

# A Middle Range Theory for Generative Quality of Life for the Elderly

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Decades of quality of life (QOL) research has failed to produce widely recognized QOL definitions or measurements. The inconsistency may be due to an ontological error in the perspective of researchers. Most researchers portray QOL as a given or inherent condition that declines in the face of challenges. We believe QOL is a cumulative process that results from a series of connections and disconnections that elders experience in their daily lives. The Register theory of Generative Quality of Life for the Elderly offers an alternative ontological perspective by placing elder QOL in a generative context. **Key words:** *conceptual model, connectedness, elderly health care outcomes, generative model, middle range theory, quality of life, theory development*

QUALITY OF LIFE (QOL) is a universally desired patient outcome that is essential to human health. Over 1000 new QOL articles are published annually.<sup>1,2</sup> Despite a plethora of research, the construct QOL lacks clear or definitive demarcation.<sup>3-7</sup> There is no consensus regarding QOL definitions<sup>1,3-7</sup> and there is no standard approach to QOL measurement.<sup>3-11</sup> No concept or variable engenders as much confusion and controversy as QOL.<sup>3</sup> Perhaps the reason for the lingering uncertainty about QOL definitions and measurement is due to an ontological error in the perspective QOL researchers have taken.

For the past 4 decades, QOL researchers have focused primarily on deficit models that emphasize the degenerative aspects related to health.<sup>2,3,12,13</sup> From a theoretical stand-

point, most researchers contend QOL is an inherent condition that declines in the face of challenges. Everyone possesses QOL until something dreadful happens, like disease, disability, or social disruption, which inevitably diminishes QOL.<sup>3-6,10,12-17</sup> Although the prevailing perspective provides valuable information about factors that inhibit QOL, information about how elders give rise to QOL remains elusive. An alternative perspective views QOL as a generative process where QOL is constructed or deconstructed over time. We believe a fundamental shift in the prevailing ontological perspective may revolutionize our understanding of QOL. Therefore, the purpose of this article is to present a theoretical model that portrays QOL among the elderly as a generative process that remains active throughout life without temporal or spatial constraints.

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## THE IDEA OF CONNECTEDNESS

We believe QOL is a cumulative process that is generated through an ongoing series of specific connections and disconnections that result from interactions with the forces

and processes people encounter in their daily life.

For example, when an elderly beneficiary telephones an insurance carrier to obtain preauthorization for a surgical procedure and finds himself or herself caught up in a matrix of automated voice messages that ultimately terminate at the original message, and automatically ends the call, people universally consider this a negative experience<sup>18-20</sup> that diminishes QOL.

Conversely, if a beneficiary makes the same call and speaks directly with a kind and compassionate representative, who takes an interest in the beneficiary's upcoming surgery and graciously guides the beneficiary through the preauthorization process; most people would consider this a positive experience<sup>18-20</sup> that bolsters their QOL.

In the case of the computer-automated call, the person leaves the experience feeling frustrated and angry because of the failure to make a connection. The caller is unable to connect figuratively and literally with anyone who can solve the problem (facilitate preauthorization). The caller feels invalidated by the recordings, unhappy, and dissatisfied on many levels. The feeling of disconnectedness leads to a negative experience that undermines QOL.

Whereas, the caller who speaks directly with the kind and caring intermediary feels warm, happy, and satisfied, because the caller makes a connection with the representative. The caller feels valued and cared for by the intermediary. In addition, the caller feels a sense of connectedness in knowing that a caring human being met his or her needs. The feeling of connectedness leads to a positive experience.

Quality of life is a dynamic personal perception that is enhanced by positive life connections and diminished by disconnections. The idea of connectedness is not new to QOL literature. Several researchers identified connectedness as an essential component for QOL.<sup>21-25</sup> Despite major differences in populations, settings, circumstances, methodologies, and researchers, the concept of connectedness was an explicit and emergent

theme in a number of quantitative<sup>26,27</sup> and qualitative<sup>21-24,28-31</sup> QOL studies. Dozens of investigators have conceptually bumped into the idea of connectedness in relation to QOL, but no researcher has fully explored the potential for discovering the essence of QOL generation.

