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REVIEW ARTICLE

Theoretical Background of Health Related Quality of Life (HRQOL) and Literature Reviews on its Definition

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ABSTRACT

Modern society has been more interested in healthy life beyond the matter of simple survival. The improvement of health has promoted the quality of life and the improvement of the quality of life has contributed for the overall level of well-being. This study aimed to discuss the direction of future studies by exploring the definition of and research trend in health related quality of life and by reviewing the studies and discussions that became theoretical foundations of health related quality of life.

Health related quality of life means the well-being that is directly related to health. The research on health related quality of life has been mostly conducted in the medical field and the theoretical study has not been carried out frequently; even though the scopes of the quality of life have been subdivided and specified, the theoretical studies have been insufficient. Both clinical and theoretical studies on health related quality of life need to be actively conducted in the future.

<Key-words>

health, quality of life, health related quality of life

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Introduction

The life expectancy has been prolonged due to the rapid changes of economic structure caused by industrialization and informatization and the medical advances, which also has brought about the problems caused by aging. Japan became super-aged society in 2006 and South Korea is expected to be super-aged society in 2026. It is predicted that the aging of population will be more serious than ever and its problem have appeared more among advance countries than developing countries.

The physically and mentally healthy life has come into the spotlight due to the rapid aging of population; this trend can be exemplified with the frequent uses of the terms of the quality of life and well-being. The desire to live a long and healthy life, which is not only a wish of the elderly but also that of everybody, may have formed this trend that emphasizes the quality of life (Kim Young-Geun 2008). In modern society, the health related issues have become the greatest and ultimate tasks that were given to us.

In other words, modern society has been concerned about the healthy life beyond the matter of survival. The improvement of health is expected to contribute for the well-being and welfare of individuals and, furthermore, the overall quality of life in society in the end.

In this context, as the interest in the quality of life has grown, it is necessary to consider the here and now of the studies and discussions that will give the theoretical foundation for health related quality of life. This study aimed to discuss the direction of future studies by exploring the definition of and research trend in health related quality of life and by reviewing the studies and discussions that became theoretical foundations of health related quality of life. Literature review based on precedent studies has been employed as the research method.

Theoretical Background

1. Health

Even though the dictionary definition of health has not been changed much comparing the past to the present, the health criteria have been changed much.

There are a lot of definitions by many organizations, books and scholars.

WHO (World Health Organization) defined that health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. Recently it has been suggested that spiritual aspect also needs to be included into the scopes of health, which shows the tendency that attempts to define health in the comprehensive conception.

Kouzien, Japanese unabridged dictionary, defined that health is the good and sound condition of body and mind that can show physical and mental abilities to the full; the state that the abilities of human body and mind can be fully displayed.

International Dictionary of Medicine and Biology defined health as a state of

well-being of an organism or part of one, characterized by normal function and unattended by disease.

Dorland's Medical Dictionary of the U.S.A. defined health as a condition of optimum physical, social, mental and spiritual well being - not merely the absence of disease or infirmities.

Gould Medical Dictionary of U.K. defined health as the physical state that all functions perform normally.

Smith(1981) identified four models of health; clinical, role-performance, adaptive, and eudaimonistic. First, within clinical model, health is viewed as the absence of disease; it is from the medical model that health is considered as a physical condition without disease, symptoms, disabilities, etc. Second, within role-performance model, health is defined as effective performance of roles as human being. It was developed through the studies of medical sociology. Within this model, even though persons have disabilities, they are considered as healthy, as long as they perform their roles in jobs and family. Third, within adaptive model, health is viewed as effective, productive interaction with the physical and social environment with the emphasis on flexible adaptation. Fourth, within eudaimonistic model, health is viewed as self-actualization derived from complete development of the potential for general well-being and self realization. Based on the theory of Smith (1981), the concepts of health seem that they have evolved from clinical model through role-performance and adaptive model to eudaimonistic model.

