

Evaluating a methodology for providing individualised feedback on quality of life and its importance in community and primary care, using the WHOQOL-BREF[†]

Authors: Alison Llewellyn^{1*}, & Suzanne Skevington^{2*}

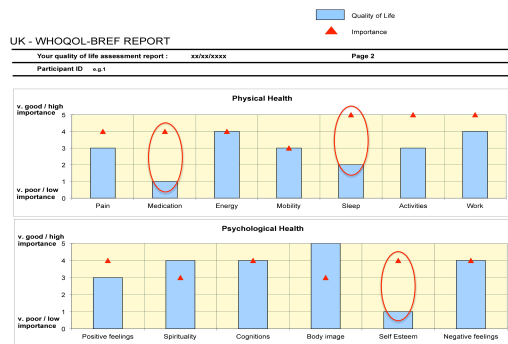
¹ University of the West of England, Bristol, UK, ² University of Manchester, Manchester UK

Aims

Research suggests that wellbeing is at its lowest when individuals' quality of life (QoL) dimensions are rated both poor and very important^[1]. We aimed to find out how people evaluated QoL feedback where **both Core QoL and Importance ratings** were presented together. Informed by Self Regulation Theory^[2] the study examined whether this novel feedback was considered relevant and valued in self-management and healthcare.

Method

Participants: 129 participants from the community and primary care: 66% with a chronic illness, 34% healthy.
Procedure: Results from the WHOQOL-BREF and WHOOL-BREF Importance measures were presented graphically together for *individualised feedback*^[3]. *Directed guidance* assisted participants in identifying and interpreting *differences between core QoL dimensions and their importance*. Participants were asked to inspect where QoL was good (>3.0); to find any large differences between core and importance scores, particularly where QoL was poor (<3.0) and importance was high (>3.0); and to consider what they might do to make large gaps smaller. Finally they identified facets where QoL and importance were both high, to end the intervention positively.



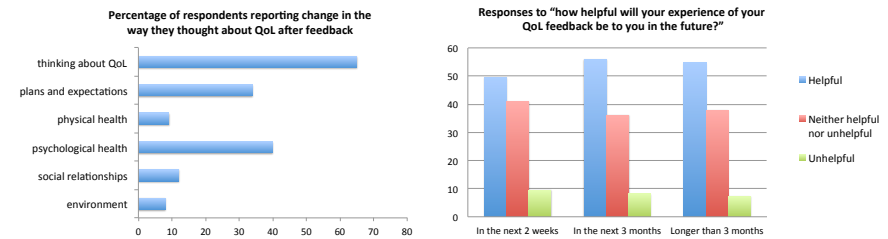
Examples of WHOQOL-BREF scores inspected by participants

Results

The majority of participants in the main sample were female (66%), white (96%) and of working age (73%). 65% reported changes in thoughts and perceptions of QoL after feedback. 40% reported their psychological health had altered and 34% though it had changed their planning and expectations for the future. 14% reported they felt their overall QoL had improved after taking part. Over 50% evaluated the feedback as helpful in the next 3 months and beyond. Participants in the follow-up sample were all >45 years of age, half were female (n=7) and most (n=11) had a chronic illness.

References:

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- Carver, C. S., & Scheier, M. F. (1998). *On the self-regulation of behaviour*. Cambridge, UK: Cambridge University Press.
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QoL feedback raised self-awareness and comments indicated motivation to change behaviour:

"It drew my attention to some aspects of my health that are important but I had failed to recognize their importance until now" (female, aged 55-64)

"This is great because I can work on specific areas with specific actions." (male, aged 25-34)

"Seeing the areas in black and white and how important they are to has made me look at my own quality of life in a different way." (female, aged 35-44)

Participants suggested the QoL feedback would facilitate communication and would help health professionals treat them with greater understanding and relevance:

"...stop thinking of my age group as a set thing that's in the past. I don't go back any further music-wise, than Elvis Presley and The Beatles. I don't want to sing Daisy, Daisy... I absolutely refuse!" (female, aged 75+)

"... I think it would give the doctor a baseline... it would help to sort of narrow down the areas." (female, aged 45-54)

Discussion

This pilot complex intervention needs testing in a fully randomized controlled trial. Our innovative feedback mechanism has value beyond self-monitoring. It has potential to promote individual behavior change and could support clinical decision-making and patient self-management in a variety of healthcare settings.

Conclusions

People are capable of using QoL information with guidance. After inspecting QoL core and importance ratings together, participants reported changes in perceptions of their QoL, finding the feedback helpful and self-affirming. They indicated that this unique approach to QoL had raised their self-awareness and would have value in healthcare communication.

- This research was conducted by the authors at the WHO Centre for the Study of Quality of Life, Department of Psychology, University of Bath, Bath, BA2 7AY UK.