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## QUALITY OF LIFE AS INTERDISCIPLINARY PROBLEM

**A b s t r a c t.** The aim of the study is to review existing approaches and traditions regarding the definition and study of quality of life based on the analysis of literary data and the results of their own observations. The concept of quality of life is part of the category-conceptual apparatus of various social, natural and economic sciences. It is the fact that the quality of life is the object of studying representatives of different fields of scientific knowledge, which leads to quite different approaches to its study. The quality of life, as a complex psychophysiological and psychosocial construct, can be defined as a combination of personality relationships associated with a subjective understanding of the value of health and the need for self-realization, including in conditions of illness. Today, more and more quality of life is seen as a complex indicator, a system construct that has a complex multifactorial organization. The study of quality of life deserves special attention, based on the study of the needs and interests of the individual, which are always individual and are reflected in subjective representations, assessments and attitudes.

**Key words:** quality of life; behaviour; self-realization; public health.

Nowadays the quality of life (well-being) notion is widely used in international practice as social-economical index of country development and well-being of its citizens and increasing of this index is one of the democratic society main tasks. These aspects are to be most actual in any country during radical changes in social-political and social-economical spheres of life. Being a complex interdisciplinary phenomenon, quality of life is nowadays in the

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focus of different specialist's attention, first of all in psychology, medicine, sociology and ecology. We should admit that despite of actuality of depicted problem, its basic importance, the availability of widely different scientific researches done in this field, still there isn't neither common definition of this phenomenon nor criteria and methods of its evaluation.

**Formulation of the article's purpose.** Overview of already existing approaches and traditions concerning research and defining the quality of life based on specialist literature data analysis and the results of own observance. The statement of basic material investigation. The notion of quality-of-life index is included in conceptual apparatus of different social, natural and economical studies. The very fact of quality of life being the object of research by many scientific representatives explains rather different approaches to it. Thus, for example, quality of life is determined as existence or being, framed by psychosocial and cultural circumstances, on the other hand quality of life is observed taking into account such characteristic of individual functioning as disease, prognosis, ability to work and the level of his material and cultural satisfaction.<sup>1</sup>

The quality of life is also considered through social behavior aimed at health stability and is characterised by such important human qualities as health (physical, mental, social), education and qualification (intellectual level), culture and morality (social activity), ability to work (labor potential). In addition, the main characteristics of quality of life include indicators in the field of health, education, the state of the environment.<sup>2</sup>

However, today, more often quality of life is considered as a complex indicator, system, which has a complex multifactorial organization, and is determined by the inclusion in its structure of various parameters of human life (physiological, psychological, social, economic, etc.) and is influenced by the various factors and aspects of individual and social life of a human. In recent decades, being the subject of active scientific research in medicine and clinical psychology, a new concept appeared – “the quality of life, which is related to health,” while the central point was the need to bring the quality of patients life closer to the level of healthy people. The development of this concept is based on changes in the views on the determinants of individual

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<sup>1</sup> N.S. DANAKIN, *K opriedielieniyu kachiestva zhizni*, in: *Kachiestvo zhizni nasieleniya: pokazateli i puti povysheniya*, ed. N.S. Danakin, Bielgorod 2004, 14-18.

<sup>2</sup> V.M. ZHEREBIN, *Indikatory kachiestva zhizni nasileniya*, „Voprosy statistiki” 2012, nr 3, 25-36; G.V. KALININA, *«Kachiestvo zhizni» kak fienomien sotsyalnoho rozvitiya*, „Viestnik Chuvash” 2000, nr 7, 67-79.

and public health, when changing views on the crucial role in the development of most diseases of purely biological factors (such as heredity, weakening of the body's protective forces, etc.), appeared the conception of the main role of complex factors interaction of the internal and external environment, with special attention paid to the psychosomatic mechanisms of a particular pathology development and various aspects of human life.<sup>3</sup>

