



BIO PSYCHO SOCIAL MODEL (A MEASURE OF QUALITY OF LIFE)

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Abstract: In the late nineteenth century, the notion of quality of life emerged in the social sciences and swiftly moved to medicine and health, where it was employed as criteria to assess health care. It's critical to emphasise that this concept is more than health; it's not a replacement. It's also worth noting that the World Health Organization's assessment of the problem takes into account findings from the vast majority of investigations. Quality of life is defined by the World Health Organization as an individual's subjective assessment of their living circumstances in terms of goals, aspirations, standards, and worries, as well as their cultural background and value system. Human quality of life is defined by the emotional knowledge individuals have into their living position in their social environment and rich system, as well as their destinations, goals, standards, and stressors, according to the World Health Organization. The arrangement of polls is the most generally known approach for measuring quality in human life, and there are two kinds of polls in the study: nonexclusive and explicit surveys. Finally, the importance of the bio psychosocial worldview in relation to the human life concept is highlighted in this essay. Based on the researcher's interest and the study challenge, the quality of life measuring instrument used for evaluation may be both general and health specific.

Keywords: Quality of Life, lifestyle, Human health, Measurement and Bio psychosocial model

1. INTRODUCTION

The concept of physical and mental health is rather crucial today, and its meaning is multifaceted; in fact, it has expanded through time and has become a more articulated concept. It's also important to keep in mind that the term "quality of life" encompasses more than just physical health. In this sense, being healthy is considered as a dimension of quality of life, and health-promoting acts are viewed as predictors of health and quality of life. Tobacco, alcohol, and a lack of physical activity, as well as a diet heavy on fat and light on locally sourced foods, are all associated with lower life satisfaction in people. Notwithstanding these aim procedures, a few researchers include elements of character and excitement for individual lifestyle management as factors that furthermore may affect Human health and quality of life. Consequently, while evaluating quality of life, a few analysts utilize a wide assortment of emotional measures that consider the various contexts and jobs done by the individual and make reference to individual fulfilment or saw quality in every one of those unique condition (family, work, or recreation) (family, work, or recreation).

1.1 Overview of Quality of Life (QoL) – Concepts and Assessment

The concept of human life quality was introduced into the universe in the 1970s, and it quickly spread to the health care area and Human health, where it was chosen as a foundation for evaluating Human health interventions. Human quality of life is defined by the emotional understanding individuals have of their place in life, social environment, and value system, as well as their destinations, desires, standards, and pressures, according to the World Health Organization. It is a perplexing and verbalised origination, and in this section, we will investigate a diagram about this point, inspect it inside and out, and explain this idea; artificially, we can take note of the impression of individual's physical, mental, and enthusiastic Human health, the level of individual freedom, sociability, and the kind of collaboration with individual's unique conditions. It's important to highlight that this development is more broad than that of human health; it's not the same thing, and it's also important to note that the WHO's definition of this topic identifies components that arise as a result of a study's assessment. Human health enhancing behaviours are determined as indicators of the nature of human quality of life and are strongly considered as one of the different life quality assessments.

Furthermore, while the meaning of quality of life always includes a reference to a person's actual condition, it isn't viewed as solely based on an individual's actual capacities, perceivable with normalised boundaries, because it is depicted in relation to the apparent degree of fulfilment with respect to this usefulness. The emphasis shifts from equally perceived utility to individual measurement with the definition kinds; the identification of both viewpoints may build a reliable quality of life assessment. Also, keep in mind that the arrangement of surveys is a well established approach for assessing quality of life, with two forms available: nonexclusive and explicit for pathology. Finally, this essay discusses the importance of the bio psychosocial worldview in relation to the concept of quality of life.

