Quality of Life

Quality of life is a somewhat nebulous term, with multiple related concepts, including ‘well-being’, ‘level of living’, standard of living’, and ‘liveability’. Many commentators use the terms interchangeably (Craglia et al., 2004; van Kamp et al., 2003). Quality of life refers to the overall nature of an individual or groups’ lived environmental experience - specifically the satisfaction of desires associated with human needs and wants. It is constituted by material and existential dimensions of life-worlds (e.g. ‘having’ possessions and ‘being’ happy). Well-being on the other hand refers to a general state of ‘wellness’, whereas level of living entails an economic and social assessment of the “actual degree of satisfaction of the needs and wants of a person or…group”, while standard of living refers to the material and social aspirations of a population (Knox, 1975: 23). Liveability denotes the degree to which a place meets the requirements of human inhabitation.

A range of disciplines are concerned with quality of life including sociology, geography, economics, planning, psychology and public health, among others. This is because quality of life, either a positive or negative, is framed by multiple axes of difference including gender, age, race, disability, income, education, residential location, personal hygiene etc. (Ewert & Suchday, 2002; Sirgy et al., 2006; van Kamp et al., 2003). The metrics for assessing quality of life thus exhibit substantial variation. Nonetheless, many measures are interrelated. Poverty for example, configures life chances and thus life quality in very specific ways, including access to education and housing, exposure to pollution, exposure to violent crime, nutritional content of food, purity of water, and overall physical and mental health (Ewert & Suchday, 2002; Kuo, 2001).
Measures

Quality of life is typically assessed through a wide variety of measures and indicators (Craglia et al., 2004; Keyes, 2006; Knox, 1975; 1978; Pacione, 2003). These indicators vary across time, space, scale and political spectrums. They include economic indicators e.g. income, gross domestic product (GDP), employment levels; social indicators e.g. nutrition, physical health and healthcare facilities, prevalence of injuries or disease in a population, mental health, security - freedom from crime, freedom from discrimination, freedom of cultural expression, literacy / education, personal mobility, and leisure; political indicators e.g. democratic inclusiveness; human rights; physical / institutional indicators e.g. level of urbanisation, urban service provision, standard of housing and; environmental indicators e.g. freedom from pollution, access to open space etc. (Craglia et al., 2004; Knox, 1978; van Kamp et al., 2003).

The evolution of measures

The first attempts at assessing and reporting quality of life occurred in the United States in the early twentieth century, when the Chicago School of urban social ecology began to investigate the living conditions of urban migrants (Hannerz, 1980). In the 1940s the US developed formal procedures for assessing the quality of farm life in the mid-west region of the country (Knox, 1975). But indices were largely economic and based upon material possessions and services associated with national affluence and progress (e.g. farms connected to the electric grid). In the 1950s measures of economic performance were codified by many nation states (e.g. GDP), since ‘economic progress’ was associated with the ability to provide food, clothing,
shelter, employment, education, physical mobility and leisure among other things (Sirgy et al., 2006).

By the 1960s, ‘social indicators’ – composite measures of welfare, were being formalised by organisations such as the OECD and the United Nations. This was partly in response to the recognition that increases in material affluence produced by economic growth were oftentimes accompanied by unforseen negative impacts such as environmental pollution or concentrated poverty (Pacione, 2003; Vemuri & Costanza, 2006). The real advances here were related to the ability of various agencies to report changes over time, to disaggregate data by scale and geographic location, and the connection of indicators with policy objectives. Multiple constructs and techniques emerged during this period, but three gained wide currency: economic indicators, psychological measures and spatial indicators.

In the 1970s and 80s, greater attention was given to the spatial expression of quality of life, resulting in the urban social atlas movement (Forest & Poulsen, 1986) where government agencies, often in conjunction with spatial analysts, published atlases of urban regions which reported ‘territorial indicators’ (e.g. levels of education or unemployment by geographic location). From the late 1980s, psychologists have added subjective assessments of quality of life to the toolbox of measures, recognising that quality of life is not something that is external to the individual, and that the same life conditions can be perceived differently by different people (Kaplan, 2001; Keyes, 2006; Ulrich, 1979).
Most recently, some public health scholars and urban planners have begun to elucidate the interconnections between built environment, level of physical activity and quality of life (e.g. Frank & Engelke, 2001). Similarly, environmental economists have begun to quantify the ways that quality of life is dependent upon access to nature’s services (e.g. Vemuri & Costanza, 2006). These scholars have highlighted the interrelated dimensions of the quality of life concept.

References


