Quality of life (QOL) is a critical, prevalent, and enduring concept in oncology nursing research and practice. QOL is a paramount issue in the consideration of treatment, goal planning, and decision making for individuals with cancer, their families, and their care providers. Journals, well-developed valid and reliable instruments, and multiple conceptual models and frameworks are devoted to QOL. This column will review two broad conceptual aspects to consider in relation to QOL. First, conceptual considerations will be discussed for the definition and measurement of QOL. Second, conceptual issues related to QOL as an outcome will be discussed.

Quality of Life: Definitions and Measurement

QOL is an abstract concept. It has been defined in various ways, but all definitions share the idea of multidimensionality and subjectivity. Multidimensional means that more than one aspect is present. Subjective means that QOL is influenced by personal factors and needs to be assessed and measured by asking the individual. Several well-established sources are available for defining the concept of QOL and can be found in Figure 1.

The four domains of QOL include physical, psychological, social, and spiritual well-being, as outlined in a QOL model by Padilla, Ferrell, Grant, and Rhiner (1990). This conceptual model of QOL has received considerable attention, testing, and refinement to specific oncology populations. Measurement instruments of the QOL scale have been developed for a range of cancer populations congruent with this conceptual model, including items for all four dimensions (Ferrell, Hassey-Dow, & Grant, 2012). Two additional conceptualizations of the dimensions of QOL and the associated measurement instruments include the Functional...
Assessment of Cancer Therapy (FACT) and the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ). These approaches were selected because of their prevalence in the literature and their relevance to oncology nursing.

**Functional Assessment of Cancer Therapy**: Developed by Cella et al. (1993), the FACT and the Functional Assessment Chronic Illness Therapy (FACIT) are used to measure QOL in patients with cancer. The dimensions included in the FACT scales are physical, social, emotional, and functional well-being. Items for all four of these dimensions are included in the scale.

**European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire**: Another commonly used measurement for QOL in oncology research is the EORTC QLQ. The dimensions in this measure include physical functioning, role functioning, emotional functioning, cognitive functioning, social functioning, and global QOL. The FACT/FACIT and EORTC QLC have multiple measures that have been developed for specific populations.

The conceptual definition, if provided, is a framework for manuscript reviewers to understand and evaluate what comes next in the research article. If the conceptualization of QOL is presented as multidimensional, does the instrument that is used include all of the dimensions of the conceptual framework of the study? Is an existing conceptual model for QOL used and presented? One conceptual aspect to examine is whether there is a match between how QOL is defined and how it is measured. Does the researcher propose an improvement in QOL based on his or her research and, if so, is there a change in overall QOL score? Alternatively, subscale scores may be examined and used to discuss changes in QOL. A discerning reader may note that there is only a change to one dimension of QOL rather than a change to the overall global concept.

**Models of Quality of Life as an Outcome**

The second conceptual issue to consider is the theoretical model or framework for how QOL is related to other concepts. Most often, QOL is conceptualized as the primary outcome variable in research studies. A systematic review of health-related QOL models by Bakas et al. (2012) reported a wide range of models and derivations of models in use and recommended using an existing framework unless there was compelling research for a new model. The most frequently cited model for health-related QOL is Wilson and Cleary’s (1995) framework. This model was revised to specifically facilitate its use in nursing and health research by Ferrans, Zerwic, Wilbur, and Larson (2005). This revised model was recommended for use in the review article.

The revised framework (Ferrans et al., 2005) identifies five central concepts: (a) biological function, which leads to (b) symptoms, which leads to (c) functional status, which leads to (d) general health perception, which leads to (e) QOL. Surrounding these concepts are characteristics of the individual and characteristics of the environment—two concepts that interact with all of the five central features. The model provides a framework that can be used to hypothesize relationships among variables and design interventions. The conceptual framework for QOL, if provided, allows reviewers and readers to identify the proposed relationships.
for influencing, changing, and improving QOL.

**Conclusion**

QOL remains a central concept of interest to oncology nurses. Two broad conceptual issues that are relevant to QOL were presented in this article. The first is how QOL is conceptualized: What are the dimensions, and is the measurement congruent? Second, a framework for understanding QOL in relation to other variables was presented. Research on QOL is extensive, and multiple conceptual models and frameworks have been developed. Use of established frameworks and scales is recommended for continuing to advance the field.

**References**


**Authorship Opportunity**

Conceptual Foundations provides readers with an overview of the role of conceptual frameworks in the research process. Materials or inquiries should be directed to Associate Editor Marie Flannery, PhD, RN, AOCN®, at marie_flannery@urmc.rochester.edu.