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RESEARCH PAPER

The Concept "Quality of Life" from a Heideggerian Phenomenological Perspective By

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Abstract: To use phenomenology consistently, the philosophical context must be understood in addition to the variation of the theoretical foundation to research in the caring sciences. This paper philosophized one of the emerging concept which focus on the care of patients with chronic diseases; which is "quality of life" (QoL) from the Heideggerian phenomenological perspective and also discussed the concept Quality of Life, then found the similarities between Heideggerian phenomenology and the concept QoL. QoL is a human experience, which is unique to each person's set of circumstances. It includes each person's way of life, and how they give and develop meaning from their ordinary practices. The most appropriate methodology to gain such understanding about QoL is interpretive phenomenology. Thus, I confirm that the QoL can be studied as a research by using a qualitative approach. Nursing deal with illness because illness is a human experience, and both QoL and interpretive phenomenology deals with ontology and with the patient as a whole.

Keywords*:* Heideggerian phenomenology, Quality of Life,

INTRODUCTION:

Nursing today, with its individualistic approach to care, shares many of its underlying beliefs and values with the school of philosophical thought known as phenomenology. The research process resulting from phenomenology reflects that the correct meaning of phenomena can only be discovered through the experience of patients as described by them. To know this, researchers need to study the illness from the patient's viewpoint and listen to these patient's descriptions of their "lived world."

To use phenomenology consistently, the philosophical context must be understood in addition to the variation of the theoretical foundation to research in the caring sciences. This paper philosophized one of the emerging concept which focus on the care of patients with chronic diseases; which is "quality of life" (QoL) from the Heideggerian phenomenological perspective. Such analyses can broad the boundaries of thinking for nurses to the ontological perception of actions; are nurses dealing with subjective or objective sides of patient? Are they treating disease or illness? And is it the ontological or the epistemological understanding which guides their care? Such questions and many others will be discussed through this explanation about quality of life theme, main Heideggerian phenomenological standpoints and thorough melting of QoL in the Heideggerian phenomenological utensil.

THE CONCEPT OF QUALITY OF LIFE:

In the past World War II era, Western society in general has enjoyed greater socio-economic prosperity and, as a result, an enhanced QOL. The eradication of a wide variety of infectious diseases, improved medical technology, and advances in pharmacology mean that people are living longer and enjoying a better QOL [1]. As a consequence, interest in QOL assessment has grown exponentially in recent years. This is evident in the growth of international bodies such as the Society for Quality of Life QOL [2]. Furthermore, the United States Food and Drug Administration now utilise QOL assessments to approve new anticancer drugs. QOL has become an important outcome measurement in evaluating healthcare delivery to all patients**.**

A. ***Defining QOL****:* There is no universally accepted definition. As King et al.suggested "it may be too amorphous to be adequately captured in words"[3]. But researchers do agree that QOL is subjective and multi-dimensional [4, 5], incorporating physical, psychological, social and - more recently -spiritual wellbeing [6]. According to Molassiotis, Aristotle (384 BC-322 BC) suggested that each person's "happiness" differed according to their situation [7, p. 573]. The wise – among whom Aristotle is numbered - perceived happiness "to be something obvious and familiar, like pleasure or money or eminence". But, Aristotle cautioned, one's perception of "happiness" altered with circumstance. When the wise man is "hard up" he measures happiness by money, and "when he falls ill he says that it is health." Aristotle realized that "happiness" - or the quality of one's life – was subjective, individualised and, most importantly, a dynamic concept determined by circumstance [7, p. 573].

In 1947, the World Health Organization (WHO) declared health as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" [8, P.29]. Definitely, in 1992 the first journal devoted exclusively to QoL issues, *Quality of Life Research*, was begun, and two years later the International Society of Quality of Life Research was designed to worldwide distribute data about QoL concerns [2]. All the while, the

definition was expanding to include the patient's perspective. The WHO's Quality of Life Group in 1994 defined QOL as "an individual's perception of their position in life within the context of their culture and value systems, taking into account their goals, expectations, standards and concerns" [9, p.165]. This definition suggested that QOL is finest understood by studying the being inside their environment, letting them to say their lived and often exceptional experiences. QoL comprises both objective and subjective attributes [10]. While objective attributes most closely related to quantity of life, the subjective state, satisfaction, addresses the QoL [11]. Subjective evaluation has also been defined as measuring the attributes of life's experiences directly (quality), and objective evaluation defined as measuring influences on life's experiences (quantity) [12].

