Quality of Life: A White Paper

Prepared by the Faculty Advisory Committee at

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Contents

"Education must not simply teach work – it must teach life" *(Dubois, 1903).*

1. Introduction

Quality of Life Defined

Quality of life (QoL) is an elusive concept and its subjectivity is the foundation to understanding "quality of life." QoL is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment (Barcaccia, Matarese, Bertolaso, & De Marinis, 2013). According to the WHO, quality of life is defined as "the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals." (World Health Organization, 1998). Over the past 20 years QoL has grown to encompass the following:

- Life satisfaction, which is often subjective and fluctuates based on lived events.
- Multidimensional factors that include everything from physical health, psychological state, level of independence, family, education, wealth, religious beliefs, a sense of optimism, local services and transport, employment, social relationships, housing and the environment.
- Cultural perspectives, values, personal expectations and goals of what we want from life.

Multidimensional Factors of Quality of Life

Quality of Life incorporates individual's living conditions, living environment, infrastructure and public service provisions. It refers to the social order, safety, and communications and can be classified into economic, housing, environment, infrastructure, social and political issues. It is the product of the interplay among social, health, economic and environmental conditions which affect human and social development" (Bramston, Chipuer, & Pretty, 2005; Butler & Ciarrochi, 2007; Matarrita-Cascante, 2010)

- Economic – Indicate the domain that measures economic performance such as environment for doing business, unemployment rate, inflation, etc.
- Housing and Living Environment—Describe housing and living environment to include housing affordability, level of congestion, quality of houses, provision of open space, or community facilities.

3

- Physical Environment – Indicate physical components of the physical environment such as air, noise and water quality. Living in a sanitary and sustainable environment is essential for the health and well-being of the people.

- Infrastructure – Stable infrastructure is vital factor in QOL, which includes public transportation system, road and rail networks, information and communications technologies, and sewage system.

- Social – Social aspects relate to education, health, culture, recreation, safety, social welfare system and community participation.

- Political – This domain focus on the level of freedom and participation in the policy-making process.

- Basic and Adult Education – Besides the societal benefits, basic and adult education are transformational determinants regarding the quality of life among individuals. People with limited educational attainment are often excluded from meaningful employment and economic prosperity.

- Health – This domain focuses on the individual's quality of life rather than disease status; we can address several of the issues brought up in the article. "Health" can be viewed as a subjective and objective assessment of physical and mental status (Dimenas, Dahlof, Jern, & Wiklund, 1990).

Quality of life (QOL) is a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life (WHOQOL, 1998). What makes it challenging to measure is that, although the term "quality of life" has meaning for nearly everyone and every academic discipline, individuals and groups can define it differently. Indeed, a major challenge in defining quality of life might be in exploring which domains should be encompassed in the overall definition of this construct. However, researchers indicated that for an effective explanation to be derived, it is essential to view quality of life as a concept consisting of a number of social, environmental, psychological and physical values. Robert Schalock (2017) developed a framework for QoL. The framework has eight domains that provide an indication of an individual's quality of life in three broad areas:

1. Independence
2. Social participation
3. Well-being

The eight domains are:

- **Personal development** – education, personal competence, performance
- **Self-determination** – autonomy / personal control, personal goals, choices
- **Interpersonal relations** – interactions, relationships, supports

- **Social inclusion** – community integration and participation, roles, supports
- **Rights** – legal, human (respect, dignity, equality)
- **Emotional well-being** – contentment, self-concept, lack of stress
- **Physical well-being** – health and health care, activities of daily living, leisure
- **Material well-being** – financial status, employment, housing

These eight domains will be used to organize the results in this paper.

Research Approach

To gain a holistic picture of quality of life for this paper, we followed a descriptive qualitative approach using semi-structured interviews with nine faculty members who gave presentations at the Fall 2016 TAMU College of Education and Human Development's (CEHD) Faculty Retreat. These faculty members were chosen from a broad range of fields represented in the CEHD and asked to share their field's definition of quality of life. Additionally, we used document review as primary method of data collection. We reviewed all Catapult Grant proposals submitted to the CEHD internal funding competition in Fall 2016 to see how the conversations at the retreat had sparked faculty research ideas focused around Quality of Life.