Because we advocate a different ontological perspective, current theoretical frameworks are not practicable. The existing theoretical models do not support a generative approach to QOL. The Register theory of Generative Quality of Life for the Elderly (GQOLE) is a theoretical model that places QOL for the elderly in a generative context.

## REVIEW OF LITERATURE

The term *quality of life* dates back to 1964, when Lyndon B. Johnson first coined the term during a campaign speech at Madison Square Garden, on October 31, 1964.<sup>32</sup> Johnson used the term to introduce the notion that having a good life means more than financial security. Johnson wanted to promote the idea that money cannot secure all things, particularly one's "quality of life."<sup>33</sup>

### Theoretical perspectives

Two competing theoretical perspectives have emerged and dominated QOL literature. Researchers generally embrace either a global multidimensional view of QOL<sup>3,8,10,11,14,34</sup> or a limited perspective that includes only health-related QOL (HRQoL).<sup>4-6,35-37</sup> A global perspective offers a multidimensional and holistic approach to viewing QOL, which includes all aspects of a person's life.<sup>3,12,13,34</sup> In contrast, HRQoL provides a circumscribed view that relates only to the effects of health, illness, and treatment on QOL and excludes other aspects of QOL such as cultural, political, or societal attributes.<sup>3,6,37</sup>

Unfortunately, distinctions between HRQoL and global QOL are not always clear. We believe attempts to discern one form of QOL from another is a lot like asking Mrs Lincoln about the play. Aside from that,

Mrs Lincoln, "What did you think about the play?" We believe the separation of the 2 phenomena creates an ontological error. People do not compartmentalize their QOL into convenient or research-accessible entities. People experience QOL in total, just like Mrs Lincoln.

### **Theoretical frameworks**

Researchers have not adopted a single unifying QOL framework. Four major groupings of theoretical frameworks include (1) global frameworks, (2) deficit-based frameworks, (3) disease-specific frameworks, and (4) health promotion frameworks.

Global frameworks are used to facilitate a holistic view of variables that are predictive of QOL among the elderly.<sup>3,34</sup> Researchers also use a global perspective to examine QOL predictors in the context of specific disease or illness states. For example, Ferrans<sup>13</sup> used a global conceptual model containing 4 domains (health and functioning, socioeconomic, psychological/spiritual, and family) to examine QOL in patients with cancer. Global frameworks, regardless of the underlying context, embrace the notion of holism and focus on the comprehensive nature of QOL.<sup>3,9,12,34</sup>

Deficit-based perspectives constitute the bulk of QOL frameworks. Deficit frameworks consider limitations or depredating factors not attributed to a specific disease or condition that diminish QOL.<sup>6,11,14,35–37</sup> For example, Wilson and Cleary<sup>36</sup> developed a causal model for HRQoL that contends that biologic and physiologic insult (due to disease and injury) lead to perceptions of abnormal physical, emotional, or cognitive states or to altered functional status (physical and social role and psychological functioning), resulting in general health perceptions that determine overall QOL.

Disease specific frameworks describe patient responses to a number of diseases and disease experiences.<sup>4,9,10,17,32</sup> These researchers demonstrate deference to disease or condition specific deficit-based frameworks that emphasize illness.<sup>4,10,15,17,36</sup> The empha-

sis on illness and systematic degradation that is associated with disease specific frameworks undermines the inherent generative nature of QOL.

A sparse amount of research using health promotion frameworks to examine QOL is available. Ferrans et al<sup>6</sup> developed a conceptual framework based on the amalgamation of the causal model for HRQoL of Wilson and Cleary<sup>36</sup> and the ecological model for health promotion programs of McLeroy et al.<sup>38</sup> However, the health promotion underpinnings are not evident in the revised HRQoL model of Ferrans et al. In contrast, Stuijbergen et al<sup>16</sup> used an explanatory model to examine the mediating effects of health promotion activities on QOL among patients with post-polio syndrome. Engel et al<sup>39</sup> also used a health promotion model to examine the effects of weight loss and subsequent regaining of weight on people's HRQoL. The health promotion frameworks of Stuijbergen et al and Engel et al contend that if health-promoting activities can be instituted and sustained, then QOL will automatically improve or reemerge. The health promotion model presents a positive perspective because it embraces a more holistic approach to QOL; however, both health promotion models fail to recognize the important role of connectedness in QOL generation.