2. QUALITY OF LIFE

The quality of life concept is extensively used in an incredibly varying scope of sorts and circumstances. Sociologists, physicians, therapists and market analysts are among those applying this theory consistently, with one of their key purposes being to enhance the day to day settings of individuals and society the same. It's widely recognized that the notion of QoL developed during the 1970s, clinical scientific sector and related with phrases, for example, human health and prosperity. It turned out to be all the more frequently used throughout the 1980s and its content step by step broadened till it reached to include concern for "the individual's knowledge of their public action, their regular movement and their personal human wellbeing" [Moreno et al., 1996]. Similar inventors claim that the notion gradually gained substance and became more confusing with time. The complexity of the thought is mirrored in its definition [Church, 2006]. For example, the organization (WHO, defined QoL to be a person's sense of their condition in human existence within their social environment and arrangement of attributes, and according to their want, desires standards and worries

All these mind boggling attributes contribute to the issue of estimating QoL, in view of the fact that its evaluation ought to include these perspectives. As of late, evaluations of QoL have evolved more concentrated around the abstract segment than on the research of target aspects that are exterior to the topic. Brain research in this manner has a lot to contribute to the table to the analysis of QoL, as far as defining how people experience QoL, which cycles enable to meet satisfaction and what components produce such an encounter [Sirgy, 2002]. Moreover, it isn't exactly clear if QoL ought to be described totally or as a notion originating from a blend of multiple metrics. Accordingly, there is a lack of methodological unanimity all things considered. A single estimate of the individual's total fulfilment is included in the evaluation of instruments for that last stage, as are metrics that are evaluated separately [Cobb, 2006]. The metrics being referred to for the most part encompass bodily and psychological well-being, social communication and enthusiastic mood [Cieza, 2005].

Because of the availability of multidimensional instruments, a distinction can be drawn between those instruments designed for general use, which focus on assessing the health of the population being assessed, and those that are specifically designed to measure the quality of life for specific populations [International Society for Quality of Life Studies, 2006]. In spite of this variety of measuring factors, the vast majority of the observational examinations that evaluate quality of life will in general utilise two polls, WHOQOL [World Health Organization, 1997], or SF-36 [Ware et al., 1993], and middle around the quality of life in individuals with explicit pathologies. Truth be told, all the more often than not, the notion of quality of life has been related with the idea of human health and with the new bio-psycho-social paradigm. This model is intended to defeat the customary biomedical model that focus on infection, its analysis and its therapy and, originating from a higher comprehensive overview, thinks about the limits among Human health and ailment as being more diffuse, as on account of ceaseless ailments [Kaplan, 2003].

From the perspective of this model, the objective is advance a more longer and better life, highlighting notably the lifequality. It is consequently usual in this research to apply the term human health related quality of life (HRQoL) (HRQoL). Subsequently, thus proposed new model comprehends Human health similar to the consequence of exchange among physical, mental and social components in regular daily existence, for example the lifestyle management of individuals, which assumes an urgent part in the advancement of a significant number of the ailments they endure. From a psychological viewpoint, the notion of way of life references to instances of behaviour shared factors by a social person associated with the traits, traditions and styles prevalent in a certain time. Thus, the social and societal environment typically determines how an individual manages his or her lifestyle, and large alterations in this context lead to alterations in the individual's lifestyle [Coreil, 1992]. Consequently, the progressive environment that the finest social orders meet in the digital information society produces a great dialogue regarding the dangers, problems and opportunities associated with change taking place surrounding our research area. Along these lines, data overburden, the need to deal with this torrential slide of data, its fast outdated nature and how innovation keeps us associated with work paying little heed to time or spot, are altogether characteristics that lead to question whether the organisation society favours a more beneficial lifestyle management among the population, or rather than creates a progression based conditions that produce such a way of life more hard to accomplish.

2.1 Bio psycho social Model (a measurement model for Quality of life)

The bio psychosocial paradigm depicts a healthier psyche as well as certain areas in terms of personal happiness (quality of life) that are examined on an internal level. George Engel introduced the biopsychosocial paradigm, coining the term "Biopsychosocial Approach" to describe a preferred framework for interpreting and comprehending health and disease cycles. Throughout the course of the subject's lifetime, that individual experience may alter. Depending on their experiences, needs, and desires, each individual may conduct a unique investigation. It's important to think about the social environment as well as the reference esteem system. The term "Quality of Life" (QoL) is often used in a wide range of situations and controls. Sociologists, physicians, clinicians, and financial experts are among those who often use this concept, with one of their main goals being to better people's and society's daily lives (Dossa 1989). Quality of life is defined as people's abstract perceptions of their condition in their daily

lives, as reflected in their life content, culture, and value system, as well as their assumptions, reference standards, and worries. The result is a complicated concept in which quality of life refers to a variety of factors, including one's perception of bodily, mental, and enthusiastic health, one's amount of personal freedom, social relationships, and the manner in which one interacts with their own life setting.

