

RESEARCH NOTES

Revisiting Quality of Life: Philosophical Foundations and Contemporary Debates

Shahid Zafar*

Assistant Professor, Department of Economics, Delhi College of Arts & Commerce, University of Delhi, Delhi, India

Puneet Yadav

Associate Professor, Department of History, Kirori Mal College, University of Delhi, Delhi, India

*Corresponding Author Email: shahid.zafar@dcac.du.ac.in

Abstract: *Quality of Life (QOL) has emerged over time as one of the central but persistently debated concepts across development studies, social sciences, health sciences, and public policy. Although widely used, its conceptual complexity lies in the fact that there is no single perspective that encompasses observable quality indicators, subjective well-being, social participation, and freedom. The existing literature has produced multiple analytical frameworks that are not only fragmented but also insufficiently integrated. This paper revisits the evolution of the QOL concept and argues that the field has evolved not merely through a definitional shift, but through a gradual widening of the analytical framework through which human well-being is assessed. In this process, philosophical traditions, social indicator models, health-related QOL frameworks, subjective well-being, capability approaches, and recent multidimensional and integrative models have contributed important but fragmented insights. This study focuses on the argument that QOL is best assessed as a layered framework that integrates material well-being and institutional support, capabilities and functioning, emotional states, and the influence of cultural and social constructs. This framework validates the relevance of earlier approaches in explaining QOL, while demonstrating that no single approach is independently sufficient. Further, it identifies major gaps in the literature, including the fragmentation of concepts, weak integration of subjective and objective dimensions, and insufficient focus on inequality and cultural contexts. It concludes by clarifying the conceptual foundations which are necessary for future research.*

Keywords: Quality of life, Subjective Well-being, Philosophical Traditions, Social Indicator Models, Capability Approach, Multidimensional Frameworks

INTRODUCTION

Quality of Life (QOL) is one of the most widely discussed concepts across academic scholarship and policy discourses. The concept is used across disciplines and has acquired varied analytical uses. Development scholars use it to evaluate social progress, researchers in public health employ it to understand human well-being beyond mere clinical survival, urban studies associate it with liveability, and philosophers connect it with the broader question of what makes life worth living (Liu, 1975; Sirgy, 1986; Mandzuk & MacMillan, 2005). Despite its widespread use, the concept of Quality of Life (QOL) remains contested across disciplines, and there is no single definition that has achieved universal acceptance (Susniene & Jurkauskas, 2009; Barwais, 2011). The term's interdisciplinary character has led to its use in signifying the different dimensions of human well-being. In some contexts, QOL is used to assess material living standards and the fulfilment of basic needs. Others refer to dignity, health status, life satisfaction, and happiness (Ventegodt et al., 2003a; Beaumont, 2011). Conceptual diversity has undoubtedly enriched the field, but it has also resulted in conceptual ambiguity, fragmentation, and inconsistency (Mandzuk & MacMillan, 2005).

The importance of this concept arises from the fact that human well-being cannot be measured through any single indicator. Income or physical health status alone cannot explain whether life is fulfilling; people may experience exclusion or insecurity, even under favourable material conditions (Clark, 2005; Sen, 1999). Considerations such as social acceptance, social participation, personal freedom, and safety also remain equally important. In this sense, QOL provides an analytical link which connects ideas and empirical assessment, judgment, and policy frameworks, as well as personal experience and structural circumstances. Its analytical power lies in its dual nature: it is simultaneously empirical and philosophical, individual and societal, and descriptive and evaluative.

Taking this complexity seriously, this paper attempts to resolve the QOL debate by tracing the intellectual evolution of the concept and accepting the fact that this field has gradually broadened its evaluative scope. Early philosophical traditions focused on happiness, virtue, and human flourishing. In the twentieth century, welfare and social-indicator approaches shifted focus towards the measurable conditions of QOL and the adequacy of social progress. Health-related QOL research has further advocated that mere clinical survival and symptom

reduction are not sufficient indicators of well-being. Subjective well-being research incorporated life satisfaction, emotional life, and personal experience at the centre of analysis. Capability-based approaches expanded the field by focusing on freedom, functioning, and the real opportunities enjoyed by the people. Recently, multidimensional and integrative frameworks have attempted to combine these dimensions without reducing one to another.