### **Research instruments**

Instruments used to measure QOL are ontologically and theoretically consistent with the frameworks in that they predominantly focus on disease-specific problems and illness. Quality of life instruments generally focus on factors that diminish QOL within the context of a condition or disease. The MAPI Research Institute's Quality of Life Instruments Database<sup>1,40</sup> features over 1000 patient-reported outcomes and QOL instruments that are designed for a variety of purposes. The Patient-Reported Outcome and Quality of Life Instruments Database (PROQOLID) was developed in response to the overwhelming demand for patient-reported outcomes and QOL in clinical research.<sup>1</sup> Of the over

1000 instruments in the database, PROQOLID currently provides a detailed profile of 513 instruments with associated psychometric properties.<sup>40</sup>

The most widely used instruments for measuring QOL adhere to global,<sup>41</sup> deficit-based<sup>2,12,13</sup> and disease-specific perspectives.<sup>42</sup> Regardless of the purpose or population focus, the overwhelming majority of instruments examine the degenerative aspects of QOL within the context of disease and illness.<sup>3</sup> Despite multiple approaches to QOL measurement, only one of the 350 QOL-specific instruments<sup>1,40</sup> focuses on measurement of the positive or generative attributes of QOL.<sup>3,12</sup>

If we were to be completely conceptually honest, we would admit, most QOL instruments do not measure QOL at all. Most instruments measure variables that influence QOL such as functional status, symptoms, mood, and general health status.<sup>3</sup> However, most discerning readers would agree, variables that influence QOL are not the same thing *as* QOL. Only 1 article offers a definition of QOL that is consistent with our ontological perspective.<sup>3</sup>

If researchers had approached QOL from a generative ontological perspective and focused on the idea of connectedness, our body of knowledge related to QOL would be substantively different. By focusing on the idea of connectedness, researchers would focus on maintaining, sustaining, and restoring connections, which is QOL.

Current ontological perspectives have shaped the epistemological approaches used in QOL theories, frameworks, and measures to support the proposition that QOL is a given quantifiable commodity that diminishes in the face of disease, disability, or illness. This perspective has promulgated an approach that is overwhelmingly problem oriented even though the connotation of QOL is intrinsically positive. Unfortunately, the current ontological approach, despite decades of research, seems never to answer the question, how is QOL created? If an alternative ontological perspective is engaged,

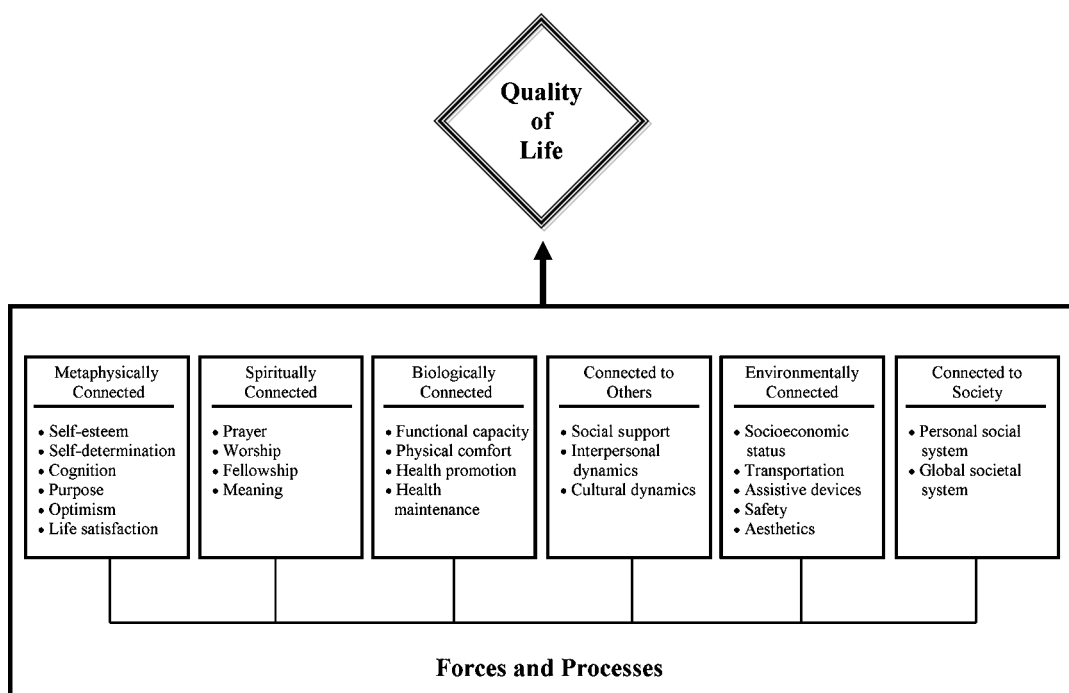
the question is easily answered. Quality of life is a dynamic perception that is enhanced and diminished by an ongoing series of connections and disconnections that result from the interactions with various life forces and processes that constitute human existence.