Quality of life seems to be a broader term than "human health," and is also not equivalent to "health" in any case, since this thinking and the concept of a bio psychosocial paradigm are inextricably entangled. The World Health Organization's definition of quality of life is based on a large number of studies, and being in good health is just one component of quality of life in this approach, with actions in the health sector being indications of the quality of life itself. It's important to recognise such points of view in order to differentiate between the concepts of health and quality of life.

To summarise, several aspects must be included in the constructions of quality of life:

- Physical dimensions (health, physical condition, and pain), and
- Psychological dimensions (emotions, such as desperation and anxiety),
- Dimensions of independence (autonomy of the person in various life areas, from the financial to the physical one),
- Dimensions of social connections (social interactions with friends, family, and professionals)
- Environmental dimensions (environment aspects which can enhance the development of an individual)



Fig. bio-psycho-social model

2.2 Specific QoL Questionnaires that includes above dimensions

As previously said, the concept of quality of life is sometimes conflated with the notion of human health; however, this is incorrect because the term human health is insufficient to explain the lifequality. Some people, for example, may have terrible working conditions or poor health yet have a great lifequality, or vice versa; also, the level of living cannot be judged solely by words mental state, or well-being, lifestyle, life satisfaction,.

- World Health Organization's quality of life scale-100 (WHOQOL-100);
- World Health Organization's quality of life scale brief (WHOQOL-Brief)
- Quality of life questionnaire(QoLQ/CCV Spanish version)

2.2.1 World Health Organization Quality-of-Life Scale (WHOQOL-BREF):

The WHOQOL-Brief is a 26-item variation that summarizes the WHOQOL-100 (i.e., the lengthier 100-item adaption); both of these questionnaires are useful in clinical context, clinical practices, reviews, strategy formulation, and assessing the efficacy of different treatments. Human health-related quality of life (HRQOL) refers to an individual's perception of their situation in life in relation to the lifestyle and value system in which they live, as well as their goals, objectives, standards, and worries. It is an expanding idea that is influenced in many ways by an individual's physical health, mental state, and amount of opportunity, as well as social relationships and their linkages with key elements of their condition."

There are several generic measures available to assess personal satisfaction. The WHOQOL, a self-satisfaction measure developed by the World Health Organization, captures a variety of emotional aspects of personal fulfillment (Table 8). The WHOQOL-BREF is a standout among other well-known instruments that was developed for culturally different personal satisfaction correlations and is available in over 40 dialects.

The WHOQOL-BREF is a 26-item test that includes four factors: physical health (7 items), human mental health (6 items), social connections (3 items), and environmental health (8 items); it also includes QOL and general Human health items. On a response scale that is stated as a five-point ordinal scale, each member of the WHOQOL-BREF is rated from 1 to 5. After then, the scores are converted to a 0–100 scale. Variability, daily workouts, functional boundaries, vitality, pain, and rest are all things that the human health field recalls. Mental self-portrait, negative reflections, uplifting viewpoints, confidence, attitude, learning capacity, memory focus, religion, and psychological status are all included in the mental area assessments. Inquiries about tight family ties, social assistance, and sexual cohabitation are all part of the relationship with society section. The natural welfare area includes

topics such as financial resources, health and opportunities to learn new skills, social administrations, security, living physical condition, and information, as well as recreation, general condition (noise, air pollution, and so on), and transportation.

Table 1 World Health Organization Quality-of-Life Scale

Conceptual Constructs	Scale Item
Physical Health	<ul style="list-style-type: none"> • Pain and discomfort • Medical treatment • Energy • Discomfort • Sleep • Activeness • Work capacity
Psychological Health	<ul style="list-style-type: none"> • Feeling positive • Self-esteem • Concentration, learning, thinking, and memory • Appearance and bodily image • Satisfaction • Feeling negative
Social Relations	<ul style="list-style-type: none"> • Relationships • Support from social • Activity in sexual life
Environmental health	<ul style="list-style-type: none"> • Security, physical safety and freedom • Physical form of environment • Resources (Financial status) • Acquiring new information and skills for opportunities • recreation/leisure - Participation and opportunities • Environment of home • accessibility and quality for health and social care • Transport
Overall Quality of Life and General Health	<ul style="list-style-type: none"> • quality of life in Overall • General Health