We focused in this study to gain a better understanding of the meaning of quality of life from our interviewees and how faculty members interpret their work experiences in relation to critical components of quality of life. In addition, we reviewed Catapult proposals to understand the process of how faculty members transfer their ideas of quality of life into their teaching, research and service. Although we relied on preexisting quality of life models as general guidelines, we collected richly descriptive data and followed an inductive process in order to develop a deeper understanding of the quality of life phenomenon among faculty members.

Interestingly, while we were most interested in how Quality of Life would be manifest in the research projects proposed, the literature is also clear that quality of life and work-life balance are critical for faculty members to have successful careers. However, exactly how our faculty go about that process, what behaviors are exhibited, how their beliefs influence their strategies, and how they may be enabled or constrained by contextual factors is an area of interest reflected in the themes of this paper.

A purposeful sampling strategy was used for this study. A list of nine faculty members, who presented on the quality of life at a college event, was provided by the Dean's office. We contacted all nine faculty members by sending an e-mail detailing the purpose of the study, inviting them to participate. All faculty members agreed to participate in the study. Face-to-face semi-structured interviews were conducted with each one of them. These interviews averaged between 20-30 minutes. Interviews were transcribed and content analysis was employed. In addition, we reviewed 22 Catapult proposals that were

provided by the Dean's office. The proposals were very helpful in providing data about how faculty members transfer their ideas regarding quality of life into practice (either research, teaching, or service focused). The major components of the conceptual model guiding this study became the organizing framework for data sorting. In demonstrating CEHD faculty commitment to changing the quality of life for our students, patients, clients, and communities, the Catapult grant proposals were submitted by faculty to enhance projects already in progress or create new ones that address the quality of life directly. A summary of the proposals, and each proposal's relationship to the eight domains mentioned above, is located in Appendix A.

2. Findings: Themes from faculty presentations

Faculty presentations varied from the philosophical to the concrete as they reflected on Quality of Life (QoL). It was clear that QoL embeds much of the work we do in the College of Education and Human Development. Just as we saw in the literature, there are multiple dimensions of QoL captured in the work of the CEHD including education, learning, health, mentoring, relationships, and the right to live in a just and unbiased society. Across the faculty presentations, terms such as access, inclusion, empowerment, engagement, and lifelong learning were often used.

Patrick Slattery set the stage for our discussion of Quality of Life from the philosophical lens: "The quality of life is living deliberately, passionately, and compassionately" (P. Slattery, personal communications, May 6, 2017). From Dr. Slattery's perspective, one must engage with each other and with students in a process that is both reflective and introspective for "big ideas" to emerge. Dr. Slattery also stated that:

> "big ideas are needed to address global violence, ecological degradation, and oppressive suffering. [The foundation that makes our work meaningful is engagement with the universe] "to stimulate vitality, innovation, imagination, and an examined life worth living" (P. Slattery, personal communications, May 6, 2017).

As noted in the literature review, Quality of Life according to the CEHD faculty presenters is a multidimensional phenomenon made up of core areas affected by personal characteristics and environmental factors. The core domains may be the same for everyone, although the indicators may differ independently. Due to this, quality of life may be based on culturally sensitive indicators (Schalock, 2017). As QoL is different for everyone (i.e., faculty members and staff), as a college, we need to identify those

factors in which we can all agree on in order to improve the QoL of our students, patients, clients, and society as a whole. Creating ideal learning environments to support the individual QoL is paramount, not only in the classroom setting, but also in the clinical setting. Skills training to improve education of youth in Texas and beyond, innovative research to understand population needs, and access to dynamic teaching tools and opportunities can empower professionals to improve quality of life. By doing this, we may create lifelong learners who seek knowledge through teaching and mentoring others as well as being taught and mentored themselves.

The speakers' comments tended to fall into three overlapping themes: 1) Quality of life is supported and situated within the domains of physical and emotional well-being; 2) Personal development is paramount to Quality of Life; and 3) The CEHD faculty are committed to visions of Quality of Life that involve social inclusion, rights, and self-determination. Each will be reviewed below.