## **REGISTER THEORY OF GENERATIVE QUALITY OF LIFE FOR THE ELDERLY**

The Register theory of GQOLE is based on the General System Theory.<sup>43</sup> System theory relates to expansionism, which is the opposite of a reductionist approach. Open systems are defined as systems that engage in a continual exchange with the environment through importing, transforming, and exporting matter and energy to sustain the system. Open systems are characterized by an ongoing process of generation and degeneration of components. The idea of open systems applies to systems in general regardless of the nature of the components and the forces that govern the system.<sup>43</sup>

General System Theory involves several key ideas: (1) interrelationship and interdependence of objects (unrelated independent elements can never constitute a system); (2) holism (holistic properties undetectable by analysis should be definable in a system); (3) teleology or goal-seeking behavior (systemic interactions must result in a goal); and (4) transformation process (all systems must transform inputs into outputs).<sup>43</sup>

The ideas of open systems, interdependence, teleology, and transformation are clearly the theoretical underpinnings of the Register GQOLE model (Fig 1). Connectedness is the central unifying theme in Register's model. The term *connected* refers to a state of synchronous, harmonious, and interactive presence. Therefore, connectedness is a phenomenon that occurs throughout life and is void of temporal or spatial constraints. Quality of life is defined as being connected with the forces and processes that constitute an assenting existence. An assenting existence refers to a pleasant and optimistic existence—the best life can be in any given situation.



**Figure 1.** Register theory of Generative Quality of Life for the Elderly.

The elderly generate QOL as they experience connectedness with the 6 interrelated forces and processes that involve the act of being: (1) metaphysically connected, (2) spiritually connected, (3) biologically connected, (4) connected to others, (5) environmentally connected, and (6) connected to society.

### **Metaphysically connected**

Being metaphysically connected means maintaining a keen awareness of self within a larger universe through interactions with internal forces and processes such as self-esteem, self-determination, cognition, sense of purpose, optimism, and life satisfaction. The outcome of this connection is knowing (1) who we are, (2) what we value, (3) what we do, (4) where we go, (5) why we are here, and (5) how we conduct ourselves as human beings. This type of connection is steeped in introspection and requires continual self-awareness. Positive connections with metaphysical forces and process serve to nurture an assenting exis-

tence that generates QOL. Metaphysical connectedness may explain why some elders with extremely complex comorbid conditions and advanced stages of disease continue to report a good QOL.<sup>5,6</sup>

### **Spiritually connected**

Spiritual connectedness involves the act of being connected with a power or divine being that exceeds any individual's sphere of influence through the act of prayer, worship, and fellowship. Spiritual connectedness may also involve a search for meaning and purpose in life. Being spiritually connected provides a sense of purpose, meaning, spiritual nourishment, and renewal, which cultivates an assenting existence that generates QOL. Spiritual connections enrich the soul in such a way that illness, disease, or disabilities have only marginal influence. This type of connection provides an existential focus that transcends the pain and suffering of illness. Spiritual connectedness may explain why some people near the end of life

continue to report a good QOL<sup>44,45</sup> and express a sense of solace,<sup>45</sup> happiness,<sup>44</sup> completion,<sup>45</sup> satisfaction,<sup>44</sup> meaning,<sup>45</sup> and a hopeful abandonment of self to God's will.<sup>46</sup>