2.2.2 Quality of life questionnaire (QoLQ/CCV Spanish version)

Using a Likert-type scale, the 39 items on this general survey range from "never" (1) to "often" (5). Ruiz and Baca designed and analysed it, and a healthy Spanish population used it. They inferred that the things could be were grouped into four dimensions, in particular Social support (9 things for individuals without partner: from 20 to 28; and 13 for individuals with partner: similar things, in addition to from 36 to 39), General satisfaction (13 items: 1, 2, 4, 11, from 17 to 19 and from 30 to 35), Physical/mental Human health (7 things: 9, 10 and from 12 to 16) and Absence of extreme responsibility/free time (6 things: 3, from 5 to 8 and 29). (6 things: 3, from 5 to 8 and 29). The degree of inconstancy of the four components in the questionnaire survey was 53.5 percent . Because of the first element, the rate was set at 17.82 percent; the second factor set it at 15.84%; the third factor set it at 10.02 percent; and the fourth factor set it at 9.82 percent. Authors observed that the Cronbach alpha inward consistency records for each measurement ranged between 0.82 and 0.91, and the absolute questionnaire score had an inner consistency of 0.94.

Mercede Boixados et.al, (2009) observed that the majority of the single dimensional instrument on QoL inquiries generally include physical and psychological wellbeing which is referring to the entire contentment of person. Multidimensional instruments are rare, but those that do exist were designed primarily with diseases and poor health in consideration. In addition, they were designed to evaluate the quality of life (QoL) of people who had a particular disease. To quantify this, a substantial deal of the precise examination employed two QoL polls called WHOQOL and SF-36 which is centre around the QoL with specified diseases.

As a result, experts determined that the concept of quality of life (QoL) must be linked to the concept of human health using a biopsychosocial model in order to displace the conventional biological approach that places a focus on diseases and sickness. The objective of this new bio psychosocial paradigm is to progress a longer and more acceptable existence emphasizing notably personal satisfaction.

Working women' lifestyles and personal fulfilment in the Information society by MerceBoixados et.al, (2010) is the basic writing which might provide additional support to the present inquiry. And additionally he analyzed the psychometric qualities of the nonexclusive personal satisfaction poll of Ruiz and Baca on one hand and the similar examination of the sound standard of conduct equivalent to personal satisfaction then again. As a result of his research, the multidimensional concept of personal happiness was confirmed, and the factor structure of the poll reflects the four factors identified by Ruiz and Baca in 1993, in particular,

- Social support
- General Satisfaction
- Human Physical and Psychological health
- Absence of work load /available time

Table 2Quality of life questionnaire (QoLQ/CCV Spanish version)

Construct	Items
Social Support (SS)	<ul style="list-style-type: none"> • Are you satisfied with your partner? • Are you physically attracted to your partner? • Do you feel that you have someone to turn to when you need company or support? • Are you satisfied with your family (partner and/or children)? • Does your partner satisfy your sexual desires and needs? • Do you feel loved by the people who are important to you? • Are you satisfied with your friends? • Do you have a satisfactory relationship with those with whom you live? • Do you have friends on whom you can rely if necessary? • Do you have someone with whom you can share your free time and pastimes? • Do you find your social life satisfactory? • Do you have a good relationship with your family? • Would you like to have more satisfying sexual relations? If you do not have sexual relations, would you like to?
General Satisfaction (GS)	<ul style="list-style-type: none"> • Do you enjoy your work? • Do you believe that you are fulfilling your ambitions? • Do you feel capable of obtaining most of the things you desire? • Do you regard your life as interesting? • Do you feel that life is meeting your expectations? • Are you happy with the way you work? • Are you satisfied with your life? • Do you consider yourself to be a failure? • Do you regard your life as pleasant? • Are you happy with your working environment? • Are you satisfied with the money at your disposal? • Are you satisfied with the way you are?
Physical/Psychological Human health (PPW)	<ul style="list-style-type: none"> • Do you suffer from insomnia or significant problems getting to sleep? • Are you satisfied with your current state of health? • Do you feel that you are in good health? • Do you have concerns that prevent you from relaxing or sleeping, or which make it difficult for you to do so? • Do you spend most of the day feeling tired? • Do you feel worried or distressed? • Do you feel that you have enough energy for your day-to-day life?
Absence Of Work Overload/Free Time (AWOF)	<ul style="list-style-type: none"> • Do you have enough time to relax and enjoy yourself every day? • At the end of a working day, do you feel so tired that all you want to do is rest? • Do you have too much work at present? • Does your work leave you enough free time for other things that you want to do? • Are you able to pursue your pastimes (time, money, etc.)? • Are you permanently tense as a result of your work? • Do work-related problems or concerns prevent you from enjoying your free time?