The essential elements that must be present for a good QoL fall into five major categories: satisfaction with life; cognitive abilities to evaluate life; presence of social, emotional, physical, and mental health, by self-evaluation criteria; happiness; and psychological well-being [11, 13].The essential objective elements, ie, features determined by others, were also categorized in these analyses: evaluation of subjective elements by another; socioeconomic status; functional status; and housing [11, 12].

Sprangers and Schwartz added rearranging of values to simplify and expect changes over time in perceived QOL as a result of the relations of catalysts, antecedents, mechanisms, and response shifts [14]. (a) **a catalyst**, denoting to variations in the respondent's health condition; (b) **antecedents**, be relevant to constant or dispositional characteristics of the individual (e.g. personality); (c) **mechanisms**, covering behavioral, cognitive, or affective processes to provide accommodations to the alterations in health status; and (d) **response shift**, defined as fluctuations in the meaning of one's self-evaluation of QoL resulting from variations in internal standards, values, or conceptualization [14].

B. Measuring QOL: The methods to investigate QoL are comes from the position that there are a number of areas of living. Each area contributes to one's overall assessment of the QoL. The areas include family and friends, work, neighborhood (shelter), community, health, education, and spiritual (See Appendix A & B, p. 19 & 20). When exploring QoL concerns, the majority of researchers select instruments, such as scales or questionnaires, focused on the features of QoL they want to explore. Some studies emphasis on the illness and treatment effects only, whereas others study various aspects of the concept. Though, a fusing theme in the literature is that QoL is best examined by questioning the patient [3].

QoL is about the result and value a person provides to different areas of his/her life. The result and values recognized will be altered for each person. Ferrans said that followers of the general population will vary as to how important different areas of life are to their QoL [5]. To overcome this, most studies include questionnaires, which consist of multi-item measurement scales for each QoL dimension. But such approaches are restrictive, because they may not sufficiently address the exclusive clarification of each patient's QoL. King et al. recognized that the lack of patient perspective in the literature was an important area for future QoL research, and suggested using qualitative methods to explore QoL from the patients' perspectives [3].

Over the last two decades, the growth of QoL studies in cancer care has been exponential. As the accomplishment of this treatment modality has grownup, researchers and clinicians have changed their focus on the long term persistence of this patient group and their QoL. The literature details a variety of conceptual methods used to quantity and evaluates QoL, which are determined by the focus of each study. Nevertheless, there is a tendency to conclude from this literature a view that QoL is defined in terms of the bio-psychosocial functioning of the individual. This research provides valuable information in terms of how the individual's level of functioning affects his/her QoL. But QoL is a profoundly personal experience, and perspectives will differ according to the individual. What is needed is a greater insight into the patient's interpretation of his/her QoL. In addition to the biomedical approach researchers and nurses are utilizing, other research approaches that focus on the experience of the illness [15, 16, 17]

C. Approaches used to assess QoL: A review of the literature exposed that QoL researches concentrated both on the physiological and psychosocial aspects of QoL. Both approaches will be discussed along with their benefits and limitations.

a. Physiological Determinants of QOL: A common approach used by researchers is to assess QOL in terms of the individual's bio-physiological level of functioning. This approach provides valuable information regarding the level of physical dysfunction. Results suggest the limitations of assessing QOL solely on physiological determinants, as this approach fails to encompass the existential nature of QOL.

b. Psychosocial Determinants of QOL: In the latter part of the 1980s QOL research extended to include the psychosocial aspects of the treatment. Both researchers and clinicians began to document the psychological and sociological aspects of diseases. Up to this point very little had been written regarding these aspects. These studies expanded on the bio- physiological approach to include an assessment of the psychosocial sequelae, and how it impacts on the individual's QOL.

No single measurement tool exists which can comprehensively address all aspects of QOL for all patients, emphasizing the need for a methodology that embraces difference.

