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Quality of Life: Concept Analysis

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Abstract

Background: Quality of life (QOL) is a concept commonly used within healthcare but lacks consensus. A concept that has been commonly associated with adherence, morbidity, and health outcomes. ***Objectives***: The aim of this paper is to clarify the concept of QOL and identify the conceptualizations behind it and to provide some insights to QOL research. ***Design***: Concept analysis according to Walker and Avant, consist of eight steps: select concept, determine purpose, identify uses, determine defining attributes, identify model case, identify additional cases, identify antecedents and consequences, and define empirical referents. ***Results***: The fact that quality of life is subjective, and the most crucial lesson advanced practice nurses should learn from this investigation. However, in the absence of subjective evaluations of quality of life, objective evaluations can be done by people who were close to the patient and may understand what they would have appreciated. Though many of the characteristics of quality of life are measured, it is crucial to keep in mind that each person's priorities ultimately define what is important to them. When deciding on care goals and treatment plans, these must be made in collaboration with the patient so that the patient can determine what he/she values and what would improve his/her quality of life. ***Conclusion:*** The practitioner needs to put aside his/her personal opinions on what would improve the quality of life and instead listen to the patient's wishes and goals. Quality of life is ultimately what an individual says it is, and when that is heard and respected, the highest and most individualized quality of care can be provided.

Keywords: Quality of life, cancer, palliative care, support, nursing.

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INTRODUCTION

The term quality of life (QOL) is overused in the fields of medicine and nursing. However, there aren't many descriptions of this phrase. A patient's life quality is improved by advanced practice nurses through disease management, disease prevention, and health promotion. Advance practice nurses who work with medical innovations that extend life spans are challenged with issues of quality of life [1]. The aim of advance practice nurses is to enhance the quality of patients' lives, however because of the term's high degree of ambiguity, it is unclear how this should be done [2]. The impact on the patient's quality of life is taken into consideration when choosing a course of therapy and setting care goals. Different treatment goals, decisions, and outcomes might be brought on by differences in how people define quality of life. Without understanding what that phrase really means, how can advanced practice nurses make judgments that will improve the quality of patients' lives?

The goal of this concept analysis is to raise awareness of the idea and encourage its application in nursing and medical practice. The concept analysis principles created by Walker & Avant (1995) are used. It is hoped that this analysis will spark discussion and lead to more nursing research on what quality of life means in the context of healthcare. Quality of life is determined to be quite complex.

METHODS

WE searched PubMed, COCRHEAN, and CIHNAL using the keywords "QOL concept analysis", and "QOL in children, adult, elderly with chronic

conditions". I included 19 articles; seven articles were concept analysis papers written by nurses, and four were written by a psychologist. Three articles were qualitative research of QOL in patients and caregivers with chronic diseases, and the remaining five articles were quantitative studies of QOL in children and adult with ESRD conducted by nephrologists, 3 of them were conducted in Middle east countries.

BACKGROUND

Definitions and uses of QOL

Numerous sources have defined quality of life in several ways. Quality of life is described as "a broad multidimensional concept that incorporates subjective judgments of good and negative elements of life" by the Center for Disease Control and Prevention (CDC) [3]. The World Health Organization (WHO) defines quality of life as "a person's view of their place in life in relation to their objectives, expectations, standards, and concerns in the context of the culture and value systems in which they live. It is a wide notion that is intricately influenced by a person's functional status, social relationships, personal views, and interactions with key elements of their environment. [4]. Quality of life is described as "the level of living, or degree of enjoyment, comfort, etc., enjoyed by an individual or group in any period or area" by the Oxford English Dictionary. [5]. Quality of life is defined as "a measure of the optimal energy or force that endows a person with the power to successfully cope with the whole range of obstacles encountered in the real world" by Mosby's Medical Nursing & Allied Health Dictionary [6].

Quality of life was described by Barcaccia as "the overall health of people and communities", highlighting both the bad and the good aspects of existence. It evaluates factors that affect life satisfaction, such as physical health, family, finances, employment, wealth, and the environment "[7]. According to Jennings, "the word quality of life tends to imply that life is not intrinsically worthy of respect but might have greater or lesser value according on its circumstances" [8]. This is consistent with philosophical and ethical viewpoints.

