

FAMILY LIFE SATISFACTION SCALE—TURKISH VERSION: PSYCHOMETRIC EVALUATION

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My aim was to adapt the Family Life Satisfaction Scale, which was developed by Barraca, Yarto and Olea (2000), for use with a Turkish sample and to examine the adapted scale's reliability and validity. In Study 1, I administered the translated scale to 441 participants from a range of age groups, and in Study 2 the finalized scale's reliability and validity were assessed with a separate sample ($N = 506$). Further, in Study 3, I examined the convergent validity of the FLSS by comparing it with the Satisfaction With Life Scale, in a sample of 436 Turkish students in grades 9–12. The results of confirmatory factor analysis verified the scale's single-factor model, and exploratory factor analysis supported the single-dimension structure of the original scale. Tests for convergent validity yielded significant correlations between life satisfaction and scale scores. Both internal consistency reliability and composite reliability were .95. Corrected item–total correlations ranged from .48 to .75. Thus, results of all analyses indicated that the Family Life Satisfaction Scale, as adapted, is valid and reliable for use with Turkish samples.

Keywords: family life satisfaction, Family Life Satisfaction Scale, scale reliability, scale validity, family relations, life satisfaction, Turkey.

The diversity of the global population makes cross-culturally validated scales and research tools necessary. Researchers and practitioners must have access to valid, reliable measures that are appropriate to their culture. In the field of the study of families' levels of satisfaction, the Family Life Satisfaction Scale (Barraca, Yarto, & Olea, 2000) is one such reliable tool.

The significance of studying family satisfaction is derived from the need to understand the ways in which feelings and attitudes about one's family emerge

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in both functional and dysfunctional families (Carver & Jones, 1992). However, there is no research in which the findings have clearly revealed how different aspects of family life affect family life satisfaction. This gap might result from a lack of reliable, valid, and useful assessment instruments to measure individual family members' attitudes and feelings toward family life satisfaction.

Family life satisfaction was first measured in the mid 1970s (Andrews & Withey, 1976; Campbell, Converse, & Rodgers, 1976), and it has been repeatedly measured in different ways since then. Detailed studies have been conducted with specific populations and certain age groups, and in different formats. The Family Satisfaction Scale, developed by Carver and Jones (1992); the Family Satisfaction with End-of-Life Care (FAMCARE) for cancer patients (Kristjanson, 1993); and the Family Satisfaction Scale, developed by Underhill, LoBello, and Fine (2004) for use with survivors of traumatic brain injury, were examined relative to my intention to conduct this study. Each of these scales offers a different approach and has different strengths and weaknesses. As observed in these studies, family satisfaction has typically been measured with a specific group of participants comprising people who were, at the time of the study, patients receiving treatment.

Olson, Sprenkle, and Russell (1979) brought a new approach to the measurement of family satisfaction by developing the 14-item Family Satisfaction Scale (Olson & Wilson, 1982), which was revised by Olson in 2004 as a 10-item instrument that assesses satisfaction with family functioning in terms of cohesion, flexibility, and communication. Consistent evidence of validity and reliability has been reported for this revised scale (Olson, 2004). Another well-known scale used to measure family life satisfaction differently is the Kansas Family Life Satisfaction Questionnaire (McCullum, Schumm, & Russell, 1988; Schumm, McCullum, Bugaighis, Jurich, & Bollman, 1986), in which respondents are asked how satisfied or dissatisfied they are with specific relationships with individual members of their family (spouse, children, parents, siblings) and then respond to a global satisfaction question. In 2013, Zabriskie and Ward developed the Satisfaction With Family Life Scale, in which common expressions for family life satisfaction are addressed through a comparison of family life circumstances with the individual member's standards and expectations.