The measurement tools utilized are chosen by the researcher, depending on the focus of the research question. As Hacker aptly stated, "Different situations call for different tools" [18, p.627]. Indeed, the use of such quantitative measurement tools allows the researcher to impose his/her predetermined assumptions on the patient's QOL. Consequently, this approach fails to capture the diverse and complex experience of QOL, and what it means to the individual. Thus, focusing on the physiological and psychosocial functioning of the individual, through the use of multi-dimensional instruments, does not provide a comprehensive understanding of QOL. While these

instruments are usually cancer specific, their effectiveness is often limited to the specific areas they address.

Consequently, QOL becomes a quantifiable concept, which though valuable, does not capture the concept's diversity and complexity. The limited scope of the instruments used, fails to capture the patient's experience of his/her QOL. As Cella suggests QOL is not about the level of bio-psychosocial function or dysfunction, but about understanding the manner in which a person appraises their current life situation [19]. Understanding the impact of bio-psychosocial dysfunction on the person's QOL is particularly relevant to nursing practice. Nurses are concerned with promoting health and wellbeing, and play an integral role in assisting the patient to return to 'normality' following their treatments. Nursing is concerned with health promotion and the treatment of illness and disease. Health and illness are lived experiences and are accessed through perceptions, beliefs, skills, practices, and expectations. Illness is the human experience of dysfunction whereas disease is concerned with biochemical and neurophysiological functioning at the cell, tissue, and organ system levels [20]. As well as the knowledge gained from quantitative studies documenting the physiological and psychosocial response to the cancer , studies which provide nurses with a more in-depth understanding of the patient's experience are also necessary. As Draper suggests, "The everyday work of nurses seeks to identify the circumstances in which human beings are likely to flourish" [21, p.380].

This being so, the understanding and insight gained from a qualitative approach towards exploring QOL can assist nurses and other health professionals to address the unique needs of each patient, promote their QOL, and also allow them to 'know' their patients, so that professional and humanistic care can be delivered.

c. ***The patient's experience:*** In the late 1970s and early 1980s, the traditional quantitative research approach was being questioned as a suitable methodology to study human life experiences [22]. As a result, many nursing researchers began to use qualitative research methodologies to capture the complex array of everyday lived and human experiences [23]. Over the last decade an increasing number of qualitative studies examining QOL issues become available. Finally, as Ferrell found, it is not a matter of the superiority of one research methodology over another, but the necessity of melding complementary approaches to better address the complex nature of QOL issues.

a) ***Qualitative Approaches to Assess QOL:*** The qualitative methods used to explore QOL issues may merely involve the inclusion of some open-ended questions at the end of a structured questionnaire, or the use of a semi-structured interview. The advantage of this approach utilized by these researchers (Baker et al.; Belec; Haberman et al.,) is that it combines both quantitative and qualitative methods, with the latter providing more in-depth responses than the psychometric testing of set questionnaires [24, 25, 26]. However, like choosing a measurement tool which limits responses to items on the questionnaire, it could be argued that the same is true of a semi structured interview. The importance of being healthy both physically and psychologically was apparent in most studies [25, 27]. Knowing the level of physiological and psychosocial dysfunction that these patients endure is crucial in predicting outcomes. However, an alternative research approach is required to assist our understanding of the meanings these patients ascribe to the everyday lived experiences of their QOL. Benner argued that QOL should be approached from the perspective of being, and not the more blinkered constructs of "doing" or "achieving"[22]. Furthermore, she argues that "such a perspective is highly relational and requires research strategies that uncover meaning and relational qualities" [22, p.5]. While the quantitative approach focuses on the bio-psychosocial functioning of the patient and how this relates to QOL.

b) ***Interpretive phenomenological approach:*** studies the person in his/her world. This approach will be discussed under the next heading (**Heideggerian Phenomenology**)

HEIDEGGERIAN PHENOMENOLOGY:

