Evaluating the HRQOL model

Analyzing the health related quality of life model by instituting Fawcett’s evaluation criteria.

Colleen Dudley, Jenny Mathew, Jessica Savage & Vannesia Morgan-Smith.

Wiki Group 3.

Johns Hopkins University.
Introduction

The theory concept associated to Health Related Quality of life (HRQOL) aims to explore human qualities over a wide range of platforms spanning across physical, psychosocial, emotional, spiritual and cognitive/mental domain (Peterson & Bredow, 2013). Osoba (1994) has suggested that a research could be appropriately viewed as quantifying HRQOL if it measured at least three of the aforementioned domains, because an attempt to explain all disciplines of human nature would be arduous and complex. Delineating the dominating aspects of QOL and its sub-construct HRQOL, involves enlisting the determinants of quality health as seen through the lenses of different researchers and theorists.

The medical world is overwhelmed with researches analyzing the domain of optimum health in relation to disease free or sustainable life. The HRQOL model has been recruited to appraise health conditions and intervention response after appropriately modifying the mediating factors to adapt to the different situations.

Fawcett’s evaluation criteria.

Significance and Internal Consistency.

The HRQOL middle range theory is very significant for measuring the patient’s perception of their health-related quality of life. This theory surpasses the functionality of wellness and considers the patient’s satisfaction with their ability to function across multiple dimensions. The patient’s perception of wellness and functionality is measured using the physical, psychosocial, emotional, spiritual, and cognitive dimensions. Depending on patient’s life priorities, the evaluation of the patient’s perception of wellbeing may change daily and influence the patient’s receptiveness to
Analyzing the health related quality of life model by instituting Fawcett’s evaluation criteria
Colleen Dudley, Jenny Mathew, Jessica Savage & Vannesia Morgan-Smith  |  Wiki Group 3  | Johns Hopkins University

Parsimony.

The Health-Related Quality of Life (HRQOL) theory is clearly and concisely stated. HRQOL clearly identifies the various life domains that are applicable to the theory, including biological and physiological variables, symptom status, functional status, general health perceptions, and overall quality of life (Peterson & Bredow, 2013). The various models of HRQOL show the relationship of these life domains to the subjective measure of quality of life. The concepts are clearly described and consistent throughout HRQOL models. HRQOL models are commonly cited throughout a variety of healthcare disciplines (Peterson & Bredow, 2013).

One area of inconsistency in applying the HRQOL is in the definition of theory concepts. Some researchers have inaccurately defined an outcome measure as subjective, when in fact what they are measuring is an objective measure (Peterson & Bredow, 2013). The inconsistency lies in the application of the theory, rather than within the theory itself.

Testability.

The HRQOL theory is designed to measure a subjective indicator, quality of life. Measurement tools for this theory can be global, in that they measure all of the outlined life domains (Peterson & Bredow, 2013). Tools to measure the concepts can be generic, disease specific, or symptom specific. Some tools that are commonly used in research are the quality-adjusted life year and the quality of life index. The HRQOL model is applicable to a variety of disciplines (Peterson & Bredow, 2013). Since the measure is
subjective, a major application of this model in current healthcare is patient-perceived satisfaction. Nurses may be able to develop health-related quality of life tools to measure the impact of nursing interventions on patient outcomes and patient satisfaction (Palfreyman et al., 2010).

**Empirical adequacy.**

Health-related quality of life’s conceptual framework institutes the appraisal of different spheres of human life through the use of various measurement tools. Such plethora of tools facilitate us to examine different spectrum of life domains, by enabling the researcher to focus on a singular aspect of interest or even form techniques to judge the global effect of disease on an individual. The HRQOL model has been recruited to assess patient perceived satisfaction and personal expression of quality, which in turn is used as a precursor in determining the success of nursing interventions.

The revised version of the Wilson and Cleary model formulated by Ferrans and colleagues has been a widely used model in determining the QOL along with Padilla & Grant’s model (1985), as these encompasses both individual and environmental characteristics influencing health with the latter model also focusing on independent nursing interventions. However true, it at the best discretion of the researcher to have a thorough understanding of the theoretical content revolving around the topic of interest and be thoughtfully able to modify, adapt and redefine relevant concepts and structures from the parent theory to make it significant and valid (Robinson, Whyte & Fidler, 1997).

This model has been successfully implemented to gauge personal response to real like arthritis, cancer, heart failure & potential illnesses like anxiety leading to depression, obesity.
Even through perfect adaptations of the mediating factors the variables do not converge to canvass a holistic perspective of QOL as this belief changes across people originating from varied cultures, ethnics and socioeconomic conditions. Compounding to the shortcoming of this model is the fact there we lack a blanket definition of QOL in our studies with each theorist having a distinct viewpoint and explanation of essential health standards.

In conclusion, the HRQOL model has garnered much interest and gained tremendous impetus in nursing research work, as our key focus remains alleviating undesirable symptoms and promoting excellence in care through nursing interventions rather than ameliorating the global view of a person’s health (Peterson & Bredow, 2013).

**Pragmatic Adequacy**

Health related quality of life is a theory that consists of multiple components, such as one’s functional status, environment, pyscho-social status, and perceptions about their health. Each of these elements are multi-dimensional, temporal, and subjective in nature (Peterson & Bredow, 2013). Since this theory must take into consideration an array of variables there is often more than one method for implementing HRQOL theory. In order to put this theory into practice there is some knowledge needed about the premise of HRQOL and what indicators should be used in the population on interest. In gaining a comprehensive understanding, this theory can be used to learn patient’s perceptions regarding their well-being or experiences associated with a chronic disease, procedure, treatment, or other research interventions (Peterson & Bredow, 2013). The theory is feasible and quite beneficial to clinical protocols because it serves an evaluation tool for nursing interventions and patient education. In addition, protocols
Evaluating the HRQOL model

with a HRQOL foundation can be used across disciplines to link both nursing and medical models in practice (Peterson & Bredow, 2013). Advanced Practice Nurses do have the legal ability to implement nursing actions related to this theory. In many clinical environments nurse researchers are already conducting interventions focused on HRQOL by implementing education based programs designed to have a positive outcome on patient's quality of life.
Evaluating the HRQOL model

Analyzing the health related quality of life model by instituting Fawcett’s evaluation criteria

Colleen Dudley, Jenny Mathew, Jessica Savage & Vannesia Morgan-Smith | Wiki Group 3 | Johns Hopkins University

References.