This paper makes two related contributions to the existing literature on Quality of Life (QOL). First, it offers a theoretically organised reading of how the concept has evolved, demonstrating the movement from philosophical perspectives on QOL towards policy-oriented measurement indices, and eventually to more complex multidimensional theories. Second, it proposes a four-layered analytical framework that measures Quality of Life (QOL) through interconnected dimensions—capabilities and achieved functionings; material and institutional conditions; subjective appraisal and emotional experience; and cultural embeddedness (Clark, 2005; Robeyns, 2005). It is intended as a lens that helps explain why different traditions persist and how they act in relation to one another.

The study also addresses the limitation of the existing review literature on Quality of Life (QOL). Many reviews trace the historical development of the concept and provide deeper theoretical integration (Mandzuk & MacMillan, 2005). This paper addresses this problem by developing a critical interpretation of the field. This suggests that the real problem is not only the coexistence of multiple interpretations but the absence of a coherent theoretical account of how different dimensions of QOL relate to one another (Robeyns, 2005). The task, therefore, is not simply to choose between different approaches, but to place each within a broader evaluative theory of human well-being (Dasgupta, 1999). The discussion unfolds into several stages. The next section examines the philosophical idea of a good life and why QOL is necessarily normative. This is followed by an examination of welfare-based social indicator traditions, health-related QOL, and the rise of subjective well-being research. Later sections analyse the capability and multidimensional approaches. On this basis, the paper develops a theoretical contribution and identifies major research gaps. Taken together, the analysis aims to reposition QOL as a substantive conceptual field through which quality of life and human development may be evaluated.

PHILOSOPHICAL FOUNDATIONS OF HUMAN WELL-BEING

Quality of Life as a Normative Question

The intellectual roots of QOL lie in ancient philosophical debates about a good life (Sandoe, 1999; Ventegodt et al., 2003b). In classical philosophical reflections on the nature of well-being, thinkers were concerned not only with income, measurable welfare, or longevity, but with the broader enquiry of what it means to live well (Sirgy, 1986; Sandoe, 1999). Classical philosophical approaches framed this question through virtue, justice, happiness, flourishing, and the organisation of social life (Sandoe, 1999; Ventegodt et al., 2003b). The significance of these debates lies in the fact that the classical framework

considered it an evaluative problem rather than merely a descriptive one. In this sense, the foundation of modern QOL theory inherits a longstanding intellectual concern: to determine what gives human life fulfilment and dignity (Dasgupta, 1999; Ventegodt et al., 2003b).

The philosophical inheritance is important as any attempt made to assess whether the life is “better” or “worse” necessarily involves normative judgment about the good life (Dasgupta, 1999; Robeyns, 2005). An evaluative framework that considers freedom, health, education, emotional satisfaction, safety, and social participation is not merely recording observable facts but implicitly affirming that these dimensions constitute a worthwhile human life (Clark, 2005; Robeyns, 2005). The normative nature of the concept becomes more evident in the construction of modern indicators and indices, as the objective assessment of the subject rests upon the conceptual choices regarding which dimensions of life deserve more recognition. Behind every social indicator of well-being is a philosophical value judgment about human flourishing, social justice, and desirable living conditions. Philosophical reflections matter because they clarify the ethical foundations of the subject and guard against the illusion that data can substitute for conceptual reasoning (Dasgupta, 1999).