However, the emphasis in the Family Life Satisfaction Scale (FLSS; Barraca et al., 2000) is family life in its natural environment, that is, at home. The FLSS, with its format of simple, affective adjectives, functions well, partly because respondents find it easy to complete. Thus, the FLSS is a practical instrument, particularly for researchers who are interested in measuring the affective component of family satisfaction. This scale has already been adapted and administered in two different cultures: a Portuguese population of families with children in the fourth grade (Nave, de Jesús, Mairal, & Parreira, 2007), and

a Mexican population of children and adolescents (Tercero Quintanilia et al., 2013). These prior researchers confirmed the scale's validity and reliability and provided evidence for retaining its original unidimensional factor structure.

In Turkey, several studies have been conducted in which researchers have investigated family counseling and family training but, to my knowledge, nobody had examined family life satisfaction and there was no assessment instrument for doing so in the cultural context of Turkey. To fill this gap, my aim in this study was to adapt the Family Life Satisfaction Scale, which was developed by Barraca et al. (2000), for use with the Turkish population, and to investigate the reliability and validity of the adapted scale.

Study 1

Method

Translation Process for the Family Life Satisfaction Scale. Prior to adapting the FLSS, I contacted Julio Olea by email and obtained permission to adapt the scale. Three specialist researchers with knowledge in the field of research and English language skills translated the FLSS from English into Turkish. By paying close attention to the accuracy of the translation for each item, a preliminary survey form was developed. Then, five faculty members in psychological counseling and guidance examined the preliminary form with regard to the items' meaning. Based on these experts' opinions, instructions on how to complete the scale, which were not included in the original, were added. Next, to obtain a Turkish language specialist opinion, three faculty members specializing in Turkish language education evaluated the resulting text of the scale. Following these stages, the form of the scale to be used for administration was developed.

Participants and procedure. I used convenience sampling to recruit a community sample drawn from four groups of residents of the city of Uşak, Turkey: high school students, university students, young adults, and adults (parents of students at primary and secondary schools in Uşak, who were employed in jobs in both public and private sectors). Participants ($N = 441$) were 244 (55.3%) girls and women and 197 (44.7%) boys and men, ranging in age from 15 to 62 years ($M_{\text{age}} = 20.03$, $SD_{\text{age}} = 5.57$).

Participation was voluntary. After the necessary permission was obtained, students completed the scale in their classrooms. Adults received the scale in a sealed envelope at their children's school or at their workplace.

Measure.

Family Life Satisfaction Scale. Within the context of the FLSS that I adapted from the original scale developed by Barraca et al. (2000), participants were asked to complete the sentence "When I am at home, *with my family*, I mostly feel..." for 27 items, by selecting one of six choices from a range of bipolar

adjectives (e.g., end points on one range are *happy* and *unhappy*). Analyses of the scale's validity and reliability were based on the responses of 274 participants (126 male, 148 female; $M_{\text{age}} = 25$ years for males and 23 years for females). Analyses to determine its factor structure showed that the scale possessed a single dimension. The factor loadings for items varied from .68 to .89, and the item–total correlations ranged from .66 to .87. The total variance explanation ratio of the single factor was 62.3%. The Cronbach's alpha internal consistency coefficient and test–retest reliability were .98 and .76, respectively (Barraca et al., 2000).

Results

Exploratory factor analysis. Prior to performing exploratory factor analysis (EFA), Kaiser–Meyer–Olkin (KMO) and Bartlett's sphericity tests were employed to test the sample's suitability for factor analysis. The KMO value was determined to be .95, and the Bartlett's test result was significant ($\chi^2 = 7019.04$, $p < .001$). In general, a KMO value above .90 for the sample size is considered excellent (Tabachnick & Fidell, 2001). This outcome and the result for the Bartlett's test show that the sample satisfied the necessary factor analysis requirements.

On the basis of factor analysis of the scale's 27 items, evaluation of the explained total variance and common factor variances revealed three factors with eigenvalues greater than 1.00. The total variance explained by these three factors was 57.03%. Further evaluation showed that variances contributed by these factors were 43.81%, 9.30%, and 3.92%, respectively. In other words, the first factor (value of 43.81%) explained a large proportion of the scale's variance. At the same time, the scree plot graph showed that a noticeable change in the slopes occurred within the scree plot in the first factor. The varimax rotation technique was applied by considering the obtained data and the original scale's structure and by considering that the scale consisted of a single factor. Analyses of basic components showed that factor loads of the FLSS items varied from .48 to .76, and a single factor explained 43.81% (eigenvalue = 11.82) of the variance.