Bak Jae-Guk and Lee Mi-Suk (2001) have explained that the definition of health in the medicine has changed from concept that understand health in the aspect that it is matter of survival through the concept that health is free from disease and the concept that emphasizes the abilities of individuals to perform daily life activities to positive concept that emphasizes happiness, social and emotional well-being and the quality of life.

Health is the physically and mentally sound condition and its definition has been greatly changed.

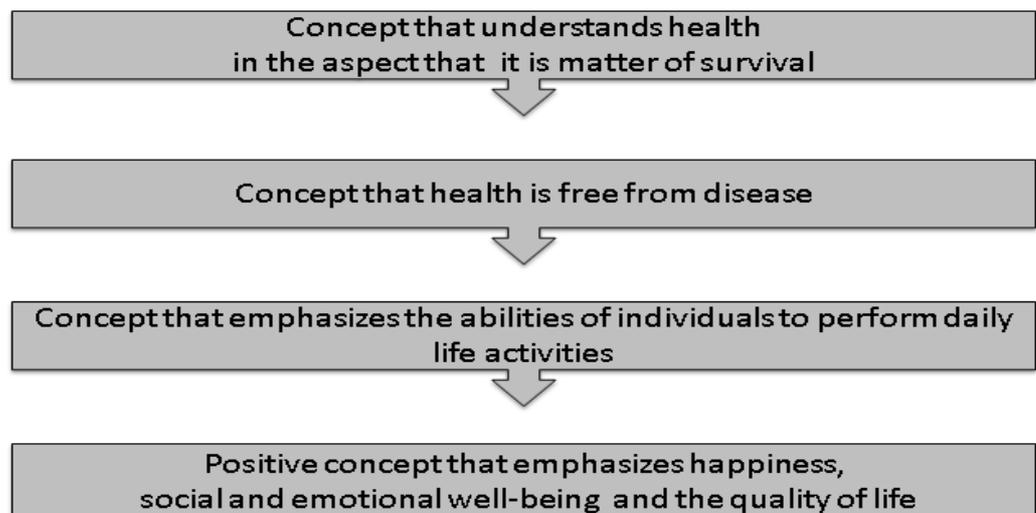


Figure 1: The Changes of the Concepts of Health

2. Quality of Life (QOL)

Human beings have struggled to survive famine, diseases and wars with great efforts for a very long time and the life expectancy was very short and the quality of life was very low until recently. In the past, the most important goal of life was the matter of simple survival. However, as people have been extricated from famine and diseases due to the industrial revolution centering on Europe and the rapid development of science technology, how well they are fed, clad and housed for comfortable life has become the important factor to determine the quality of life. In modern society, the matter of the quality of life has changed to how well they are fed, clad and housed from the matter of simple survival (Lee Jong-Yeong 1996).

Even though so many scholars in so many academic fields have defined the quality of life, there are similar definitions, but no common definition.

Jeong Gu-Hyun (1994) measured the quality of life adding the aspect of welfare or mental health to the aspect of material while considering the quality of life as the state of satisfaction and happiness. The quality of life is the concept of a high standard. It includes the increase of basic human rights and the expansion of suffrage in the political aspect and the job satisfaction, value consensus, social integration, privacy, the development of art and education and the expansion of the right to culture in the social aspect.

Campbell et al. (1976) defined the quality of life as the subjective perception of welfare level based on the passion, value and goals in the subjects of marriage, family, housing, job, friends, neighbor, health, etc.

WHO defined the 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.

No Yu-Ja (1988) defined the quality of life as the subjective conception of well-being in the physical, mental, socio-economical and spiritual aspects and subdivided it into emotional state, economic life, self-esteem, physical condition and functions, neighborhood and family relationship. In the meantime, Basavaraj, K.H.(2010) suggested four domains of the quality of life in HIV/AIDS including physical, psychological, social and environmental domains; comparing with the definitions of scholars mentioned above, the definition that Figure 2 shows seems to be universal than specified to specific diseases (see Figure 2).

Quality of life is the conceptive state in the physical, mental, socio-economic and spiritual domains. Because the quality of life refers to a subjective state, it can be defined more diversely depending on each person.