Heideggerian phenomenology is a branch of interpretive phenomenology originating from the work of Martin Heidegger (1889-1976). Heidegger was a student of Husserl (1859-1938) but his philosophical viewpoint was different from that of Husserl. Whereas Husserlian phenomenology is the study of phenomena as they appear through the consciousness [28], Heideggerian phenomenology focused on what it is to be a person and the nature of being. He changed the central focus of philosophy from epistemology to ontology; Heidegger asked the question, what does it mean to be a person? And sought explanation in the concept of *Dasein*. He referred to *Dasein* as human existence or being-in-the-world [29]. Heideggerian phenomenology allows for the illumination of peoples' "beings" and the true essence of the lived experience to be understood. Key concepts of phenomenology are: the study of lived experience and subjectivity of human beings, the intentionality of consciousness, perception and interpretation. It provides a unique way to interpret the being of human beings. Heidegger suggested that the way they transact within their worlds is so familiar that they lose sight of their being from existing within this familiarity [30].

Their everyday way of existing in their worlds goes unnoticed. Thus, when studying human behavior, it is necessary to explore and understand this familiarity, because it is within this that knowledge and meanings reside. The goal of Heideggerian phenomenological research is to uncover the everydayness of peoples' lives, because it is here that the lived experience of a phenomenon can be truly understood through qualitative methods that illuminate the human meanings of social life. Heideggerian phenomenology or interpretive phenomenology is sometimes referred to as hermeneutics [31]. Heideggerian phenomenology and hermeneutics both are involved in the study of human experiences, utilizing Heideggerian phenomenology as a theoretical framework assumes a unique approach towards human beings and human experience [32]. This Heideggerian phenomenological view of the person will be discussed under the following headings: the person as having a world; the person as beings for whom things have significance and value; the person in

time; and the embodied self [32].

A. ***The Person as having a World:*** Heidegger rejected epistemological or more specifically Cartesian thought for the ontological focus of the nature of being and its meaning to each person. He maintained that each person has a world into which they are born [29]. The literary meaning of world as it is defined as nature or environment is different from the phenomenological meaning. In the phenomenological sense it refers to the meaningful set of relationships, practices, language and traditions that they have by virtue of being born into a culture, and this provides them with their background understanding [32]. It presents them with the means to interpret their worlds. As Heidegger explained, each person is shaped through the interpretation of practices, traditions and linguistic skills which exist in the world that person are raised in. The person does have the freedom to choose their own ends, but because they are situated in their world they are ultimately constrained by a particular language, culture, and history [28]. Heidegger also claimed that the everydayness of peoples' lives within their worlds is so mundane that it goes unnoticed. It is this taken-for-granted mode of being in the world that Heidegger refers to as the ready-to-hand mode [30]. This way of being is illuminated through a Heideggerian approach. Heideggerian approach enables the researcher to explore the everyday experiences of peoples' lives and the totality of their being.

B. ***The Person as a Being for Whom Things have Significance and Value:*** Heidegger further explained the way of being in the world is significant. It is a self interpreting activity. As human beings they understand and interpret things because of their personal and cultural history. As Leonard stated: "Nothing can be encountered without reference to our background understanding [32, p.47]. Every encounter entails an interpretation based on their background". Hence, they can make sense of the world and gain meaning from it based on their background understanding. As human beings they are what they pursue and care for. In other words, the person gives significance and value to his/her world at a moment in time, depending on the cultural background the person brings to it, and the situations that bear upon it. Each person will have different values and concerns, and so will confront similar situations differently. To understand each person's experience, it is necessary to enter the person's world, and explore how he/she brings meaning and value to his/her life at a moment in time [32, 28].

C. ***The Person in Time:*** Existential phenomenologists hold a particular perspective on time. Instead of the western conceptualization of linear time, they give it a qualitative dimension, and refer to it as temporality. Temporality is a theme which permeates Heidegger's philosophy [33]. As interpreted by Annells and Leonard temporality refers to time as a "connectedness" [32, p. 706, 34] and is "constitutive of being" [32, p. 49]. In other words, human beings exist in time. The way a person exists in the present is dependent on the person's past experiences and his/her anticipation of the future. Benner and Wrubel in describing time in the Heideggerian sense stated: "time creates a story" [35, p.64]. They suggest that when a person is faced with a life threatening illness, the new self-understanding that person gains forces a review of his/her life. During this process different aspects of the situation will gain a new importance. How the person perceives his/her future will also have a bearing on his/her current situation.