Quality of life is described by WHOQOL Group as "spiritual wellbeing, spirituality, religious issues, sentiments of hope, personal views, religiosity, and inner peace" from a religious perspective [9]. According to Haas, it is "a comprehensive examination of a person's current living situations in the context of their culture and values [10]." The primary component of quality of life is a subjective experience of wellbeing that includes aspects of the physical, psychological, social, and spiritual selves. When people are unable to subjectively measure their quality of life, objective indicators may serve as a substitute or supplement in some cases [11]. The degree of need and satisfaction in the physical, psychological, social, activity, material, and structural areas is how Hörnquist defines quality of life [12]. The subjective assessment of a good and satisfactory quality of life is how some people define QOL [13]. Others assert that the fulfillment of a person's ideals, objectives, and desires through the realization of their abilities or lifestyle constitutes the quality of life [14]. In addition, Patrick and Erickson define quality of life as "The value assigned to duration of life as modified by impairment, functional status, perception, and opportunity influenced by disease, injury, treatment, and policy" [15] in their assessment of health-related quality of life for clinical decision making. Additionally, Wood-Dauphinée et al. defined quality of life as "the reflecting of an individual's overall view and happiness with how things are in their life" (para. 16) in a subjective manner. Understanding this idea requires acknowledging the subjectivity of QOL [16].

QOL illustrates the discrepancy between a person's hopes and expectations and their actual experience. As a result of human adaptation, life expectations are typically modified to fit within the bounds of what the individual believes is achievable. This makes it possible for those with challenging life situations to keep up a respectable QOL [17]. Grewal *et al*., add that relationships with family and friends, one's own health, the health of those close to you, independence, emotional and psychological health, religion and spirituality, finances and standard of living, social and leisure activities, one's home and surroundings, enjoyment, security, and control are other aspects of one's quality of life [18].

According to Courtenay *et al*., [19], personal work satisfaction, income, neighborhood schools, the state of the area's arts and cultural amenities, air quality, and racial tolerance are all factors that influence quality of life. Sugiyama *et al*., address how neighborhood open spaces, their comfort and safety, social interaction, social activities, and regular physical activity are all related to quality of life [20]. When addressing the quality of life associated with health, Albert et al. make a distinction. He describes functional status, mental health, emotional wellness, social engagement, and symptom states as aspects of health-related quality of life. Ambulance, mobility, body care and movement, communication, alertness behavior, emotional behavior, social contact, sleep and rest, eating, job, home management, and recreation are all considered to be aspects of health-related quality of life [21]. Additionally, Bowling described the broad range of domains that make up health-related quality of life, including emotional well-being, psychological well-being (measured with indicators of anxiety or depression), physical well-being, and social well-being (examples include indicators of social network, obtained social support, community integration, etc.) [22].

Meeberg concludes by describing quality of life as being subjective and individualized, with the critical components of a sense of well-being, happiness, living conditions, life satisfaction, an acceptable state of physical, mental, social, and emotional health, or an objective assessment by another person that the living conditions of that individual are adequate and not life threatening [23]. Additionally, quality of life has been characterized as being subjective, multidimensional, and changeable [24, 25].

Critical attributes:

The critical attributes are the "features of the concept that recur again" are the crucial characteristics [26]. Subjective contentment, multidimensionality, and dynamicness are essential characteristics of quality of life. It is a purely arbitrary assessment of life satisfaction. When descriptors like perception, context, interpretation, and individualized are included in definitions of the term, this subjective component of quality of life is evident. Each person's is distinct and depends on their assessment and evaluation of their circumstances. If a subjective judgment is not accessible, it can nevertheless be evaluated objectively. Being multidimensional, satisfaction encompasses a range of life's physical, psychological, spiritual, and social realms. Activities of daily life, functional status, exercise, physical health, cognitive function, sexual function, sleep and rest, and comfort are all included in the definitions of the physical domains. The definitions' terms for fulfillment, feeling, pleasure, enjoyment, security, control, independence, and satisfaction all fall under the psychological umbrella. The spiritual realm comprises characteristics from definitions like holiness, religion, or spirituality, meaning, inner tranquility, and morale. Relationships with people, productivity at work, money, role performance, leisure, social engagement, personal resources, and surroundings are all characteristics that fall under the social domain. Additionally dynamic, it changes through time and on a continuum based on factors such as life circumstances, disease state, developmental stage, etc.

