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QUALITY OF LIFE: AN OVERVIEW

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The attention on the issue of the quality of life had started in the 1900s. This continued in the 1960s and 1970s which saw the increasing attention towards issues on quality of life, particularly in countries like the United States and Sweden. This indicates that the world's interests on the quality of life have been continuously renewed since the 1900s.

Historically, the term quality of life is used in diverse disciplinary settings, such as in medical research, life satisfaction, economy and psychology. In psychology, the first study on quality of life was conducted in 1949, and then in 1960, studies from the mental health field began to appear. Medical research related to the quality of life started in the late 1980s and it began to gain attention in the field of economy in the 1990s. Subsequently, quality of life has become a topic of interest in social sciences in the late 20th century. In fact, the growth of quality of life is simultaneous in almost all the social sciences. In this light, Ruta, Camfield, and Donaldson (2010) study mentioned that starting from the middle of the twentieth century, issues related to the quality of life have captured many researchers' interest from different areas, such as economics, health service, social policy, medicine and psychology. Similarly, as reported by Cummins, McCabe, Romeo, and Gullone (1994), studies on the quality of life have been done in many different areas such as economics, sociology, political science, medical sciences, philosophy and psychology.

For centuries, researchers have proposed their own definition of quality of life and it has challenged the synergies of many researchers, philosophers and practitioners throughout history. Vesan and Bizzotto (2011) stated that many researchers have their own definition of quality of life that fit into different normative, religious or ideological assumptions.

In this regard, there are several terms that have been used to clarify the meaning of quality of life. Ruta et al. (2010) stated that the terms wellbeing, utility, and quality of life are often defined with reference to each other and frequently used interchangeably. Veenhoven (2000) argued that there are many noticeable terms which refer to the quality of life. Veenhoven (2000) added that the words 'happiness' and 'welfare' were more commonly used in the past, and presently, the words 'quality of life', 'satisfaction', and 'wellbeing' are used to represent the same meaning.

Moreover, Rahman, Mittelhammer and Wandsheider (2005) in their study stated that there are many studies focusing on wellbeing, while Veenhoven (2004) defined wellbeing as something that is in a good state. However, literally, there is no clarification made to specify what that something means and to what 'good' is referring to. Veenhoven (2000) also claimed that the term of wellbeing is applied generically to all the good things in both the social system and for individuals. The term is synonymous with quality of life (Veenhoven, 2000). Therefore, as wellbeing is similar with the quality of life, the term can be used as an approach in understanding an individual's quality of life.

Moreover, Emerson (1985) defined the quality of life as “the satisfaction of an individual’s values, goals and needs which could be actualised by their abilities or lifestyle” and described the “quality of life as individual’s own impression on the achievement in individual’s value recognition, goals and needs” which are always actualised accordingly by one’s abilities and lifestyle. On the other hand, Hagerty et al. (2001), described the “quality of life is the quality of a person’s whole life”. Therefore, if the quality of life is divided into different segmented domains, the combination of those domains itself must represent the whole life of that person. Thus, the quality of life is to be valued based on a quality of a person’s whole life which cannot be segmented and analysed separately. On the other hand, Veenhoven (1999) noted that the quality of life reflects a balance of benefits and costs while Veenhoven (1996) argued that both benefits and costs must be considered where the benefits could not be considered without looking at the costs.

By looking at how researchers define the term of quality of life across time, it is noticeable that there were differences in the definition of the term. Consequently, the differences in the definition of the term of quality of life imply a shift in the proactive attempt to define the quality of life. Therefore, the researcher should be able in the first place to clear up with the definition before furthering any discussions. This is supported by Rojas (2009) who stated the term of quality of life must be clarified before continuing any effort in its measurement. The underlying reason is when the researchers inadequately theorize the term of quality of life, consequently, later, this will lead to the debate on the measurement problems instead of on what defines the quality of life (Rojas, 2009). For this reason, it is therefore important for the researcher to debate the definition of quality of life to provide in-depth information before furthering any discussions. Despite the common concerns on having the exact definition of quality of life, researchers are still arguing that there is a need for conceptualization and measurement to determine what constitutes as a good life.

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