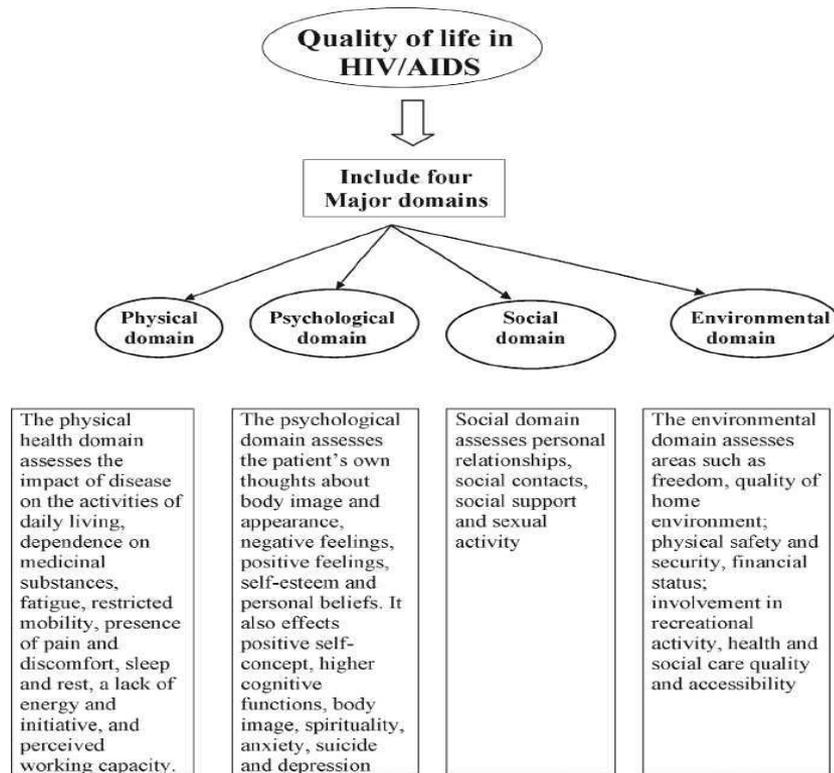


Figure 2: Quality of life - major domains

The Definition and Research Trend of Health Related Quality of Life (HRQOL)

1. The Definition of Health Related Quality of Life (HRQOL)

The theme of the quality of life has been dealt with in diverse academic fields. In the medical world, the quality of life of patients has begun to be discussed. The studies on health related quality of life have been carried out by linking health and the quality of life.

There are diverse definitions of health related quality of life;

Ware (2000) divided the quality of life into the one that is directly related to health and the other that is not related to health and defined health related quality of life in the physical, emotional and social aspects of the quality of life that is being influenced by diseases or treatment.

Hollandsworth(1988) defined health related quality of life as the individual's sense of well-being related to diseases, accidents, treatment and side effects (Hollandsworth 1988).

Testa & Sinnonsoon (1996) suggested that health related quality of life refers to all the physical, psychological and social aspects of health that are affected by the overall sense of well-being, experiences, faith and perception of individuals.

Yuriko D (2004) explained that the quality of life is directly related to health and it

includes physical, psychological, social and spiritual, role-functioning and overall well-being.

Figure 2 that presents the modeling of medical treatment and evaluation for patients with chronic diseases shows how to improve health related quality of life of individuals. It can be said that all of clinical evaluation, the creed and values of patients, evaluation of patients based on their judgments, their physical state, psychological state, social exchange, economic state, spiritual state and overall sense of well-being are connected to health related quality of life.