Study 2

Method

Performing confirmatory factor analysis (CFA) allows the researcher to test the hypothesis that a relationship between observed variables and their underlying latent construct(s) exists (Moutinho & Hutcheson, 2011). Thus, I undertook a second study to determine whether or not the unidimensional factor structure of the FLSS, as demonstrated in Study 1 and in the original study, would be maintained with a second sample.

Participants and procedure. The study sample consisted of four groups of residents of the city of Uşak, Turkey: high school students, university students, young adults, and adults. Participants ($N = 506$) were 257 (50.8%) girls and women and 249 (49.2%) boys and men, ranging in age from 15 to 45 years ($M_{\text{age}} = 20.34$, $SD_{\text{age}} = 5.7$). I followed the same procedure as that used in Study 1.

Results

Confirmatory factor analysis. The suitability of the CFA results model was first evaluated using the ratio of the chi-square value to degrees of freedom, which must be less than 5 in this context (Çokluk, Şekercioğlu, & Büyükoztürk, 2012). In this study, the ratio was determined to be 3.58 ($1148.148/324 = 3.577$, $p < .001$), indicating a good fit. Evaluation of incremental fit index (IFI), comparative fit index (CFI), goodness-of-fit and adjusted goodness-of-fit indexes (GFI and AGFI), and root mean square error of approximation (RMSEA) fit indices yielded the following values: IFI = .90, CFI = .90, GFI = .85, AGFI = .90 and RMSEA = .07. According to Hu and Bentler (1999), Beauducel and Wittmann (2005), and Schreiber, Nora, Stage, Barlow, and King (2006), an excellent fit to the data is indicated by IFI, CFI, GFI, and AGFI values close to .95 and an RMSEA value close to .06. A less ideal but still acceptable fit is indicated by CFI values of .90 and a RMSEA value from .06 to .10 (Beauducel & Wittmann, 2005; Hu & Bentler, 1999). On the basis of these criteria, the single-factor model demonstrated a good fit.

Standardized factor loadings of the FLSS items were $\lambda = .48-.78$, and all items were significant ($p < .001$). In conclusion, the CFA results confirmed the scale's single-factor model.

Internal consistency reliability. The Cronbach's alpha internal consistency coefficient was calculated at .95. For the two halves of the 27-item scale, consisting of 14 and 13 randomly selected items, Cronbach's alpha internal consistency coefficients were determined to be .91 and .90, respectively. On the other hand, the scale's composite reliability was calculated as .95, and corrected item-total correlations ranged from .48 to .75. Items with an item-total correlation of .30 or greater are considered as generally good at distinguishing individuals; consequently, they should be included in the scale (Çokluk et al., 2012). The values obtained in my study supported the FLSS's internal consistency (Barraca et al., 2000), in that the values of the items were at an acceptable level.

Study 3

Method

A test for convergent validity is an examination of the degree to which one specific scale of a construct relates to other scales of the same underlying

construct (Ong & Van Dulmen, 2007). In Study 3, the Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), in the form adapted to Turkish by Köker (1991), was chosen to estimate the convergent validity of the FLSS and obtain a measure of life satisfaction.

Participants and procedure. The study sample consisted of students in the 9th through to 12th grades at five state high schools with different characteristics, in the city of Uşak, Turkey. Of these students ($N = 436$), 245 were girls and young women (56.2%) and 191 were boys and young men (43.8%), ranging in age from 14 to 19 years ($M_{\text{age}} = 16.35$, $SD_{\text{age}} = 1.07$).

As in the other studies in this research, participation was voluntary. After the necessary permission was obtained, school counselors were contacted, and information regarding the study was provided. After students were informed of the study's purpose during a class session, they completed the scale under the school counselors' guidance.