D. ***The Person as Embodied:*** Another notion central to the Heideggerian phenomenological view of the person is embodiment [32]. Rather than viewing the body as an object which they possess, they are embodied. How a human being transacts within his/her world is expressed and experienced through one's body. As Benner and Wrubel suggest the role of the body may be radically altered during an illness experience [35]. The Heideggerian phenomenological view of the person contributes to the uniqueness of each individual's interpretation of their everyday life experiences.

Hermeneutics is a systematic approach to interpreting a text (see Appendix C, p 22). As Benner described "the interpretation entails a systematic analysis of the whole text, a systematic analysis of parts of the text, and a comparison of the two interpretations for conflicts and for understanding the whole in relation to the parts, and vice versa" [22, p.9]. This method allowed the researcher to uncover the everyday lived experiences of the participants and to understand the contextualized nature of their worlds. Benner and Leonard proposed three strategies to make conspicuous the socially embedded knowledge trapped in the familiarity of peoples' mundane everyday lives [22, 36, 32]. They are **paradigm cases, thematic analysis and exemplars.** All three are interpretive, inter-related strategies and serve to present the highly contextualized meanings that emerge from the text. A paradigm case is a strong incident of a particular pattern of meaning. The next step is thematic analysis.

The manuscript is read to recognize meaningful patterns or concerns, which includes the researcher moving posterior and forward between the whole text and parts of the text in an attempt to clarify dissimilarities and similarities. The identification of exemplars, which are smaller than paradigm cases, is the final strategy used to interpret the text. As Benner explained: "exemplars convey aspects of a paradigm case or a thematic analysis" [36, p. 117]. Exemplars are specific episodes or incidents which present aspects of a particular situation and the participants' responses to them.

Further explanation for phenomenological points of view will be presented within the context of quality of life interpretation.

"QUALITY OF LIFE" FROM A HEIDEGGERIAN PHENOMENOLOGICAL PERSPECTIVE":

There are a strong association between Heideggerian interpretive phenomenology and the concept "Quality of Life". QOL from a phenomenological perspective can best be understood through accessing the participants' own stories. It is in their own narratives that the richness and essence of their lived experiences, and their perspectives on QOL will be illuminated. Therefore a qualitative research design (Heideggerian interpretive phenomenology) was chosen to capture the unique and personal experience of the participants in several studies. This qualitative approach

enables the researcher to collect this type of data. It offers a way of accessing and compiling narrative text, which can then be interpreted in order to discover the meaning each individual draws from the experience [16].

Heideggerian Phenomenology offers a unique and different way to a strictly cost-benefit approach to the study of QoL wherein benefit is defined primarily in economic or mastery terms. QoL can be move toward from the perspective of quality of being, and does not need to be approached just from the perspective of doing and achieving. Such a perspective is highly interactive and needs research strategies that expose meaning and relational qualities. The goal is to find exemplars or paradigm cases that symbolize the meanings of everyday practices. The data are participant observations, field notes, interviews, and unobtrusive samples of behavior and interaction in natural settings [33].

Entering a person's world provides a deeper understanding of what the experience was like for the individual. As Benner suggests, this approach uncovers each individual's unique set of circumstances [22]. Using an interpretive phenomenological approach, allows for a greater understanding of the unique meanings and concerns embedded in everyday lived experiences. Some researchers argue that understanding the individual's experience is critical for understanding QOL [37, 38, 39].

The everydayness of peoples' lives is the quality of their lives. Quality of life (QOL), as Benner (1985) suggests, is about the quality of being - it is a lived experience [22]. The lived experience is accessed through an exploration of peoples' perceptions, skills, practices, expectations, joys and fears. Quality of life is a subjective concept and means different things to different people. Any exploration of QOL must take into account peoples' worlds and how they transact within their worlds. Heideggerian phenomenology provides the means to do this. Interpretive phenomenology is an alternative research account the person as a self-interpreting being that is both methodologies which explores the every day lived experiences of the person, taking into shaped by, and shapes, his/her world. As Benner acknowledged: nursing requires access to concrete problems and dilemmas associated with health, illness, suffering, and disease and an understanding of the power of human practices, skills, and relationships that provide hope and promote healing [36, p.11].

