Quality of life (QOL) is a critical, prevalent, and enduring concept in oncology nursing research and practice. QOL is a paramount issue in the consideration of treatment, goal planning, and decision making for individuals with cancer, their families, and their care providers. Journals, well-developed valid and reliable instruments, and multiple conceptual models and frameworks are devoted to QOL. This column will review two broad conceptual aspects to consider in relation to QOL. First, conceptual considerations will be discussed for the definition and measurement of QOL. Second, conceptual issues related to QOL as an outcome will be discussed.

The inaugural column of Conceptual Foundations (Flannery, 2016) discussed the role of theory in research and the various ways theory is threaded into the different sections of an article from the background (introducing definitions, explaining theoretical predictions and relationships), to method and measurement (Does the method match the theory, are the measures consistent/congruent with the definitions of the concept?), through results (Was the analysis consistent with the relationships the theoretical model predicts?), to the interpretation and discussion (Were results and implications consistent with the conceptual framework?). Because the concept of quality of life (QOL) is so frequently mentioned in oncology nursing, it will be used as an exemplar for how to think about these issues. For Oncology Nursing Forum (ONF) reviewers and critical readers, thinking conceptually about an article focused on QOL can assist in sorting out whether the article “hangs together.”

A PubMed search limited to ONF articles and a title including quality of life resulted in a total of 151 articles from 1981–2017; 77 (51%) of these articles were published since 2006 and 38 (25%) since 2011. The articles are most frequently original research reports, but also include literature reviews. Findings indicate the importance of QOL to ONF authors, reviewers, and readership.

Quality of Life: Definitions and Measurement

QOL is an abstract concept. It has been defined in various ways, but all definitions share the idea of multidimensionality and subjectivity. Multidimensional means that more than one aspect is present. Subjective means that QOL is influenced by personal factors and needs to be assessed and measured by asking the individual. Several well-established sources are available for defining the concept of QOL and can be found in Figure 1.

QOL is acknowledged as an abstract and multidimensional concept and, within the oncology literature, there is broad consensus on the dimensions of QOL. However, variation exists in the naming and number of these dimensions. The four domains of QOL include physical, psychological, social, and spiritual well-being, as outlined in a QOL model by Padilla, Ferrell, Grant, and Rhiner (1990). This conceptual model of QOL has received considerable attention, testing, and refinement to specific oncology populations. Measurement instruments of the QOL scale have been developed for a range of cancer populations congruent with this conceptual model, including items for all four dimensions (Ferrell, Hassey-Dow, & Grant, 2012).

Two additional conceptualizations of the dimensions of QOL and the associated measurement instruments include the Functional