Model case

A "'real life' example of the concept's use that encompasses all the necessary features of the concept" [26] is what is referred to as a "model case." The example instance given below exemplifies the idea of quality of life. Mariam, a 44-year-old mother of two, has a devoted husband and understanding friends. She recently completed the mortgage on her home and has already started saving for her children's retirement and college expenses. She recently received a promotion at work that came with a pay increase, ensuring her financial stability. Mariam experiences contentment and fulfillment as she thinks back on her life. Her health, family, friends, and financial security all meet her standards. She believes that life is generally pretty good and that she is loved and supported. This situation exemplifies every important aspect of life quality. In her subjective assessment of her life, Mariam finds that she is content in many areas, including her emotional well-being, social fulfillment, financial stability, and physical health. It is significant to notice that Mariam places importance on these factors for her life pleasure. The subjective evaluation might be multidimensional or one dimensional based on what is essential to everyone. Not all dimensions need to be included, However, depending on what is significant to everyone, the subjective evaluation may be multidimensional or one-dimensional. Given that it changes, this is dynamic. Although Mariam is content with her life right now, her circumstances and her level of pleasure may alter in the future.

Borderline Case

Borderline cases contain some of the critical attributes of the concept being examined, but not all of them [26]. Here is an illustration of a questionable case for the idea of quality of life. A year ago, Jabr, a 57-year-old man, lost his wife to cancer. He has five grandchildren totaling three children. He lives on his own property and will retire the following year. He participates in social events through his temple and is an active member there. He himself has not experienced any health issues and continues to be highly active, walking several kilometers every morning. Although Jabr is content with his life, the loss of his wife has left him depressed. This case represents most of the critical attributes of quality of life. Jabr has evaluated his situation subjectively, and despite being content and appearing to have a wonderful life on the surface, he is not happy. It is multifaceted because he is evaluating various aspects of his life and concluding that his marriage to his wife is what matters most to him. Due to the breakup of his marriage, he is not entirely happy with his life. This is dynamic since his satisfaction has altered recently because of losing his wife and may change in the future as he gets used to life without her. All facets of quality of life are present in this scenario except for satisfaction.

Related Case

Related cases are cases that are “related to the concept being studied, but that do not contain the critical attributes” [26]. While watching the news, Jamila comes across a segment about an old guy who recently won a sizable sum of money in the lottery. She believes that because he is well-off financially, he would always be content in life. On the surface, this individual is leading a high-quality life, however many essential elements are absent in this case. Instead of a subjective assessment of that person's level of happiness, it is the observation of someone who is unaware of that person's priorities that he or she must be content. It is not multidimensional because it just considers the individual's financial security and ignores any other factors that can affect their quality of life. Since it presupposes that the gentleman would always

enjoy a high quality of life because of one experience, it is not dynamic.

Contrary Case

Contrary cases are examples of "not the concept" [26]. Nadine, a woman in her 83s, has cancer that is terminal. For almost three months, she has been in the hospital. She is unable to decide what she needs for care since she is disoriented. She is unable to eat for herself and is incontinent. She frequently groans or cries out for aid while declaring her desire to pass away. Insisting that his mother would want everything done for her, Nadine's son, who has power of attorney, refuses to let his mother take pain medication since it makes her too sleepy. Nadine receives a feeding tube, and she undergoes multiple intubations and weaning procedures. The son claims he wants the medical staff to take all necessary measures to preserve his mother's life. The essential elements of quality of life are not present in this situation. Nadine is just concerned with the fact that she is alive and has not subjectively evaluated her living condition or her level of life satisfaction. Care is not multidimensional since it is focused on keeping Nadine alive rather than determining her needs or level of pleasure in relation to the numerous facets of her life.