This made it possible to substantiate the concept of social health determinants, which marked the beginning of the development of a new paradigm of clinical medicine – the concept of quality-of-life that came into wide usage in the late 90's of the twentieth century, according to which quality-of-life was defined as an individual correlation of goals, and the possibilities of man in society within the limits of culture and the system of values, that is, the quality-of-life is the degree of comfort of a person both within himself and within the framework of the society in which he exists, the degree of personal satisfaction of existing opportunities in society for the achievement of well-being and self-realization.<sup>4</sup>

In this context, the main significance acquires the personal perception of the quality of life, and reflects the ability to adaptation relying on the external objective characteristics of the conditions of existence (socio-economic, political, ethno-religious, etc.), and on internal psychological criteria (internal picture of perception and understanding of life events, emotional impressions, motivational tendencies, etc.).

Considering the quality of life from the standpoint of the general interdisciplinary concept of human adaptation as a multidimensional functional system that has biological, and psychosocial components, it is the latter that now has a leading role in the subjective evaluation of the personality factors significance and environmental factors.<sup>5</sup>

Special attention requires the research of quality-of-life based on studying the person's needs and interests, that are always individual and reflect in

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<sup>3</sup> N.S. DANAKIN, *K opriedielieniyu kachiestva zhizni*, in: *Kachiestvo zhizni naseleniya: pokazateli i puti povysheniya*, ed. N.S. Danakin, Bielgorod 2004, 14-18; A.A. NOVIK, *Rukovodstvo po isledovaniyu kachiestva zhizni v mieditsynie*, Moskva 2007.

<sup>4</sup> M.Y. SURMACH, *Kachestvo zhizni, sviazanoye so zdorovyem, kak priedmet izucheniya socjologii medycyny*, „*Ekonomika zdravookhraneniya*” 2011, nr 2, 100-104; V.M. ZHEREBIN, *Indikator kachestva zhizni naseleniya*, „*Voprosy statistiki*” 2012, nr 3, 25-36.

<sup>5</sup> V.M. ESTAHOV, *Yakist' zhittya: medichni ta psikhosotsial'ni aspekty*, in: V.M. ASTAKHOV, O.V. BATSILEVA, III Vseukrainski kongres «*Osobist' u suchasnomu sviti*». Kyjiw: «*Informatsiyno-analitichne agent-stvo*» 2014, 632-635; O.V. BATSILEVA, *Reproduktyvne zdorov'ya: mediko-psychologichni ta sotsial'ni aspekty*, Donetsk 2011, 245.

subjective perception, evaluation and attitude. At this approach the leading role has studying of the general life-satisfaction aspect and thorough approbation of the main factors and determinants that frame life-satisfaction and psychological well-being under certain circumstances of existence, social-psychological peculiarities of an individual values and behavioral norms. Widely used is the research concerning instrumental methods for diagnosis the quality-of-life grade with clarifying and operating with the very notion and learning the influence of different objective and subjective factors. The analysis of modern resources shows the definite methodological drawbacks and lack of diagnostically instrumental base, due to wide difference of already existing concepts, approaches, parameters and parts that are not separated. However, we should pay attention and being actively used such diagnostic approaches as partial (studying separate quality of life indexes and their structuring), monotypic (non-differentiated quality of life studying, independently from the object of studying – individuals, groups, societies), complex (over covering quality of life studying with the help of different indicators and applying different methods and methodological base).<sup>6</sup> Taking into account the material described over, it is clear that there are two main areas in determining the quality of life: firstly, this is a relatively objective tendency, which is based on the assessment of the physical and psycho-emotional state of the individual, of his activity, behavior, family and social status, etc.; and secondly, a subjective tendency in which the personal significance of the various aspects of being and life in various conditions of existence becomes a leading value.