Measure.

Satisfaction With Life Scale. This scale, which was developed by Diener et al. (1985) and adapted to Turkish by Köker (1991), consists of five items regarding life satisfaction that are assessed on a 7-point Likert-type scale, with response options ranging from *not applicable* (1) to *fully agree* (7). Köker (1991) determined the scale's test-retest consistency coefficient at a 3-week interval as $r = .85$ and the item-test correlation ranged from $r = .71$ –.80. The Cronbach's alpha internal consistency coefficient was .76 (Köker, 1991).

Convergent Validity Study

To assess the criterion-related validity of the FLSS, high school students within the Satisfaction With Life Scale study group completed the scale. Subsequently, I evaluated the relationship between the two scales, and identified a positive and significant relationship between the FLSS and the Satisfaction With Life Scale ($r = .523$, $p < .01$). Linear regression was conducted with high school students to examine whether or not the FLSS (Barraca et al., 2000) predicted life satisfaction. For adolescents, the regression model was significant ($R = .52$, $R^2 = .27$, $\beta = .52$, $F = 163.818$, $p < .001$). This finding provided initial support for the convergent validity of the FLSS.

General Discussion

Results from this investigation showed that the Turkish adaptation of the FLSS is valid and reliable for providing an assessment instrument to evaluate family life satisfaction in the field of Turkish family guidance and counseling. The FLSS is also a useful tool for researchers, despite the few intercultural comparative studies that have been conducted.

In this paper, I assessed the psychometric characteristics of the FLSS (Barraca et al., 2000); both EFA and CFA results supported the original scale's unidimensional factor structure. In addition, both internal consistency reliability and composite reliability were high, as in the original study. High values calculated in Studies 1 and 2 indicated the scale's reliability. Factor structure and reliability results are also parallel with previous adaptation studies (Nave et al., 2007; Tercero Quintanilia et al., 2013).

Further, in Study 3, the relationship between the FLSS and the Satisfaction With Life Scale was found to be positive and significant. In this context, the scale can be used to help school and family counselors to determine adolescents' life satisfaction.

In related literature, family life satisfaction has been examined in relation to the following variables: family–work conflict (Bhowon, 2013; Ford, Heinen, & Langkamer, 2007; Frye & Breugh, 2004), marital satisfaction (Sharaievska, 2013), family self-efficacy beliefs and family functioning (Bandura, Caprara, Barbaranelli, Regalia, & Scabini, 2011), family environment (Hesse, Rauscher, Roberts, & Ortega, 2014), and family leisure time satisfaction (Agate, Zabriskie, Agate, & Poff, 2009; Zabriskie & McCormick, 2003). In future research, relationships between these variables and family life satisfaction should be investigated in terms of mediating effects.

Aside from researchers, I also recommend the use of FLSS by psychological counselors, psychologists, and family counselors. For example, I believe that the FLSS might be useful and functional for determining and preventing risk factors for family members when planning developmental guidance activities and conducting family guidance and counseling activities for adolescents and adults. In addition to its applicability for groups, the scale is also suitable for use in individual counseling.

Limitations and Directions for Future Research

A limitation in my research is that the data were obtained from groups of participants ranging from the developmental stage of adolescence to adulthood, so that the results cannot be generalized to children and older adults. To address the family life satisfaction of those groups, future researchers should conduct research with a sample with a more diverse age range. Because this was an adaptation study, another limitation is that only quantitative data were collected. Future researchers can use qualitative methods. Third, the construct validity of the scale was originally analyzed only with EFA. In my study, the FLSS (Barraca et al., 2000) was assessed. During the assessment process, EFA and CFA were performed. Because CFA was not performed on the original scale, no comparison was possible. Finally, some participants had difficulty comprehending the bipolar items, so that, when researchers use the FLSS (Barraca et al., 2000) in future

studies, items that are unipolar instead of bipolar could be tested for validity and reliability.

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