Antecedents

Antecedents are the "events or incidents that must occur prior to the occurrence of the concept" [26]. Since life itself must exist before quality of life can occur, having life itself is a significant prerequisite to quality of life [10]. The quality of life of something without life cannot be discussed. Several sources contend that cognitive capacity [10] or state of awareness [23] serve as additional antecedents. The capacity to assess, appraise, and evaluate life as well as the capacity to make decisions are suggested as prerequisites to quality of life [16]. Even when other people judge, appraise, and evaluate life, they must also possess the cognitive capacity to do so. The ability to evaluate one's quality of life cognitively and life itself are the two main precursors to quality of life.

Consequences

The consequences are "those events or incidents that occur as a result of the occurrence of the concept" [26]. It is challenging to talk about the effects of a quality of life since they involve a level of quality of life or a shift in status of quality of life, which can be either positive or bad. Happiness, a sense of wellbeing, self-esteem, and pride [20], as well as life satisfaction [20], can all improve or decrease because of it. It may lead to better physical and mental health [24]. As a result of the transformation, one may decide to alter their circumstances [10], change their everyday activities [21], or have a different perspective on life. It may lead to the availability of personal choices, chances for engaging in self-care activities [27], and the accomplishment of significant life functions [18]. Disease management and modifications to medical practice are potential consequences as well [28]. In the face of disease or age [21], it can also lead to an increase in empowerment [25] or resiliency [29]. It might also lead to improved coping [30], acceptance of life's circumstances [25], or reparation for biopsychosocial losses [29]. It may lead to the preservation of an individual's dignity and respect for their uniqueness and choices [27]. Cost containment may also be a result.

Operational Definition

A person's subjective assessment of their level of satisfaction with their changing living circumstances, which may include several dimensional aspects of their physical, psychological, spiritual, and social well-being, is known as their quality of life.

Empirical Referents

Empirical referents are "classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself" [26]. An individual's subjective interpretation of life satisfaction would serve as an empirical referent for quality of life because the essential characteristics of quality of life contain a subjective component [25]. When quality of life can be assessed, that is the best scenario. Patients' ratings of their quality of life, as well as their sentiments of contentment, happiness, or well-being, are the best indicators of whether quality of life is present [21, 23]. The World Health Organization (WHO) created the "WHOQOL" tool to measure quality of life. A 28-item questionnaire that includes questions about physical, functional, psychological, social, and satisfaction aspects makes up the system [27]. When subjective remarks are not accessible, various tools have been created to determine the incidence of quality of life. Even though they do not, by virtue of their presence, indicate the occurrence of the concept, these are important instruments that, in the absence of an individual's subjective judgment of their own quality of life, provide a close approximation of the concept. These life-quality questions might be posed to proxy informants such family members who are deemed to be well acquainted with the subject [27]. There are other observations that can be made to ascertain a person's quality of life, such as behavioral observations, information about their physical, social, and care environments, and their capacity to set and achieve goals, express unhappiness, start and respond to change, and establish and maintain satisfying relationships [25]. Inadequate living conditions [25], severe suffering [10], and abuse-related data can all be used to evaluate the absence of quality of life. It is crucial to remember that these things do not imply that the quality of life has reduced or vanished altogether. People may not consider some of these issues to lower their quality of life because it is an individual, subjective assessment of their own condition. For instance, they might discover purpose in their pain,

which would enhance their quality of life. Therefore, a person's own subjective evaluation is the best indicator of quality of life.

CONCLUSION

The phrase "quality of life" is frequently used in the context of healthcare but is not well defined. The purpose of this concept analysis was to make the phrase more understandable for use in clinical settings. The research and assessment of the literature revealed that there is no one universally applicable meaning of the term. But clarity was achieved by examining how the idea was used in literature, identifying the key characteristics, and then formulating an operational definition based on those critical attributes.