Hedonism, Preference, and Philosophical Pluralism

Modern well-being research has been significantly shaped by two highly influential traditions: hedonistic and preference-based. The hedonistic approach describes a good life primarily in terms of pleasure over pain and an individual's experience of enjoyment, satisfaction, and absence of suffering. Preference-based theories, in contrast, assess well-being in relation to the fulfilment of personally valued ends, desires, or choices (Susniene & Jurkauskas, 2009). According to this view, life is considered good when individuals are able to achieve what they want or realise they have a reason to choose (Robeyns, 2005). Both traditions contributed to these insights. The hedonic view survives in the contemporary framework of evaluating happiness, life satisfaction, and affective well-being, where emotional experience acts as the central indicator of welfare. Preference-based logic, on the other hand, is deeply incorporated into welfare economics, utilitarian policy analysis, and rational choice frameworks which interpret human welfare through utility maximisation and observed choices (Dasgupta, 1999). Both approaches strongly advocate that material provisions are insufficient to determine whether life is experienced as worthwhile and that an individual's internal standpoint matters equally.

At the same time, neither of these perspectives provides a comprehensive and fully satisfactory explanation of human flourishing. Pleasure is undoubtedly important, but it is often episodic and may not always reflect a deeper form of dignity. Individuals may experience episodes of happiness even while suffering from deprivation and exclusion. Similarly, preferences are not always true indicators of freedom. Desires are influenced by adaptations, exposure to restricted possibilities, and cultural constraints. People may value only those outcomes that appear attainable, adjusting expectations downwards in response to circumstances. These limitations result in dissatisfaction with reducing well-being to either happiness

or preference satisfaction. This observation later became the basis of the critique of the utilitarian welfare approach and laid down the foundation for a broader capability-oriented multidimensional understanding of QOL. Philosophical tradition suggests that there is no single uniform definition of good life and acknowledges the plurality of the concept (Sandoe, 1999).

FROM WELFARE TO SOCIAL INDICATORS

The Post-War Transformation of the Concept

After the Second World War, policy transformation and intellectual growth led to the emergence of the modern Quality of Life (QOL) concept. Politics of modernisation, rapid industrial growth, urbanisation, and welfare-state expansion during this period generated a new concern among policy makers and scholars regarding whether increasing economic output can be considered social progress (Liu, 1975; Dasgupta, 1999). Economic growth undoubtedly made economies wealthier, but this did not ultimately translate into social cohesion, healthier communities, or greater human fulfilment (Galloway et al. 2005; Beaumont 2011).

This marked a key turning point away from the normative question of what makes a good life. Post-war, researchers and policymakers wanted tools to evaluate whether educational opportunities were adequate, whether housing was satisfactory, and whether health services were accessible (Liu, 1975; Gjoksi, 2010). As a result, QOL evolved as a measurable social assessment tool, and the idea that economic growth alone equals social progress gradually collapsed (Liu, 1975; Gjoksi, 2010). While there was consensus that economic growth is the primary sign of national progress, it also became clear that nations could grow economically while the quality of everyday life of its citizens deteriorated or remained unstable (Sirgy, 1986)

Social Indicators Movement

This critique led to the emergence of the social indicator movement, which widened the measurement of social progress beyond economic growth. Scholars and policymakers have started monitoring education, health, housing, living conditions, employment, crime, environmental conditions, and civic participation (Liu, 1975; Beaumont, 2011). Welfare has become a multidimensional reality.

The social indicator tradition provided an important methodological improvement by exposing previously neglected human realities to policymakers. By systematically counting literacy, mortality, public service accessibility, and housing deficits, this framework allowed comparative analysis and policy interventions (Malkina-Pykh & Pykh, 2008; Beaumont, 2011).

This movement also created a difficulty: the tendency to believe that these measurable indicators fully capture Quality of Life (QOL). Although these numbers could capture the external conditions, they may not estimate how people felt about these conditions, whether they felt marginalised and excluded, or whether they could use available resources for betterment (Clark, 2005; Robeyns, 2005).

