument was also designed so that it can measure both positive and negative aspects, and covers the multidimensional factors regarding quality of life. The WHO quality of life measuring tool is considered one of the standardized questionnaire, which have been accepted and have been revised and improved, or have been used as the basis in creating other instruments regarding quality of life, both within and outside Thailand. The WHO quality of life questionnaire includes both the perceived objective and self-reported subjective factors. There are 2 forms of the WHO quality of life questionnaire. The first is the WHO Quality of Life questionnaire, also known as the WHOQOL – 100, which consists of 100 questions evaluating the quality of life through 6 domains: physical, psychological, level of independence, social relationships, environmental, and the spirituality/religion or personal beliefs domain, and have been used and translated into Thai by Kittikorn Meesup in 1994. The second form is the short or brief form of the original questionnaire, consisting of 26 questions called WHOQOL – BREF, which Suwat Mahutnirankul et al. has also used and translated into Thai.

Other than the translated WHO quality of life questionnaires, there is also the Pictorial Thai Quality of Life questionnaire developed by Sucheera Phatharayuttawat, Thienchay Ngamthipwatthana, and Buncha Pitiyawaranan, which was developed according to the characteristics defined by the WHO and have been adapted for use in the Thai population. The advantages of this questionnaire are that it is easy to understand, because illustrated pictures are used to convey the meaning of the questions, it has very few limitations regarding its use, and can be used both in the clinical and community level.

**Objectives of the Pictorial Thai Quality of Life (PTQL)**

The objectives of the Pictorial Thai Quality of Life (PTQL) was to develop a robust quality of life instrument that has adequate and sufficient construct validity, discriminate power, concurrent validity, and overall validity. Although the two forms of the WHO quality of life questionnaires are translated and used in Thailand, in practice it was found that many problems arises due to their inconsistency with the Thai society, as well as the Thai population was not used in the construction of the questionnaire. Therefore, development of an instrument that is more consistent with the Thai society and is easy to understand for the general Thai population both in a clinical and a communal setting was thought of. The PTQL was developed based on the WHO quality of life definition and was designed to assess the Thai quality of life, which can be used to evaluate the patients’ quality of life both before and after treatment, including data collection for research purposes.

**Psychometric properties of the Pictorial Thai Quality of Life (PTQL)**

The PTQL consists of a self-completion method in which the examinee is asked to choose the answer that reflects their current status as much as possible. The questions are presented in pictorial forms, and could be used to assess the quality of life of patients and the general population in clinical and communal settings. The construction of the questions are developed from the literature reviews and the concept of measurement from the WHOQOL, based on the WHO quality of life definition which classified quality of life into 6 domains, including the physical, psychological, level of independence, social relationships, environmental, and personal belief domain. The PTQL was originally composed of 35 items, but ambiguous questions were eliminated, so only 28 items are left, categorized into 6 domains: physical, cognitive, affective, social function, economic, and self-esteem domain. The scales were judged by experts using the Delphi technique and by Factor analysis. In the pilot study, after testing the administration and the picture test items, it was found that some pictures were not clear, so 3 of the 28 items were excluded, which thus leaves a total of 25 items. These items were then appropriately revised and improved accordingly.

The PTQL differentiated the quality of life into 6 domains (1) Physical, (2) Cognitive, (3) Affective, (4) Social, (5) Economic, and (6) Self-esteem.

The reliability of the PTQL is estimated at an Alpha of 0.88, and the remaining six subscales, Cronbach’s Alpha ranged from 0.81 to 0.91.

**REFERENCES**