The fact that quality of life is subjective is the most crucial lesson advanced practice nurses should learn from this investigation. However, in the absence of subjective evaluations of quality of life, objective evaluations can be done by people who were close to the patient and may understand what they would have appreciated. Though many of the characteristics of quality of life are measured, it is crucial to keep in mind that each person's priorities ultimately define what is important to them. When deciding on care goals and treatment plans, these must be made in collaboration with the patient so that the patient can determine what he/she values and what would improve his/her quality of life. The practitioner needs to put aside his/her personal opinions on what would improve the quality of life and instead listen to the patient's wishes and goals. Quality of life is ultimately what an individual says it is, and when that is heard and respected, the highest and most individualized quality of care can be provide

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REFERENCES

1. Woo, B. F. Y., Lee, J. X. Y., & Tam, W. W. S. (2017). The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. *Human resources for health*, *15*(1), 63. https://doi.org/10.1186/s12960-017-0237-9
2. Lowe, G., Plummer, V., O'Brien, A. P., & Boyd, L. (2012). Time to clarify--the value of advanced practice nursing roles in health care. *Journal of advanced nursing*, *68*(3), 677–685. https://doi.org/10.1111/j.1365-2648.2011.05790.x
3. Centers for Disease Control and Prevention. (2019). HRQOL Concepts. Retrieved from https://www.cdc.gov/hrqol/concept.htm
4. World Health Organization. (2012). WHOQOL - Measuring Quality of Life. Retrieved from https://www.who.int/tools/whoqol
5. Oxford Languages The Home of Language Data. (2022, August 26). https://languages.oup.com/.
6. Anderson, D. M., Keith, J., Novak, P. D. and Elliot, M. A. (2002). Mosby's medical, nursing, and allied health dictionary (6th ed.). St. Louis, MO: Mosby.
7. Barcaccia, B., Esposito, G., Matarese, M., Bertolaso, M., Elvira, M., & De Marinis, M. G. (2013). Defining Quality of Life: A Wild-Goose Chase? *Europe's Journal of Psychology*, *9*(1), 185-203. https://doi.org/10.5964/ejop.v9i1.484
8. Logsdon, R. G., Gibbons, L. E., McCurry, S. M., & Teri, L. (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic medicine*, *64*(3), 510–519. https://doi.org/10.1097/00006842-200205000-00016
9. WHOQOL SRPB Group. (2006). A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. *Social science & medicine (1982)*, *62*(6), 1486–1497. https://doi.org/10.1016/j.socscimed.2005.08.001
10. Haas, B. K. (1999). A Multidisciplinary Concept Analysis of Quality of Life. Western Journal of Nursing Research, 21, 728-742. http://dx.doi.org/10.1177/01939459922044153
11. Le Grande, M., Ski, C. F., Thompson, D. R., Scuffham, P., Kularatna, S., Jackson, A. C., & Brown, A. (2017). Social and emotional wellbeing assessment instruments for use with Indigenous Australians: A critical review. *Social science & medicine (1982)*, *187*, 164–173. https://doi.org/10.1016/j.socscimed.2017.06.046
12. Hörnquist, J. O. (1982). The concept of quality of life. *Scandinavian journal of social medicine*, *10*(2), 57–61. https://doi.org/10.1177/140349488201000204
13. van Knippenberg, F. C., & de Haes, J. C. (1988). Measuring the quality of life of cancer patients: psychometric properties of instruments. *Journal of clinical epidemiology*, *41*(11), 1043–1053. https://doi.org/10.1016/0895-4356(88)90073-x
14. Emerson E. B. (1985). Evaluating the impact of deinstitutionalization on the lives of mentally retarded people. *American journal of mental deficiency*, *90*(3), 277–288.
15. Institute of Medicine (US) Division of Health Care Services; Heithoff KA, Lohr K, editors. Effectiveness and Outcomes in Health Care: Proceedings of an Invitational Conference.