### **Biologically connected**

Being biologically connected means focusing on optimizing functional capacity and performance, physical comfort, and activities related to health promotion and proactive health maintenance. A generative approach fosters an assenting existence that generates QOL, because biological connections allow elders to embrace difficulties and limitations with a goal-oriented optimism, in lieu of succumbing to the negative emotions associated with illness. Generative elders embrace limitations and develop adaptive behaviors to counterbalance disconnections and maintain biological connectedness. This may explain the postoperative satisfaction and success rates among frail older elderly who have experienced total joint arthroplasty.<sup>47</sup> According to Shah,<sup>47</sup> 95% of patients were very satisfied and no patients considered their results poor. A resounding 90% of the patients became community walkers without assistance and 97% were able to maintain independent living.<sup>47</sup> Elderly patients undergo total joint replacements and other restorative surgeries to maintain biological connectedness that allow them to resume or maintain desired levels of physical activity, which generates QOL.

### **Connected to others**

Being connected to others encompasses all human interpersonal relationships including, but not limited to family, friends, neighbors, and acquaintances both living and deceased. Connectedness to others arises from the inherent need to be a part of a social system. These connections sustain an assenting existence because humans are social beings that thrive on interactions. Personal interactions and connections generate a positive feedback loop. Elders who socially connect receive fulfillment and validation, which allows them to perpetuate the interactive cycle and further extend themselves to others. The cycle

of connectedness creates a generative process that builds QOL.

When elders are not socially connected, the feedback loop does not occur and QOL is diminished. Social connectedness may explain why some stroke patients report feeling a loss of connection with others when they are no longer able to speak and participate in reciprocal conversations.<sup>23</sup>

### **Environmentally connected**

Being environmentally connected means working deliberately to connect oneself with the personal living environment and the natural environment. Connection with living environments are maintained by spatial orientation, comfort with daily routines, personal safety measures, the use of adaptive and assistive devices, access to transportation, and simple home modifications (awareness and elimination of trip hazards). For example, adaptive and/or assistive devices such as grab bars, dentures, and guide dogs can help maintain environmental connections. Grab bars ensure personal safety. Dentures allow the elderly to enjoy their favorite foods like apples, corn on the cob, popcorn, and steak. Guide dogs allow elders to move freely and confidently within their environment. Simple devices such as grab bars and dentures, and the highly complex process of interacting with a guide dog, can have a profound effect that generates QOL.<sup>5</sup>

Connections with nature include an appreciation for sunshine, trees, flowers, butterflies, hummingbirds, spring showers, and rainbows, which help elders create a synchronous rhythm and harmonious interaction with nature and life. Being environmentally connected is also associated with deriving pleasure from the environment. For example, elders generate QOL when they marvel at a sunset, delight in an ice cream cone, breathe deeply on a cool crisp morning, feel the breeze of the ocean on their face, hear the laughter of a child, dangle their feet in a stream, sing Christmas carols, or watch their favorite movie. These seemingly minor and mundane events are powerful affirmations of

self that become an opportunity to generate QOL.

Environmental connections generate vitality and foster a sense of independence among the elderly. An abiding connection with the environment keeps generative elders actively engaged in the mainstream as opposed to wistful observers on the periphery.

### **Connected to society**

Being connected to society means being actively involved with 2 parallel systems: a personal social system and a global societal system. Connection with the personal social system occurs through active participation in volunteer activities and varying degrees of social activism. Connectedness at the global societal level involves active awareness and participation in the democratic process and ongoing interaction with local, state, and federal government programs, such as Medicare and Medicaid.

Connectedness suggests ongoing involvement with current personal and global societal issues and trends. For example, elders maintain active involvement in their personal social system by keeping up with their children's and grandchildren's activities, birthdays, setbacks, and accomplishments. Elders maintain connections with global society by keeping up with the daily news cycle and local, state, and national politics, and exercising their constitutional right to vote. Elders who maintain connections with their personal and global society and refuse to be marginalized or dismissed create a sense of ownership, stewardship, and continuity that facilitates an assenting existence that generates QOL. The same approach applies to the healthcare system that they must navigate.