The scope of welfare analysis was also widened by parallel development within development theory, in which

scholars criticised the use of per capita income as the only measure of social progress (Sen, 1999; Robeyns, 2000). However, the wider conceptualisation of development has reinforced the premise that economic resources are of primary significance for humans to pursue a healthy and fulfilling life (Sen, 1985; Sen, 1999). This paradigm became the foundation of capability-based approaches. Crucially, these approaches emphasise the difference between possessing resources and successfully converting them into realised functioning's (Sen, 1985; Sen, 1999).

An important shift occurred when Quality of Life (QOL) entered the area of health research. In this context, scholars have realised that biomedical indicators alone are inadequate to capture the impact of pathology and therapeutic intervention (Holmes, 2005; Mandzuk & MacMillan, 2005). Measures such as survival rates and symptom reduction fail to adequately explain everyday functioning, emotional well-being, and social relationships (Sales, 2003).

In response to this limitation, Health-Related Quality of Life (HRQOL) has emerged to evaluate the scope of medicine beyond clinical markers (Cookson, 2005). The integration of HRQOL shifted the attention from the view that considered the human body as a clinical object to the person living through the illness. Human experiences of pain, fatigue, morbidity, social dependence, and emotional distress were recognised as essential dimensions of World Health Organization Quality of Life (Ventegodt et al., 2003a). This framework strengthened the perspective by defining QOL as the individual's subjective perception which depends on cultural values and personal aspirations (Georgiou, 2009). These insights led to a person-oriented understanding of health rather than medical well-being alone. However, HRQOL revealed important conceptual constraints; its origin, restricted to clinical settings, evaluated QOL only in terms of impairment, functioning, and neglecting the impact of broader human concerns like identity, recognition, participation, and freedom (Cookson, 2005; Oosterlaken, 2009). Standard measurement tools, undoubtedly useful in measurement, often fail to capture the influence of many factors which are valued in life (Mandzuk & MacMillan, 2005).

Consequently, HRQOL is positioned as an essential but incomplete account of human well-being. Individuals may continue to feel well despite chronic health issues. Conversely, certain medical procedures may extend life simultaneously, causing pain and suffering (Holmes, 2005). Another important issue regarding the use of standardised instruments for the comparison across populations is that it ignores experiences of social context such as dignity, suffering, belonging, or fulfilment.

The WHOQOL, however, represented a significant development in the study of well-being because it relied on how individuals assess themselves in their lives, the multidimensionality of the concept, and recognition of the fact that QOL is also shaped by cultural and social settings (Ventegodt et al., 2003a).

The Emergence of Internal Evaluation

The rise of subjective well-being research marked a major shift in the conceptual framework of how we

measure the “good life”. Earlier approaches assessed well-being through external observable conditions such as housing, health, education, employment, and income. Concepts such as happiness, life satisfaction, and emotional well-being have become the central focus of understanding. Subjective well-being (SWB) research has demonstrated that material prosperity does not automatically translate into human fulfilment (Susniene & Jurkauskas, 2009; Watson et al., 2010). Many empirical studies have repeatedly demonstrated that economic prosperity and subjective satisfaction do not always move together. SWB approaches also expanded the methodological framework of QOL, where self-reporting measures, psychological assessment scales, and survey instruments became important tools for understanding actual well-being. Human feelings such as hope, insecurity, stress, sadness, and belonging have entered the analysis of human flourishing in a systematic way (Galloway et al., 2005). However, subjective well-being measurement has shortcomings. Individuals often adapt to deprivations, limit their aspirations, and accept inequality. A high level of reported satisfaction does not necessarily mean better objective conditions. Social exclusion and inequality may produce better life satisfaction because expectations are low (Thorat & Sabharwal, 2010). Therefore, SWB is a necessary but not sufficient basis for QOL analysis.

