

EDITORIAL

Quality of Life as a Rehabilitation Outcome

Quality of life is an important outcome in health and rehabilitation research. Advancement in healthcare has prolonged the life of individuals with chronic illnesses, but to what extent do people experience a complete sense of fulfillment (overall enjoyment) from the years added to their biological lives? This ‘sense of fulfillment’ has been described in terms of happiness, well-being, life satisfaction or improved health status, which are concepts that are related to quality of life. The term “quality of life” originates from the definition of health by the World Health Organization in 1948 (Post, 2014). While health originates from medicine, quality of life is, on the other hand, a multidisciplinary concept (Svensson and Hallberg, 2011). The quality of life is both subjective, objective and multidimensional (Karimi and Brazier, 2016). The subjective quality of life is best measured from the patient’s personal experience (Cella, 1994), while the objective quality of life is usually health related and is evaluated by health experts (Svensson and Hallberg, 2011). The multidimensional quality of life requires the investigator to evaluate many domains of the patient’s life including physical, functional, psychological, social well-being (Cella, 1994); economic (Potluka, 2023), and environmental domains (Dimenäs et al., 1990). Therefore, quality of life is greater than health status, happiness, well-being or life satisfaction, which are narrower concepts, while each of the terms could be a component of quality of life, but none of them could define it adequately (Taylor et al., 2008).

Broadly speaking, quality of life is defined as ‘the 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’. The health-related quality of life is a narrower health-focused concept that assesses changes in health status due to variation in the physical, psychological and social functions of individuals (Badaru et al., 2015a). It reflects the impact of disease and rehabilitation care on functional activities, disability and participation; and the impact of perceived health on an individual’s overall enjoyment (Haraldstad et al., 2019). Health-related quality of life is objectively assessed and is influenced by health, disease, disorder, and injury (Post, 2014).

Benefit of Quality of Life Assessment in Rehabilitation

Quality of life assessment helps to highlight the specific domains in which a patient is most affected by a disease and this is utilized for the planning of effective rehabilitation (Badaru et al., 2015b). It could also facilitate adjustments in rehabilitation plans for some patients (Haraldstad et al., 2019). It helps to evaluate the efficacy of rehabilitation to indicate clinically important changes due to some interventions (Badaru et al., 2015b). Improvement in patient’s quality of life following rehabilitation care could be used to justify third party payments for cost of care

(Badaru et al., 2015b). It facilitates screening for possible emotional issues which may go unnoticed unless they are specifically assessed and this helps to complement existing health outcomes by providing more holistic evaluation of the impact of a disease on the individual's life (Gallagher and Desmond, 2007).

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