Robertson-Malt suggests the success of hermeneutics "lies within its ability to gain greater understanding of an experience whilst maintaining the context of the everyday lived experience where meaning resides" [40, p.292].

Hermeneutics is a systematic approach to interpreting a text. To illustrate this I used the study of Holmes, et al., which about the meaning of QoL from those who have undergone bone marrow transplantation by using interpretive phenomenological approach [41].

First, thematic analysis allows for the presentation of common themes which form the basis of the study. Verbatim excerpts from the text substantiated the themes in order to provide evidence of the theme to the reader. **Six major themes** were identified as follows: loss of physical wellbeing; loss of control; altered self-concept; family and peer relationships; fear of relapse and life is precious.

a. Loss of physical wellbeing: for the participants QOL meant physical wellbeing. Before the transplant their physical wellbeing went unnoticed. But following the transplant the participants were intensely aware of their bodies and how each daily activity was cumbersome and constrained. The participants' physical wellbeing was disturbed by inconsequential physical discomforts such as persistent aches and pains, hot and cold flushes, and loss of taste sensation. Although these distresses were not serious, they were bothersome, and served to remind the participants that their bodies were still not well. This was a source of much frustration for many of the participants. Loss of physical wellbeing was a major theme which disrupted the participants' QOL. **The sub-themes**, fatigue and discomfort, which contributed to the participants' loss of physical wellbeing. Fatigue altered the participants' QOL in different ways. It forced them to view their bodies as awkward. Every activity had to be contemplated and planned beforehand. Fatigue was not something they anticipated as been a major hurdle to overcome following the transplant. All participants described loss of physical wellbeing, which interfered with their everyday lives, in varying ways. It created discomforts in their lives, but more importantly constrained their activities. Many participants defined QOL as doing what they wanted to do without limitations; a thought they would not have considered prior to the transplant. Following the transplant, however, this was no longer possible, because the loss of their physical wellbeing had altered their quality of life.

b. Loss of control: QOL for the participants meant having control over their lives. They wanted to be able to plan their futures, look forward to their children growing up and not feeling threatened by the fear of relapse. During and after the transplant the participants perceived they had lost some control over their lives. Related to the major theme, loss of control, were the following sub-themes: uncertainty, loss of control related to the treatment, loss of control related to career pathway, and loss of control related to cognitive impairment.
Linked to the participants' perceived loss of control was the uncertainty that now permeated their everyday lives.

c. Altered self-concept: for all of the participants the sense of who they once were had been lost. The physical changes they experienced led them to develop an altered picture of their selves, which they now found foreign. The sub-themes, altered body image and sexual expression. Altered body image, and changes in sexuality and the manner in which they internalized these perceptions, contributed to the participants' altered self-concept. This, in turn, had significant implications for how they perceived their QOL.

d. Family and peer relationships: the participants discovered their cancer experiences impacted on their families and their social networks. Family and peer support had the **sub themes** rekindled relationships and strained relationships. As a result the changes that the illness experience had wrought on the participants'

family and peer relationships affected their perceptions of the qualities of their lives.

e. Fear of relapse: associated with the fear of relapse was the uncertainty about their futures, which impacted on their QOL. Everyday living had become more uncertain with the fear of relapse ever present.

f. ***Life is precious:*** the experience of the transplant made the participants realize their health was precious, but it also provided them with a greater understanding of their physical well being.

The participants' perspectives of QOL could be interpreted as quality of being and described through the dimensions of **embodiment, being in society, being in time and re-appraisal of life,** all of these are basic for Heideggerian phenomenology and QOL.

a) ***Embodiment:*** Only when their bodies had ineptly refused to respond in their usual ways, did the participants realize the significant role physical well-being played in how they now interpreted their QOL. Indeed, for many, returning to full health and feeling comfortable with their bodies became the most important aspect of their QOL. Encouraged by their cancers being in remission, many participants modified their lifestyles and began to reinterpret the transplant as a positive experience which had enhanced their QOL.

b) ***Being in society:*** For all of the participants, their personal relationships assumed a greater significance and value in their lives following their transplants, and this shaped their perceptions of their QOL.