Quality of life is supported and situated within the domains of physical and emotional well-being. According to Christine Tisone, Health Education is a field focused on providing individuals with knowledge, skills, and tools to achieve optimal health and the highest QoL possible, in spite of their environment, access to resources, and/or personal circumstances or diseases. Within this field, quality of life sits where physical, emotional, intellectual, spiritual, and social health overlap and movement toward a high quality of life means striving to reach maximum potential in each of these areas. Being healthy and practicing health behaviors, such as eating healthily; being physically active; managing stress; getting better, more regular sleep; etc. are key components to increasing QoL (T. Lightfoot, personal communications, May 6, 2017). By engaging in these healthy behaviors, one can increase life expectancy by 2-7 years - this translates directly to higher quality of life (T. Lightfoot, personal communications, May 6, 2017).

Finding the appropriate balance between these dimensions, however, is critical and it's important to acknowledge that the "appropriate" balance will not be the same for everyone (C. Tisone, personal communications, May 6, 2017).   For example, people who value family, love, and life with no indoor plumbing or regular electricity, will describe themselves as having a high QoL as long as they are surrounded by their family and friends who love them and look out for them. That's the most important part of *their* QoL (C. Tisone, personal communications, May 6, 2017). Alternatively, for those who value high-paying jobs and material items, high QoL is represented by things and achievements. It is important, therefore, to identify the high weight items in our target populations in order to increase QoL.

For faculty members themselves, personal well-being means having the opportunity for professional growth and career development through mentoring, funding, and balancing their work and home efforts (service, research, and teaching) (G. Musoba, personal communications, April 24, 2017). For the purpose of this paper, work life balance is defined as "the individual perception that work and non-

work activities are compatible and promote growth in accordance with an individual's current life priorities" (Kalliath & Brough, 2008, p. 326). As Glenda Musoba mentioned in her comments, in order to truly improve QoL, employees must find a work life balance that works for them and their situations. Personal and professional development and achievement can help individuals attain high quality of life. In order for faculty to be successful in work life balance, we must ensure equal access to growth opportunities, support and access to healthy behaviors, and reasonable economic resources to meet those goals.

Personal development is paramount to Quality of Life. Factors affecting QoL also include literacy and access to society's tools. Within the field and professions related to education, literacy, both in a reading sense and in a health sense, is important in order for QoL to improve. If students are not able to read, they will not be able to gain the knowledge to continue learning and become lifelong learners. But, the impact of literacy extends far beyond the classroom. For example, adults that are not versed in the health field on health terminology, such as cardiovascular and aerobic exercise, may not understand the importance of incorporating physical activity into one's life to improve health. Literacy seems a basic and important skill/tool for all individuals when discussion QoL.

In addition to literacy, access to society's tools is crucial to improve QoL of our students, patients, and clients. Today, QoL is uniquely tied to computer use and internet access. QoL is also uniquely bound to health care access, both for mental and physical care. Rural areas of Texas provide a unique challenge to the access question, often presenting as health care deserts and with limited access to technology. Without access to these tools, personal development and movement toward a higher quality of life could be limited.

The CEHD faculty are committed to visions of Quality of Life that involve social inclusion, rights, and self-determination. Access cannot simply be discussed as the ability to retrieve information or gain access to health care or education, it is also about living in an unbiased and socially just society that is inclusive, fair, and free from oppression. "Within higher education, access means addressing educational inequality and paying close attention to admissions into college and graduation rates for different populations in order to create a positive change (V. Lechuga, personal communications, April 4, 2017). Access also includes engagement and quality instruction to allow those wishing to improve QoL the abilities to make educated and prepared decisions about their education and health. In addition, it is paramount to increase access to models of language for English learners, particularly in areas such as teen pregnancy prevention and young children in primarily Spanish speaking areas of Texas.

In sum, the CEHD faculty are committed to examining Qof L through a collective lens that encompasses three overlapping themes: 1) Quality of life is supported and situated within the domains of physical and emotional well-being; 2) Personal development is paramount to Quality of Life; and 3) The CEHD faculty are committed to visions of Quality of Life that involve social inclusion, rights, and self-

determination. These themes are echoed both in the faculty speaker comments at the CEHD Faculty Retreat in Fall 2016 and in the Catapult Grant proposals submitted that fall.