### **Implications for development of nursing theory**

The Register model of GQOLE represents a true ontological shift in the conceptualization of QOL. A paradigm shift could encourage discussion of the existing issues and answer many of the lingering questions re-

garding QOL. Specifically, examination of the various types of connections may hold the key to understanding (1) why people with the same condition, symptoms, or diagnosis report very different levels of QOL<sup>5</sup>; (2) why some desperately ill people report good QOL<sup>5,44,45</sup>; (3) why some seemingly "healthy" people report poor QOL<sup>5</sup>; (4) why personal wealth, status, and health are not good indicators of QOL<sup>5</sup>; and (5) how QOL is generated and sustained.

A new ontological perspective could also serve as a foundation for the development of additional generative QOL theories. Except for the Register theory of GQOLE, no theoretical frameworks address the idea of connectedness in relation to QOL. However, the Register theory of GQOLE does not identify any specific relationships among the various types of connections. From a general system perspective, the types of connections are reciprocal in nature. These assumptions require further conceptualization and empirical testing. The areas of connectedness identified in Register's GQOLE model may not be the only types of connections involved, and merging some of the existent connections may improve the model.

### **Implications for development of nursing research**

A new ontological shift would redirect the focus of QOL research from the medical model's deference to disease, disability, and illness to the role of connectedness. Quality of life researchers have dedicated more than 40 years to examining QOL. Nonetheless, the conceptual and theoretical inconsistencies remain unresolved. The implication of a new QOL ontology for nursing research is boundless. Researchers could begin with a robust examination of the construct of connectedness. Qualitative inquiry using phenomenological, hermeneutical, and ethnographic methods may inform researchers about the lived experience of connectedness.

Findings from qualitative studies can stand alone, or they can help to guide the

development of alternative theoretical frameworks that explore connectedness within the context of QOL. Existing QOL instruments focus on disease, disability, and illness. A new ontological perspective would require researchers to develop conceptually congruent instruments to examine the coadunation of connectedness and QOL. Complementary lines of research could be carried out simultaneously.

### **Implications for nursing practice**

The intuitive implications for nursing practice are overwhelmingly positive. However, since this is a new idea, it would be premature (at best) and risky (at worst) to talk about nursing interventions and practice implications at this time. Nevertheless, it would seem that interventions from a generative QOL perspective would be completely different. The goals of nursing care would be to establish patient-centered connections that would result in generative elders who would seek to establish or sustain a variety of connections in response to the forces and processes they encounter on a daily basis. Nursing interventions that target elder connectedness would likely involve a wide variety of generative QOL approaches and activities.

Community-dwelling elders maintain connectedness and generate QOL in a variety of ways. One of the simplest ways to maintain connections to others is by making and receiving phone calls and e-mails from family members, friends, and neighbors.<sup>24</sup> In addition, elders actively participate in activities outside of the home, such as exercise groups, bowling, water aerobics, card clubs, bingo, faith-based activities, and volunteering for countless organizations and agencies that generate or bolster QOL.

The injudicious tendency within American society to institutionalize ("warehouse") the elderly can have a devastating influence on their sense of connectedness with the forces and processes that are essential to being a generative elder. When elders are displaced to residential care centers, assisted living, long-term

care, or institutional settings, the risk for loss of generativity and decreased propensity for generating QOL is great. Experts should not be surprised that elders in some institutionalized settings report feelings of overwhelming depression and suicidal ideations.<sup>22</sup> We believe depression and suicide may be the result of a predictable series of disconnections that occur when elders are uprooted from their homes.

We believe both community dwelling elders and elders who are displaced from their homes may require assistance in the form of generative QOL nursing interventions. The Register theory of GQOLE offers a unique framework for designing patient-centered generative QOL interventions for elders.

### ***Metaphysically connected***

Nurses could design interventions that would target metaphysical connections such as guided imagery, journaling activities, and seminars for the elderly that focus on increasing awareness of the importance of self-esteem, the right to self-determination, and how to maintain optimism throughout the golden years.