Washington (DC): National Academies Press (US); 1990. 17, Assessing Health-Related Quality of Life Outcomes. Available from: https://www.ncbi.nlm.nih.gov/books/NBK233989/

16. Wood-Dauphinée, S., Exner, G., Bostanci, B., Exner, G., Glass, C., Jochheim, K. A., Kluger, P., Koller, M., Krishnan, K. R., Post, M. W., Ragnarsson, K. T., Rommel, T., Zitnay, G., & SCI Consensus Group (2002). Quality of life in patients with spinal cord injury--basic issues, assessment, and recommendations. *Restorative neurology and neuroscience*, *20*(3-4), 135–149.
17. Janssen, C. G., Schuengel, C., & Stolk, J. (2005). Perspectives on quality of life of people with intellectual disabilities: the interpretation of discrepancies between clients and caregivers. *Quality of life research: an international journal of quality of life aspects of treatment, care and rehabilitation*, *14*(1), 57–69. https://doi.org/10.1007/s11136-004-1692-z
18. Grewal, I., Lewis, J., Flynn, T., Brown, J., Bond, J., & Coast, J. (2006). Developing attributes for a generic quality of life measure for older people: preferences or capabilities? *Social science & medicine (1982)*, *62*(8), 1891–1901. https://doi.org/10.1016/j.socscimed.2005.08.023
19. Courtenay, B. C., Poon, L. W., Martin, P., Clayton, G. M., & Johnson, M. A. (1992). Religiosity and adaptation in the oldest-old. *International journal of aging & human development*, *34*(1), 47–56. https://doi.org/10.2190/N058-Y7X6-YLGJ-XBGE
20. Sugiyama, T., Thompson, C. W., & Alves, S. (2009). Associations Between Neighborhood Open Space Attributes and Quality of Life for Older People in Britain. Environment and Behavior, 41(1), 3–21. https://doi.org/10.1177/0013916507311688
21. Albert, S. M., Castillo-Castanada, C., Jacobs, D. M., Sano, M., Bell, K., Merchant, C., Small, S., & Stern, Y. (1999). Proxy-reported quality of life in Alzheimer's patients: Comparison of clinical and population-based samples. *Journal of Mental Health and Aging*, *5*(1), 49–58.
22. Bowling, A. (2014). Research Methods in Health: Investigating Health and Health Services. 4th ed. Berkshire (Eng); New York: Open University Press.
23. Meeberg G. A. (1993). Quality of life: a concept analysis. *Journal of advanced nursing*, *18*(1), 32–38. https://doi.org/10.1046/j.1365-2648.1993.18010032.x
24. Mandzuk, L. L., & McMillan, D. E. (2005). *A concept analysis of quality of life. Journal of Orthopaedic Nursing, 9(1), 12–18.* doi: 10.1016/j.joon.2004.11.001
25. Wood, A. M., Taylor, P. J., & Joseph, S. (2010). Does the CES-D measure a continuum from depression to happiness? Comparing substantive and artifactual models. *Psychiatry research*, *177*(1-2), 120–123. https://doi.org/10.1016/j.psychres.2010.02.003
26. Lorraine, O. W., & Kay, C. A. (2019). Strategies for theory construction in nursing. 6th ed. Ny, Ny: Pearson.
27. Kane, R. A., Kling, K. C., Bershadsky, B., Kane, R. L., Giles, K., Degenholtz, H. B., Liu, J., & Cutler, L. J. (2003). Quality of life measures for nursing home residents. *The journals of gerontology. Series A, Biological sciences and medical sciences*, *58*(3), 240–248. https://doi.org/10.1093/gerona/58.3.m240
28. Plummer, M., & Molzahn, A. E. (2009). Quality of life in contemporary nursing theory: a concept analysis. *Nursing science quarterly*, *22*(2), 134–140. https://doi.org/10.1177/0894318409332807
29. Xavier, F. M., Ferraz, M. P., Marc, N., Escosteguy, N. U., & Moriguchi, E. H. (2003). Elderly people's definition of quality of life. *Revista brasileira de psiquiatria (Sao Paulo, Brazil: 1999)*, *25*(1), 31–39. https://doi.org/10.1590/s1516-44462003000100007
30. O'Connell, K. A., & Skevington, S. M. (2007). To measure or not to measure? Reviewing the assessment of spirituality and religion in health-related quality of life. *Chronic illness*, *3*(1), 77–87. https://doi.org/10.1177/1742395307079195

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