THE CAPABILITY APPROACH

This approach, developed by Amartya Sen and Martha Nussbaum, marked a major shift in how we measure Quality of Life (Sen, 1999; Nussbaum, 2011; Robeyns, 2005). Earlier approaches assessed well-being through material resources, utility, or satisfaction. In this framework, the focus shifted from what we own or how we feel to what we are actually free to do (Sen, 1985; Sen, 1999). It is judged by the availability of real opportunities to pursue a meaningful and valued life (Nussbaum, 2011). This shift exposed a limitation of earlier welfare models: equal access to resources does not provide equality in actual life opportunities (Sen, 1999). The ability to transform resources into actual opportunities depends on social position, age, gender, geography, social norms, and institutional context (Clark, 2005; Robeyns, 2005). All these factors reduce a person's practical freedom, even when access to resources appears similar.

A key contribution of this approach is the distinction between “functioning” and “capabilities”. Functioning's are achieved states, such as being educated, well nourished, socially included, healthy, or secure (Sen, 1985; Robeyns, 2005). Capabilities, on the other hand, refer to tangible options (freedom) to achieve these states (Anand et al., 2005). This is an important distinction because similar outcomes may emerge under different conditions. One individual may choose to fast for a cause, while another is starving because he has no food. Their nutritional status is the same on paper, but their Quality of Life is different. Capability theory, by placing freedom at the centre, accommodates human diversity much better than earlier models (Robeyns, 2005). The differences in bodily conditions, social status, culture, and environmental settings influence how resources are converted into actual opportunities. In this sense, the capability approach is not

only about outcomes but also about the range of lives a person can choose (Nussbaum, 2011).

Multidimensional QOL Frameworks

Over time, multidimensionality has become increasingly unavoidable to capture the complexity of human well-being. Measurements focused on one dominant factor, such as income, health, happiness, or freedom, failed to capture the totality of human life (Malkina-Pykh & Pykh, 2008). A physically healthy person can be emotionally isolated or economically stable but socially marginalised.

Multidimensional frameworks have begun to occupy a central place in QOL scholarship. These approaches have attempted to capture the layered reality of human life. The WHOQOL model is among the most influential models which acknowledged the plurality of the factors in the assessment (Ventegodt et al., 2003a).

Critical Assessment of Existing Literature

The development of QOL research has undoubtedly progressed and expanded the understanding of QOL, but there remains constant fragmentation. QOL is regularly used as a synonym for concepts such as well-being, standard of living, happiness, human development, and life satisfaction, even though they refer to a different experience (Susniene & Jurkauskas, 2009; Barwais, 2011). This lack of clarity creates confusion between the measurement and theory.

Another major issue is the imbalance between objectivity and subjectivity. Overreliance on objective conditions emphasises only the role of real living conditions but may neglect their subjective experience. Subjective indicators, on the other hand, provide an assessment of evaluation and meaning but may neglect structural deprivation and injustice (Clark, 2005; Georgiou, 2009). The existing literature is gradually acknowledging the need for both indicators but still not settled on any real integration (Robeyns, 2005).

A third limitation is insufficient attention paid to social relations and collective life. Many QOL models treat individuals as isolated evaluators of their own experiences, but human life is deeply shaped by social factors. Thus, a person's well-being must also be examined in a broader social context (Galloway et al., 2005; White et al., 2010).

The literature also reveals excessive dependence on measurement without sufficient reflection on conceptual foundations. Composite indicators are selected based on data availability but lack clarity over their theoretical basis (Malkina-Pykh & Pykh, 2008; Dasgupta, 1999).

Another important weakness of the QOL framework is that the assumption of this concept is static. Human lives, however, evolve over time through changing human experiences shaped by improvements in education, employment, health, migration, aging, and cumulative influence. Without giving importance to the temporal perspective, the QOL approach ignores the dynamic nature of human well-being (Rettig & Leichtentritt, 1999).

The final critical concern relates to the cultural assumptions made in many existing frameworks. Although certain parameters of well-being, such as dignity, security, belonging, or health, may possess broad human significance,

the extent to which they are recognised or valued varies considerably across cultural and social contexts (White et al., 2010; Georgiou, 2009).