Nowadays one of the most known and covering determinations of well-being is estimated by WHO, according to which, quality of life or well-being is the optimal state and level of acceptance of some people and the population, the level their needs are satisfied (physical, emotional, social) and the opportunities for achieving well-being and self-realization. Main criteria of well-being are based on this definition: 1) physical (state of health, energy, activity, lassitude, pain, discomfort, sleep, rest etc.); 2) psychological (emotional response, cognitive assessment, personal experiences, self-esteem, etc.); 3) the degree of independence (daily activity, working capacity, dependence on drugs and treatment, etc.); 4) social life (interpersonal relationships, social value of the subject, sexual activity, etc.); 5) the environment (household

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<sup>6</sup> V.I. KULAYKIN, *Sotsial'no-psikhologicheskiye parametry kachestva zhizni v razlichnykh sotsial'nykh grupakh*, Kostroma 2006, 112.

chores, safety, economic security, availability and quality of medical and social assistance, availability of information, etc.); 6) spirituality (religion and personal beliefs).

Therefore, the quality of life, as a complex psychophysiological and psychosocial construct, can be defined as a combination of personality relationships associated with a subjective understanding of the value of health and the need for self-realization, including in conditions of illness. Hence, health-related quality of life is largely determined by the attitude of the individual to health as a vital value, whose full awareness often occurs only during its loss.

According to the modern paradigm of clinical medicine, the very concept of “quality of life associated with health” is the basis for determining the effectiveness of the methods of prevention, treatment and rehabilitation of the patient with any pathology, since it allows differentially to determine the impact of the disease itself and the corresponding therapeutic- preventive measures as on the somatic state of the individual, and on the peculiarities of the functioning of his personality. Achieving a good quality of life is often not just one of the leading tasks in the management of patients with different profiles, and in some cases this goal may be the only one, for example, in cases of patients in the incurable stage of the disease.

An analysis of the data available to date makes it possible to state that the study of the quality of life, notwithstanding the existing methodological shortcomings, is generally accepted in international practice by a highly informative, sensitive and economic method for assessing health and includes three main components: multidimensionality, since quality of life carries information on all major areas of human life; dynamism, which allows monitoring in time and, if necessary, correction of treatment and rehabilitation; subjective control, which enables the patient to participate in self-assessment.

At present, the quality of life in the clinic research is used for the following tasks:

- 1) assessment of the severity of the disease;
- 2) the outlook for the disease;
- 3) individualization of treatment and evaluation of its effectiveness;
- 4) examination of disability;
- 5) identify existing psychological problems and assess the effectiveness of their solution;
- 6) assessment of the level and characteristics of adaptation (somatic, psychological, social);
- 7) study of the effectiveness of new methods of treatment and rehabilitation technologies.

Since the inalienable indicator of general health is its reproductive component, the peculiarities of the implementation of the reproductive function can be considered as one of the most important indicators of the quality of life of the individual, family and society as a whole.<sup>7</sup>

In our opinion, among the main violations of reproductive health, which significantly affect the quality of life, one can distinguish the following: reproductive sphere chronic diseases, infertility of different genesis, unplanned and unwanted pregnancy, violation of the development of intrauterine fetuses and the birth of a child with special needs, sexual disharmony.

It should be emphasized that taking into account the presence of a significant psychosocial component in the implementation of reproductive function, the consequences of reproductive health violations go far beyond the limits of the quality of life of an individual and may lead to a violation of personal development and psychological discomfort; intra-family conflicts and reduction of psychosocial adaptation of personality; violation of parent-child relationships and harmonious development of the child; negative demographic trends in society.

We should also admit that the quality of life associated with health allows us to evaluate not only individual but also public health, which is conditioned by the complex influence of social, behavioral and biological factors, while the improvement of public health – is the basis for harmonious development not only of the individual, but of society as a whole.

A number of social sciences, which study human health, focus on the study of quality of life, as an integral part of the health of the parameter, and its population research – as a reliable and effective method of integrated assessment of the well-being of the population, since public health is not only a purely medical concept, but also a socio-political and socio-economic category, a resource that is a potential and an integral part of national security.<sup>8</sup> Consequently, taking into account the results of available scientific research and own studies, one can emphasize that among the basic approaches to the study of the quality of life it is accepted to distinguish objective, subjective

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<sup>7</sup> O.V. BATSILEVA, *Reproduktyvne zdorov'ya: mediko-psyhologichni ta sotsial'ni aspekty*, Donets'k 2011, 98.