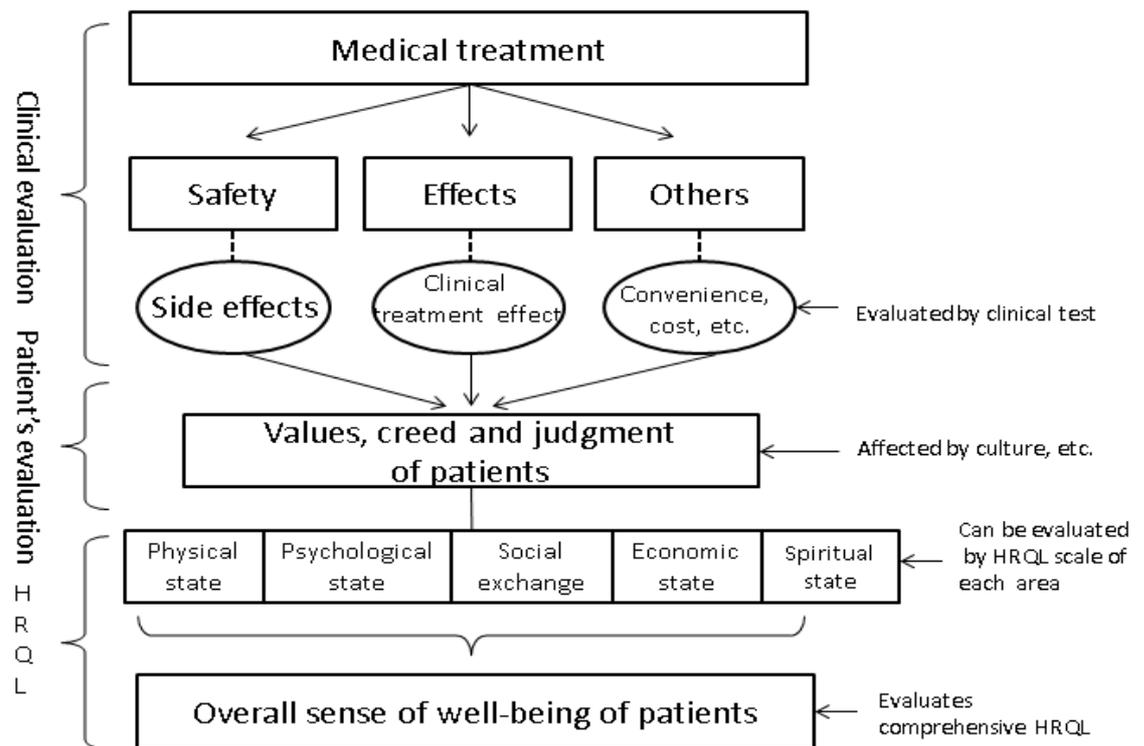


Figure 3: Health related Quality of Life model

Source: Quality of Life and Pharmacoeconomics in Clinical Trials 2nd Edition. Bert Spilker edited. (Translated by the author) .

Remark: HRQL(Health - Related Quality of Life)

Even though it has been known by scholars that the person's sense of health affects whole life, ironically health related quality of life has not been considered for the evaluation of treatment; it may happen naturally and even a remarkable treatment cannot improve the quality of life. As for the health related quality of life, it is indispensable that the subjects or factors to be measured according to goals need to be limited (Guyatt GH 1993).

Based on the information mentioned above, health related quality of life refers to the well-being of areas that are directly related to health. As mentioned in the section of the

definition of health, just like that the definition of health includes psychological, social and environmental aspects as well as physical aspect, that of health related quality of life also means the well-being of comprehensive areas.

2. The Research Trend of Health Related Quality of Life (HRQOL)

Historically studies on quality of life have been initiated by social indicator movement of the fields of sociology. Social indicators that have been used as the practical tool to understand the characteristics of social problems and to predict future have grown to be significant research tool in sociology together with the development of statistics techniques.

As diverse social statistical year books and social survey reports began to be published in 1960's, social indicator movement had reached its peak until the conservative U.S. federal government got less interested in it in 1980's (Sirgy 2006). Meanwhile as the bibliography of health index that is necessary to health section was published due to the impact of social indicator movement, the studies on health related quality of life have been actively conducted.

In this context, diverse studies on the quality of life have been discussed. Macroscopic discussions about the quality of life of patients have been begun even in the medical world that is interested in diseases and their treatments based on the scientific way of thinking. Health related quality of life can be considered as the attempt to connect health with the quality of life different from the quality of life in macroscopic aspect, which has the important place in the recent research trend of the quality of life (Schalock 2002). The heightened concern about health related quality of life can be viewed that health has an important place among the factors that the quality of life consists of.