3. Recommendations and areas for further attention

This review of the literature and CEHD commitments to Quality of Life themes was useful to identify important themes. We were also able to identify areas where the CEHD must continue to strive in order to improve quality of life for our students, patients, and clients. As such, we put forward the following themes as areas for continued commitment and focus for CEHD in the coming years:

1. Access to education and health care
2. Inclusion, equity, and fairness
3. Empowerment
4. Lifelong learning

Access

Access to education is especially important during the early childhood years as "Early childhood care and education is the most cost-effective and efficient investment to start a lifelong path of learning and to ensure all children have a fair chance to reach their potential (UNICEF, 2017). During these years, personal development, physical well—being, and self-determination are all challenges to be met. According to UNICEF's work in early education, children living in the poorest households are up to 10 times less likely to attend pre-primary education (UNICEF, 2017). In addition to access to education, poor populations also struggle to achieve access to health care. In fact, improving access to healthcare is a goal of the US government's Healthy People 2020 Document (Office of Disease Prevention and Health Promotion, 2017). Access to health services means "the timely use of personal health services to achieve the best health outcomes" (Institute of Medicine, 1993). By decreasing or eliminating barriers to care, these populations would improve on their health status, be more likely to receive medical care, less likely to be diagnosed late, and less likely to die prematurely (Hadley, 2007; Institute of Medicine, 2004; Durham, Owen & Bender, 1998). Similar issues arise for mental health access.

In order to address this problem, the college must teach, mentor, and advise students and communities to ensure that all populations have the access they need to health care and education. Investing in the future of children by encouraging our students to work in these populations would also be beneficial. Their (and our) focus should be to improve access to both education and healthcare while building partnerships with poor communities through collaborations (on site or technology based). By improving access to these populations, we are improving emotional and material well-being while setting the population up for success and opportunities to enhance quality of life.

Inclusion, Equity, and Fairness

Inclusion, equity, and fairness can improve social inclusion and affect the rights of those we serve. Equality in health and education is not simply the amount of education and health provided but the distribution of the quality across the population (Zhang, Chan, & Boyle, 2014). By ensuring inclusion and fairness in all that we do, we are also improving access, which, as mentioned above, is crucial to ensure a healthy and educated population.

Empowerment

To improve personal development and personal well-being, empowerment is also where we should focus our efforts. Empowerment is defined as a process to become stronger and more confident when controlling and making decisions about one's life (Oxford Living Dictionary, 2017) and is a crucial component to helping our populations achieve quality of life. Women are empowered by the Women's Movement to become healthier and improve their situations, thereby improving quality of life. Children are empowered by seeing role models succeed and are also motivated to improve quality of life. Individuals from traditionally underrepresented populations are empowered when they see models that look like them in important positions. Empowerment is a strong term when enabling others to improve their quality of life. As faculty, it is our job to empower our students to have a purpose, a sense of control over their future so that they may empower those they teach, educate, and heal.

Lifelong Learning

Finally, our students and the populations within which we work must become lifelong learners. Lifelong learning is "all purposeful learning activity, undertaken on an ongoing basis with the aim of improving knowledge, skills, and competence" (Association of American Colleges and Universities, 2017). Lifelong learning affects each of the eight domains mentioned above for without it, our students, patients, and clients will not be able to improve their quality of life. As faculty and staff in the College of Education and Human Development, it is our duty to instill in our students, and to hold ourselves to the ideal, that lifelong learning can support and provide the skills and beliefs necessary to achieve Quality of Life.

Appendices

Appendix A – Catapult Grants

The QoL framework fits well with CLBC's overall vision of good live in welcoming communities and applies equally to all people – disability or no disability.