### ***Spiritually connected***

Nurses could also develop interventions to bolster spiritual connectedness, by involving elders in parish nurse activities or making referrals to faith-based groups. Interventions may be as simple as contacting the elder's local church to secure a ride to weekly services and activities or providing a quiet and peaceful environment conducive to thoughtful reflection or meditation.

### ***Biologically connected***

A number of generative interventions can ensure elders remain biologically connected. For example, activities such as congregate meals, shoe and foot clinics, healthy shopping excursions for diabetics, health fairs in local churches or senior centers, therapeutic ice cream socials, followed by group exercises to



big band music all help to optimize biological connectedness.

### ***Connected to others***

Primary care, home health, and other community-based nurses could ensure connectedness to others by employing telephone therapy for institutionalized and homebound elders.<sup>24</sup> In addition, connections to others can be maintained by interventions such as greeting card parties among old friends, encouraging participation in community-sponsored activities for seniors (day trips, shopping tours, etc), and offering classes to help the elderly learn how to use the Internet to exchange e-mail, photos, and music that increases connectedness.

Nurses can also generate a sense of connectedness to others by employing a low-tech holistic nursing intervention known as comfort touch. Comfort touch, which involves the skin-to-skin touch for the sole purpose of comfort, is one of the most powerful and frequently used nursing interventions that generally produces positive feelings in elderly patients.<sup>25</sup> Researchers examined the notion of comfort touch in an experimental, age-stratified field study and found that comfort touch enhanced a sense of well-being and self-regard among nursing home residents.<sup>25</sup> Clearly, comfort touch is consistent with the Register theory of GQOLE and would be considered a generative QOL nursing intervention.

### ***Environmentally connected***

Nurses could also implement any number of interventions to ensure patients remain environmentally connected. Simply assisting an institutionalized or homebound elder outdoors to listen to the birds or smell the fragrance of freshly cut grass could be enormously therapeutic in terms of generating QOL. Community-dwelling elders should be encouraged to remain in touch with nature to the greatest extent possible. For example, ambulatory elders should be encouraged to play golf, grow a small garden, go fishing, take a

walk around the neighborhood or the yard, and make a practice of finding a comfortable place to sit outdoors to watch the sunrise or sunset.

In addition, community health nurse specialists and case managers could develop programs that seek to emulate the creativity and efficacy of the Independent Transportation Network (ITN), a nonprofit program that allows elders to exchange their automobile for on-demand transportation.<sup>48</sup> Elders who participate in the ITN program trade in their vehicles and use the proceeds they receive to pay for low-cost rides, usually about \$8, which are available around the clock. The ITN program, which was founded by Katherine Freund as a graduate school project, uses no taxpayer dollars. The ITN provides an innovative way to convert the equity of personally owned vehicles that are depreciating in driveways of elders who can no longer drive safely<sup>48</sup> into personal transportation (ride) accounts. The ITN represents a tangible and meaningful way of generating environmental connectedness for elders.

### ***Connected to society***

Community and public health nurses are well suited to provide generative nursing interventions that can ensure elders remain connected to society. For example, nurses could provide patients with information related to changes in Medicare, Medicaid, and other programs that target the elderly. In addition, nurses could provide elders with information about community-based initiatives such as assistance with completing income tax forms, receiving discounted electric and gas bills, applying for low- to no-cost home improvements (weatherization programs). Finally, nurses could help elders remain environmentally connected by establishing contingency plans in case of inclement weather and natural or man-made disasters.

## **SUMMARY**

Quality of life research of more than 40 years has culminated in a multitude of

incongruent QOL definitions, frameworks, and approaches to measurement. The prevailing ontological perspective has produced a problem-oriented and deficit-based epistemological approach to QOL that largely embraces the medical model. Despite a vast amount of QOL research, fundamental questions germane to QOL remain unanswered.

The Register theory of GQOLE offers an alternative ontological perspective by embracing a generative approach to QOL. Register's

GQOLE model identifies connectedness in response to interactions with people and systems as the central unifying theme. Nursing, which is an inherently holistic enterprise, is uniquely qualified to formulate and apply patient-centered interventions for elders from a generative QOL perspective. The Register theory of GQOLE provides an innovative and promising framework that will ultimately explicate how QOL is generated for the elderly.

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