3. BIOPSYCHOSOCIAL MODEL

The bio psychosocial paradigm characterises health psychology and the particular domains of quality of life that are examined in detail by this subject (Saita, 2011). The term "Bio psychosocial Approach" was coined by George Engel to define the bio psychosocial paradigm as a favoured medium for decoding and comprehending health and disease processes across the cosmos (Engel G, 1977; Engel, 1992).

The bio psychosocial model is driven by the complexity paradigm, as opposed to biological reductionism and scientific hierarchy. As a starting point, it uses Von Bertalanffy's general theory of systems (Bertalanffy, 1968). According to the level at which it is positioned in relation to a larger system, a sequence of interrelated occurrences is seen as a system with various purposes and attributes. Indeed, all levels of an organisation are interrelated, according to this systems theory, and changes at one level affect changes at other levels (Engel, 1992).

The bio psychosocial paradigm is based on three fundamental elements: dialogue-connection, relationship, and modesty.

The individual is seen as a "whole" in this perspective: a hereditary heir, a reflective and decision-making subject, as well as an archaeological and familial issue.

The assumptions of this technique are inclusive rather than exclusive (centred on understanding variety), and the views of this method are global, taking into consideration biological, physiological, and social elements simultaneously (Saita, 2011).

Today, we refer to the psychological approach, which assumes that every health or disease condition is the result of the interaction of biological, psychological, and social factors, and thus moves far beyond the old dualistic that separated the body and the mind; it is thus an intent to see humans throughout their lives

It is the essential principle that a person is a biological system made up of both body and mind, that is, not only a physical body but also psychological and social variables, all of which play a significant part not only in balancing an individual's existence but also in the growth and advancement of natural disorders (Engel G, 1977).

The importance of this paradigm has been verified and proved in scientific literature.

This approach marked a shift away from a conventional medical approach that was entirely focused on the body (and sickness as a purely biological occurrence) toward one that was more focused on the human. Today's awareness is that, rather than a compartmentalized approach of medical and psychosocial models, a bio psychosocial screening, rather than a compartmentalized approach of medical and psychosocial models, can aid in the planning of more effective treatment in the event of illness and can also help to prevent distress. (1992, Engel).

- Humans often develop complex systems that are inextricably linked and have an effect on the three basic areas examined by the bio psychosocial concept.
- biotic component, which encompasses all of the system's constituent parts;
- psychological component and,
- Finally, there is the personal and societal dimension to consider.

These three elements are always changing and are present in every critical occurrence; hence, any change in the patient's health condition will be noticed by a movement in the integration of these three interrelated systems (Scoppola et al., 2007).

Additionally, one might argue that investigating the concept of quality of life, as well as comprehending and managing the person in all of his or her complexity, involves a continual examination of the linkages between these three systems.

4. CONCLUSION

In conclusion, We could indeed confirm that the principle of quality of life (as it is used in medicine and medical psychology) refers primarily to an individual's physical, cultural, economic, and psychological well-being, taking into account the cultural context and its value, as well as the individual's strategic goals, guidelines, and quality of life expectancy (WHOQOL Group, 1995). (WHOQOL Group, 1995).(WHOQOL Group, 1995). From the reviews, it is able to establish that the idea of self-satisfaction(quality of life) alludes predominantly to the prosperity of the person from a physical, social, social, and mental perspective, likewise thinking about the social setting and its worth and, besides, thinking about the person's destinations, principles, and future. Multidisciplinary models that explain quality of life have been described as conceptual models that connect the essence of the individual with society and culture, emphasising the importance of environmental and biological factors as well as the relationship of the individual with ecosystem's limitations and resources. These studies have been conducted. The International Society for Quality of Life Studies said, "Quality of life involves both an objective and a subjective viewpoint, and incorporates issues such as material well-being, health productivity affectivity safety society and inner well-being."

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