THEORETICAL CONTRIBUTION TO EXISTING KNOWLEDGE

The important contribution of this paper is the proposal that QOL should be considered as a layered and interconnected construct rather than as a single-dimension phenomenon. The proposed framework combines four levels: material and institutional conditions, subjective appraisal, emotional experience, capabilities, and achieved functioning. The aim is to address the longstanding split in literature, particularly between subjective and objective approaches, between resources and real outcomes, and between individuals and society.

The first layer comprises material and institutional conditions that create a structural environment in which human life unfolds. It includes income, housing, education, healthcare access, employment opportunities, public infrastructure, political freedom, and physical security. These conditions are necessary because the absence of any of these imposes limits on human welfare (Liu, 1975; Beaumont, 2011). At the same time, these alone cannot sufficiently explain differences in quality of life, since similar resources may produce very different levels of satisfaction across individual and social contexts.

The second layer concerns the capabilities and achieved functioning. Here, the emphasis shifts to what people are actually able to do with the material they possess. This includes being happy, healthy, educated, socially included, politically represented, and able to pursue a meaningful life (Robeyns, 2005; Anand et al., 2005). This layer is fundamentally different from material conditions because resources do not translate automatically into freedom or achievement. A person may have sufficient resources but face discrimination, barriers, or physical limitations. Another may have modest access to resources, but strong institutional and social support enhances capability (Clark, 2005). This makes the QOL framework more sensitive to inequality and human diversity.

The third layer concerns life experience. It includes emotional status, life expectations, hope, stress, and meaning. This dimension acknowledges an individual's own experience. This dimension includes emotional balance, stress level, hope, dignity, and life satisfaction (Susniene & Jurkauskas, 2009; Watson et al., 2010).

The fourth layer highlights social and cultural integration. Human beings exist within a network of institutions and relationships. They depend on care, family, friendship, and trust. This dimension signifies the importance of the social environment within which well-being is produced (White et al., 2010; Galloway et al., 2005).

The importance of the four-layered framework lies in its ability to consolidate ideas that have remained fragmented in QOL scholarship. It combines existing approaches that address them as different but related dimensions of human well-being. This model also provides grounds for future empirical analysis, where researchers can examine how these layers interact over time and across groups.

RESEARCH GAPS

Although QOL research has expanded over time, several important gaps remain. One of the most significant issues is defining the term. The concept is widely used, but it carries different meanings across disciplines, which creates confusion in conceptual and empirical frameworks (Mandzuk & MacMillan, 2005; Susniene & Jurkauskas, 2009). This lack of clarity and instability makes it difficult to compare findings across studies.

A second major gap concerns the fragmentation of subjective and objective dimensions of well-being. Many approaches rely heavily on external indicators or self-reported experiences, although both capture a partial understanding of human life. While objective indicators capture deprivation, inequality, and access to resources, subjective measures reveal satisfaction and personal and emotional experiences (Clark 2005; Georgiou 2009). The challenge is to design a framework that explains how material conditions shape perception and vice versa.

Another weakness is the limited attention paid to inequality and distribution. Most approaches evaluate QOL through aggregate averages and give little importance to internal disparities. Two populations may appear similar in overall well-being, while one may differ sharply in access to opportunity, security, or social inclusion (Thorat & Sabharwal, 2010; Thorat & Dubey, 2012). The framework must be sensitive not only to aggregates but also to distribution and exclusion.

A further gap is that many frameworks focus on what individuals possess and how they feel, but they pay less attention to what people are actually able to do with the resources and opportunities available to them (Robeyns, 2005; Anand et al., 2005).

The literature also pays insufficient attention to culture and context. QOL frameworks assume that the dimensions of a good life are universal, but the actual meaning of a good life is deeply shaped by the cultural and social environment (White et al., 2010; Georgiou, 2009).

Finally, there remains a significant methodological gap in constructing composite indices of QOL without any clarity on what dimensions to include, how to weight them, or what theoretical basis guides their selection.