<sup>8</sup> V.M. ZHEREBIN, *Indikatory kachiestva zhizni nasileniya*, „Voprosy statistiki” 2012, nr 3, 25-36; M.B. LIGA, *Kachestvo zhizni kak osnova sotsial'noy bezopasnosti*, Moskva 2006, 76; I.M. MAZHAK, *Kategoriyno-ponyatyniy aparat doslidzhennya yakosti zhittya, pov'yazanoï zi zdorov'yam, ekonomichno aktyvnoho naseleण्या*, 2013, nr 12. <http://www.dy.nayka.com.ua>, 321.

and integral. Interesting, but rather comprehensive, is the classification of scientific trends in the study of the quality of life<sup>9</sup> according to which the following areas are distinguished: subjectivist (within which quality of life is regarded as the degree of intrinsic comfort and comfort of the individual in the macro- and micro-environment), consumer's (argues that the quality of life is characterized by the availability of opportunities for the implementation of all kinds of needs of the individual within the existing social space), quantitative and consumer (according to which quality of life is a complex characterization of the degree of realization of the material and spiritual needs of the individual), axiological (considering quality of life as a set of vital values that determine the structure of the needs and conditions of the person's existence, its satisfaction with oneself, social relations and the environment), quantitative-objectivistic, or complex according to which the quality of life is a complex characteristic that determines the optimal livelihoods of the individual in the specific conditions), synthetic, or quantitative-subjectivist (according to quality of life with the degree of comfort of social and biological life of a person), subjective-sociodynamic (within which the quality of life is seen as the satisfaction of the population with the favorable dynamics of socio-economic changes in society) and relationalist (emphasizes that quality of life is the ratio of the state of the individual to society with its own plans, goals, possibilities).

#### CONCLUSIONS

Thus, the multicomponentity of modern understanding of the quality of life, its leading role in shaping the sustainability and adaptation of the individual to the changing conditions of life support, as well as the high social significance of the phenomenon, allows us to conclude that expediency and effectiveness of research in this direction are made using the appropriate methodological apparatus and technological support and involvement specialists of various profiles, which offers wide opportunities for improving the quality of life, both at the individual and at the social level, about sprat concern about the quality of a person's life should be one of the pillars of national development and indicator of social policy.

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<sup>9</sup> G.V. KALININA, «Kachestvo zhizni» kak fenomen sotsial'nogo razvitiya, Moskva 2000, 67-79.

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## JAKOŚĆ ŻYCIA JAKO PROBLEM INTERDYSCYPLINARNY

## S t r e s z c z e n i e

Celem niniejszego artykułu jest przegląd istniejących podejść naukowych pozwalających na zdefiniowanie pojęcia jakości. Jakość życia jest częścią aparatu kategorii pojęciowych w naukach społecznych, przyrodniczych i ekonomicznych. Faktem jest, że jakość życia jest



przedmiotem badań przedstawicieli różnych dziedzin wiedzy naukowej, które to stosują odmienną metodologię badań w tym zakresie. Właśnie fakt wielodyscyplinarności pojęcia jakości życia wyznacza konieczność szeroko zakrojonych badań i analiz. Jakość życia należy więc traktować jako kompleksowy konstrukt psychofizjologicznych i psychospołecznych czynników, skupionych wobec ogółu cech osobowościowych związanych z subiektywnym rozumieniem wartości zdrowia oraz potrzeby samorealizacji, również uwzględniając sytuację choroby. Aktualnie coraz częściej jakość życia jest postrzegana jako złożony system, posiadający wielowymiarową strukturę. Na szczególną uwagę zasługują badania jakości życia oparte na diagnozie potrzeb i interesów osoby, które zawsze są indywidualne i mają swoje odzwierciedlenie w osobistych poglądach, ocenach oraz postawach.

**Słowa kluczowe:** jakość życia; zachowanie; samorealizacja; zdrowie społeczne.