The studies on health related quality of life that was merely begun in 1970's have gained more and more interest as the indicator of the performance of medical intervention in the health and medical fields and, since the mid 1980's, they have quantitatively increased (Hickey 2005).

In Japan, since 1980's, the studies on the quality of life have been conducted and in 2000, health related quality of life has been defined by government. In South Korea, studies on health related quality of life have been carried out in the some particular diseases and since 1990's, they have been increasingly conducted in more diverse fields. The representative studies on health related quality of life include the studies on the scale to measure health related quality of life, correlation between particular (especially medical) factors and health related quality of life and health related quality of life by age.

Some theses can be exemplified as followed;

There is the study on HRQOL and its Influential Factors in Outpatients with Cerebrovascular Diseases: Report of Thirteen Cases Measured by SF-36 (IKUSHIMA Yoshie, BAN Sadahiko, 2000). This study aimed to measure health related quality of life of outpatients with cerebrovascular diseases and to analyze the factors to affect their quality of life by recognizing the significance of HRQOL in the care invention for

outpatients with cerebrovascular diseases.

There is the study on Factors Affecting Health Related Quality of Life in Stroke Outpatients (AMISHIMA Shigeko, 2004). This study aimed to find out the factors to affect health related quality of life of outpatients with cerebrovascular diseases.

There is also the study on Mood states and Health Related Quality of Life in older adults (JOO Jung-Mi, 2008). This study aimed to provide fundamental information for the policy making to solve the recently increasing problems of the aging of population and to improve health related quality of life of them through the study on health related quality of life of the elderly in South Korea and the mood status to affect health related quality of life.

While many studies in the medical circles have been conducted, theoretical studies on health related quality of life have not been carried out.

Considerations and Conclusion

In 21st century, tremendous developments have been achieved comparing with the past, for example, economic and material affluence, prolonged life expectancy due to the development of medical technology, leisure activities due to the development of cultural contents, psychological stability through human relations and stable residential life. Today's life has always been more affluent than yesterday's and the quality of life has been improved; its meaning has also been segmented.

Health related quality of life have the most important place among the scopes of the quality of life and has become the ultimate and greatest task in modern society.

This study has been conducted to understand health related quality of life that has gained the interest recently, because the studies on the segmented scopes of the quality of life are not sufficient in spite of plenty studies on the quality of life itself.

Most of all, the dictionary definition of health is the state without physical and mental diseases, but the health criteria have been changed greatly. The meaning of health has been evolved from the matter of simple survival, through the state without diseases and role-performance conception to eudaimonistic health conception. Quality of life is the person's sense in the comprehensive areas including physical, mental, socio-economic and spiritual areas. Health related quality of life means the well-being in physical, mental, social and role-functioning aspects that are directly related to health.

The studies on health related quality of life have been actively conducted due to the social indicator movement in the research trend of health. The studies on health related quality of life have dealt with the scale to measure health related quality of life, medical diseases, correlation between particular (especially medical) factors and health related quality of life, etc.

Even though the scopes of the quality of life have been segmented and the subjects of study have been specified, the actual researches have not kept up with the trend.

Moreover, the definition of each scope of the quality of life has not been made yet and scholars have also presented diverse opinions, too. Because every precedent study on health related quality of life has presented its own definition, it is difficult to find its universal definition. In addition, the conception of health has been greatly changed with the course of time and the studies need to be conducted with keeping up with the changes of definition and scope.

In Japan and South Korea, the studies on health related quality of life have been begun in 1990's and have quantitatively increased, but theoretical studies have not been sufficiently conducted in both Japan and South Korea. Because the studies on health related quality of life have been mostly carried out in the medical world, thoughtful discussions could be carried out, if the studies would be also conducted in other academic worlds.

The past criteria of the quality of life that emphasized economic aspect of the quality of life have greatly changed today. The studies on the quality of life dealing with more diverse scopes in diverse academic fields will contribute for the better quality of life in the future.

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