Quality of Life Framework			
Factor	**Domain**	**Exemplary Indicators**	**Catapult Grant Proposal**
Independence	1. Personal Development	• Education (achievements, education status)	• *The CREST project: Community research through engagement in STEM teaching* (improve QoL with K-12 STEM students by conducting STEM Saturdays; create course for undergraduates who will teach them) • *Learning to write in a digital age: Technology-enhanced intervention for young at-risk writers* (use of technology to facilitate multiple aspects of writing development in early elementary grades)
		• Personal competence (cognitive, social, practical)	• *Transforming the vision: A digital perspective on education research at TAMU* (faculty will learn to incorporate digital storytelling into their courses)
		• Performance (success, achievement, productivity)	• *Understanding tomorrow's employees: Insights for today's employers* (investigates Millennials in the workforce; stimulate progress/high levels of contribution of Millennials in the workforce) • *Improving literacy treatment through biometric technology* (using biometric technology to assess, track, understand, and treat reading ability) • *Impact of participating in physical activity classes on academic performance*

			(investigates participation in PEAP classes and class success)
	2. Self-Determination	• Autonomy/personal control	
		• Goals and personal values (desires, expectations)	
		• Choices (opportunities, options, preferences)	
Social Participation	3. Interpersonal Relationships	• Interactions (social networks, social contacts)	• *More satisfying lives: More public scholarship: An interdisciplinary research, teaching, and service proposal* (retreat to improve collaboration of researchers)
		• Relationships (family, friends, peers)	• *Understanding tomorrow's employees: Insights for today's employers* (investigates Millennials in the workforce; create less frustrating work relationships)
		• Supports (emotional, physical, financial)	
		• Recreation	

		• Community integration and participation	• *Engaging the future: Human capacity building through the Texas cyber range* (training individuals to protect against cybercrime)
		• Community roles (contributor, volunteer)	
	4. Social Inclusion	• Social supports (support networks, services)	• *Learning how to lead dissertation research* (peer mentoring program for graduate students) • *Instructional coaching & leadership endorsement program* (mentorship program for students in bilingual teacher prep program) • *Project MET: Mentoring for exceptional teaching* (mentor program for students in SPED program) • *Project STAR (Service, Teaching And Research)* (mentorship program for new CEHD faculty to catapult new faculty's research agenda)
	5. Rights	• Human (respect, dignity, equality)	
		• Legal (citizenship, access, due process)	
Well-Being	6. Emotional Well-Being	• Contentment (satisfaction, moods, enjoyment)	• *Learning to flourish through adversities: how Chinese Americans emerging adults facing bicultural and intergenerational stressors seek help and social support* (uses positive psychology and prevention approaches to foster resilience and emotional health) • *Improving quality of life through a culturally responsive lens: Developing social-emotional and behavioral supports for culturally and*

			linguistically divers students at-risk for emotional and behavioral disorders (improve social and emotional health of students from CLD backgrounds)
		• Self-concept (identity, self-worth, self-esteem)	• *Improving literacy treatment through biometric technology* (helping children learn to read using biometric technology would improve emotional/academic health of children)
		• Lack of stress (predictability and control)	• *Faculty community quality of life* (erasure of boundaries between faculty work life and personal life; effects of technology and social media on work pressure)
	7. Physical Well-Being	• Health (functioning, symptoms, fitness, nutrition)	• *Obesity link to health related QoL in distinct obese populations* (including obstructive sleep apnea [OSA], chronic obstructive pulmonary disease [COPD], and type II diabetes) • *TWEAK/Fn14 regulation of Nox2 in unloaded skeletal muscle* (investigating skeletal muscle) • *Brazos Valley CHOICE* (decrease teen pregnancy) • *Technology support for preventing and/or living with diabetes – An urban challenge for people of color (disseminating information to communities at risk for poor health outcomes)*
		• Activities of daily living (self-care, mobility)	• *Linking metabolic phenotype to mood and neurocognitive functions in Autism Spectrum Disorder* (develop intervention strategies to improve self-care of ASD individuals) • *Leveraging innovative health equity research to improve quality of life across the lifespan* (improving QoL of diverse populations across the lifespan)

		• Physical activities including recreation	• *Sport for development (S4D) in the developing world* (evokes change in developing countries through sport)
	8. Material Well-Being	• Financial status (income, benefits)	•
		• Employment (work status, work environment)	• *Understanding tomorrow's employees: Insights for today's employers* (investigates Millennials in the workforce; enhanced QoL at the worksite for current and future employees) • *Investigating teachers' quality of school life in schools serving predominately English Language Learners (ELLs)* (investigate factors that support and/or limit teachers' QoL at school) • *Faculty community quality of life* (explore elements and changes that contribute to faculty QoL)
		• Housing (type of residence, ownership)	•

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Appendix B – References

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