CONCLUSION

QOL research has evolved from its philosophical origins into a broader interdisciplinary field which encompasses human well-being, freedom, social inclusion, health outcomes, and security. This expansion did not follow a single unified path but through the contributions of multiple intellectual traditions. The philosophical perspective emphasises virtue, meaning, and moral flourishing (Sandoe, 1999; Ventegodt et al., 2003b). Social indicator and welfare approach focused on material conditions and measurable progress (Liu, 1975; Beaumont, 2011); health-related frameworks highlighted experience of illness and care (Holmes, 2005; Cookson, 2005); subjective welfare research included personal and emotional life (Susniene & Jurkauskas, 2009; Watson et al., 2010); capability theory considered freedom and human functioning (Sen, 1999; Nussbaum, 2011; Robeyns, 2005);

while multidimensionality models tried to integrate all these diverse approaches into a broad evaluative framework.

The argument proposed in this study is that no single perspective sufficiently explains the complexity of human welfare. Quality of life cannot be reduced to observable indicators. Rather, it can be explained by the interconnections of different layers shaped by institutional and material conditions. The four-layered framework proposed here provides a more integrated understanding of the concept by connecting different dimensions which often remain theoretically separated. Ultimately, it is a way of thinking about what institutions should empower, what society values, how development can broaden opportunities, why freedom matters, and how humans value their life. It presents a broader approach to understanding progress and judging the worth of human life.

REFERENCES

1. Anand, P., Hunter, G., Carter, I., Dowding, K., Guala, F., & Van Hees, M. (2005). Capabilities and well-being: Evidence based on the Sen–Nussbaum approach to welfare. *Social Indicators Research*, 74(1), 9–55.
2. Beaumont, J. (2011). Measuring national well-being: A discussion paper on domains and measures. Office for National Statistics.
3. Clark, D. A. (2005). Sen's capability approach and the many spaces of human well-being. *Journal of Development Studies*, 41(8), 1339–1368.
4. Cookson, R. (2005). QALYs and the capability approach. *Health Economics*, 14, 817–829.
5. Dasgupta, P. (1999). Valuation and evaluation: Measuring the quality of life and evaluating policy. University of Cambridge, UK
6. Galloway, S., Bell, D., Hamilton, C., & Scullion, A. (2005). Well-being and quality of life: Measuring the benefits of culture and sport: A literature review and think piece. Scottish Executive Social Research.
7. Georgiou, J. (2009). Quality of life indicators: The objective-subjective interrelationship that exists within one's place of residence in old age. *Asian Social Science*, 5(9), 1–18.
8. Holmes, S. (2005). Assessing the quality of life—Reality or impossible dream? A discussion paper. *International Journal of Nursing Studies*, 42, 493–501.
9. Liu, B. C. (1975). Quality of life: Concept, measure and results. *American Journal of Economics and Sociology*, 34(1), 1–13.
10. Malkina-Pykh, I. G., & Pykh, Y. A. (2008). Quality of life indicators at different scales: Theoretical background. *Ecological Indicators*, 8, 854–862.
11. Mandzuk, R. N., & MacMillan, D. E. (2005). A concept analysis of quality of life. *Journal of Orthopedic Nursing*, 9, 12–18.
12. Nussbaum, M. (2011). Creating capabilities: The human development approach. Harvard University Press.
13. Robeyns, I. (2005). The capability approach: A theoretical survey. *Journal of Human Development*, 6(1), 93–117.
14. Sandoe, P. (1999). Quality of life: Three competing views. *Ethical Theory and Moral Practice*, 2(1), 11–23.
15. Sen, A. (1985). *Commodities and capabilities*. North-Holland.
16. Sen, A. (1999). *Development as freedom*. Oxford University Press.
17. Susniene, D., & Jurkauskas, A. (2009). The concept of quality of life and happiness: Correlation and differences. *Engineering Economics*, 3, 58–66.
18. Ventegodt, S., Merrick, J., & Andersen, N. J. (2003a). Measurement of quality of life I: A methodological framework. *The Scientific World Journal*, 3, 950–961.