c) ***Being in time:*** while being in society shaped the participants' perceptions of the quality of their lives, so too did being in time. In the participants' post-transplant worlds, their senses of time had altered, which also shaped their interpretations of their QOL.All the participants defined their QOL through being-in-time. Their ways of being in the present were dependent on how they reinterpreted their past lives and anticipated their futures. QOL was quality of being, and this was shaped by their understanding of the tenuous nature of their lives following their transplants.

d) ***Re-appraisal of life:*** the participants' QOL following their transplants was shaped by an acute awareness of their temporality. This was in part the impetus for participants to re-appraise their lives. Temporality is a theme which permeates Heidegger's philosophy [33]. Temporality is integral to every day life experience. A person's perception of his/her QOL will ultimately be shaped by his/her temporality [34].

According to Benner and Wrubel the symptoms and side effects of the illness and treatment are laden with meaning stating that "understanding the context and meaning of the symptoms is central to curing and healing" [35, p.xii]. The understanding which is offered by an interpretive phenomenological approach will enable nurses and health care workers to develop supportive care infrastructure that will assist and empower patients to re-negotiate their worlds and ultimately improve the quality of their lives.

Finally, I can conclude that the key concepts of interpretive phenomenology and QoL are: the study of lived experience and subjectivity of human beings, the intentionality of consciousness, perception and interpretation. The goal of interpretive phenomenology and QoL is the same "uncover the everydayness of peoples' lives. The concept QoL is a qualitative concept and interpretive phenomenology is a qualitative approach to illuminate the human meanings of social life. Both interpretive phenomenology and QoL studies a person as a whole.

SUMMARY:

This paper presented the philosophical underpinnings of Heideggerian phenomenology (interpretive phenomenology), and also discussed the concept Quality of Life, then found the similarities between Heideggerian phenomenology and the concept Quality of Life.

To summarize, QOL is a human experience, which is unique to each person's set of circumstances. It encompasses each person's way of being, and how they give and derive meaning from their everyday practices. The most appropriate methodology to gain such understanding about QOL is interpretive phenomenology. As Benner states, it "is a holistic strategy because it seeks to study the person in the situation rather than isolating person variables and then trying to put them back together again" [22, p.1] . Thus, I confirm that the QOL can be studied as a research by using a qualitative approach. Nursing deal with illness because illness is a human experience, and both QOL and interpretive phenomenology deals with ontology and deal with the patient as a whole. Phenomenology is a qualitative research methodology that can be used to discover and interpret meaning. Conscious awareness was the starting point in building one's knowledge of reality [42].

Appendix A:

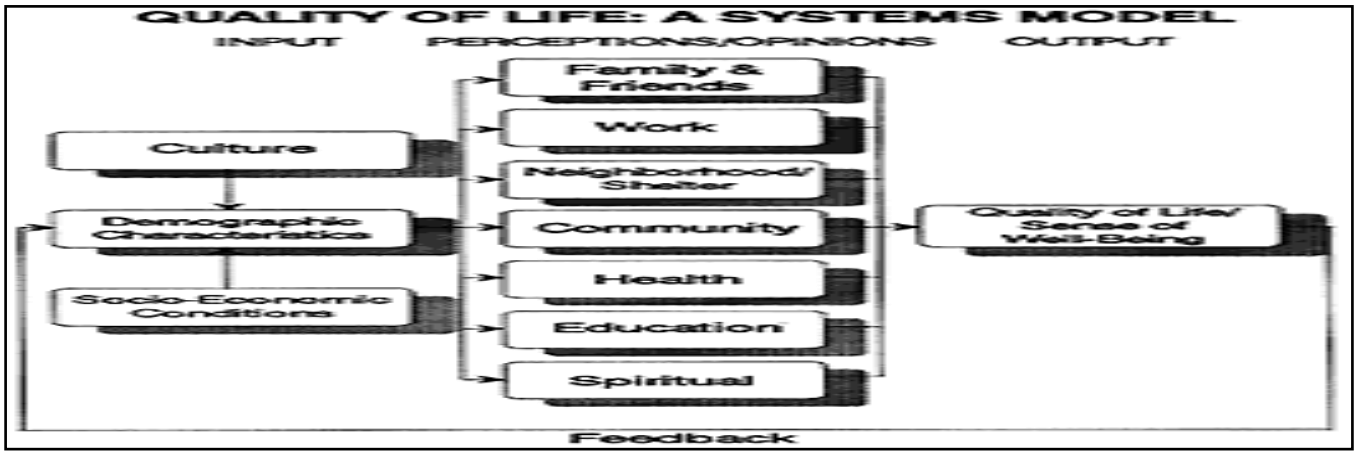

Figure: 1 The University of Oklahoma School of Social Work

Appendix B:

Three major life domains are identified: Being, Belonging, and Becoming. The conceptualization of Being, Belonging, and Becoming as the domains of quality of life were developed from the insights of various writers.

Table: 1 From Quality of Life Research Unit, University of Toronto

The **Being** domain includes the basic aspects of "who one is" and has three sub-domains. Physical Being includes aspects of physical health, personal hygiene, nutrition, exercise, grooming, clothing, and physical appearance. Psychological Being includes the person's psychological health and adjustment, cognitions, feelings, and evaluations concerning the self, and self-control. Spiritual Being reflects personal values, personal standards of conduct, and spiritual beliefs which may or may not be associated with organized religions.	**Belonging** includes the person's fit with his/her environments and also has three sub-domains. Physical Belonging is defined as the connections the person has with his/her physical environments such as home, workplace, neighborhood, school and community. Social Belonging includes links with social environments and includes the sense of acceptance by intimate others, family, friends, co-workers, and neighborhood and community. Community Belonging represents access to resources normally available to community members, such as adequate income, health and social services, employment, educational and recreational programs, and community activities.	**Becoming** refers to the purposeful activities carried out to achieve personal goals, hopes, and wishes. Practical Becoming describes day-to-day actions such as domestic activities, paid work, school or volunteer activities, and seeing to health or social needs. Leisure Becoming includes activities that promote relaxation and stress reduction. These include card games, neighborhood walks, and family visits, or longer duration activities such as vacations or holidays. Growth Becoming activities promote the improvement or maintenance of knowledge and skills.

Table: 2 From Quality of Life Research Unit, University of Toronto

BEING	***Physical Being***	• Being physically able to get around. • My nutrition and the food I eat.
	Psychological Being	• Being free of worry and stress. • The mood I am usually in.
	Spiritual Being	• Having hope for the future. • My own ideas of right and wrong.
BELONGING	***Physical Belonging***	• The house or apartment I live in. • The neighbourhood I live in.
	Social Belonging	• Being close to people in my family. • Having a spouse or special person.
	Community Belonging	• Being able to get professional services (medical, social, etc.) • Having enough money.

BECOMING	***Practical Becoming***	• Doing things around my house. • Working at a job or going to school.
	Leisure Becoming	• Outdoor activities (walks, cycling, etc.) • Indoor activities (TV, cycling, etc.)
	Growth Becoming	• Improving my physical health and fitness. • Being able to cope with changes in my life.

Appendix C:

A. Key elements of Interpretive Phenomenological Analysis (IPA):

a. IPA is an inductive approach (it is 'bottom up' rather than 'top down'). It does not test hypotheses, and prior assumptions are avoided.
b. IPA aims to capture and explore the meanings that participants assign to their experiences.
c. Participants are experts on their own experiences and can offer researchers an understanding of their thoughts, commitments and feelings through telling their own stories, in their own words, and in as much detail as possible.
d. Participants are recruited because of their expertise in the phenomenon being explored (e.g. undergraduate psychology students are usually avoided).
e. Researchers reduce the complexity of experiential data through rigorous and systematic analysis. Analysis relies on the process of people making sense of the world and their experiences, firstly for the participant, and secondly for the analyst.
f. Analyses usually maintain some level of focus on what is distinct (i.e. idiographic study of persons), but will also attempt to balance this against an account of what is shared (i.e. commonalities across a group of participants).
g. A successful analysis is: interpretative (and thus subjective) so the results are not given the status of facts; transparent (grounded in example from the data) and plausible (to participants, co-analysts, supervisors, and general readers).
h. Researchers should reflect upon their role in the interpretative and collaborative nature of the IPA interview, data analysis and subsequent publication

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