Brief Multidimensional Life Satisfaction Scale (BMLSS)

| Language: | English, German, Spanish |
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Origin: The instrument refers to the work of Scott Huebner and co-workers (Huebner et al., 2004; Zullig et al., 2005) who have developed the ‘Brief Multidimensional Students’ Life Satisfaction Scale´, which refers to the much longer `Student’s Life Satisfaction Scale (SLSS)´, addressing circumscribed aspects of students´ life.

Purpose: As life satisfaction appears to encompass many individual life domains, it may be an important concept for public health research. Because patients should not be reduced to their functional competence (i.e., physical symptoms and deficiencies), one has to ask for their positive fields of life dimensions, and also for aspects of life which are affected. The intention was to design a brief add-on scale suited for both elderly and patients with chronic diseases.

Population: Can be used in healthy elderly and patients with chronic diseases.

Administration:

- **Rater:** Self, telephone or interview-administered
- **Time Required:** 1 min. for self administration
- **Training:** none
- **Scoring:** All items were scored on a 7-point scale from dissatisfaction to satisfaction (0 - Terrible; 1 - Unhappy; 2 - Mostly dissatisfied; 3 - Mixed (about equally satisfied and dissatisfied); 4 - Mostly satisfied; 5 – Pleased; 6 - Delighted). The Life Satisfaction sum score was referred to a 100% level (transformed scale score). Scores > 50% indicate high life satisfaction, while scores < 50% indicate low satisfaction.

Description: The generic 8-item instrument has a single-factor structure which explains 53% of variance and addresses four main dimensions, i.e.

- intrinsic (myself, overall life),
- social (friendships, family life),
- external (work, where I live),
- perspective (financial situation, future Prospects).

There are 3 optional (specific) items on patient satisfaction (i.e., health situation, effectiveness of treatment, and own abilities to deal with daily life.

Coverage: Research and Clinical

Reliability: The scale has a good internal reliability (Cronbach’s alpha = 0.87).

Validity: The BMLSS sum scores significantly differed with respect to the underlying disease, family status, duration of disease, and age. The highest scores were found in healthy individuals, and the lowest in patients with chronic pain conditions and depressive disorders. In cancer patients, the BMLSS correlated negatively with depression (HADS; r=-.64) and anxiety (HADS; r=-.54), Fatigue (CFS-D; r=-.43), Escape from illness (r=-.28), and positively with SF-12’s mental health (r=.42), and just weakly with physical health (r=.23). Moreover the sum scores was moderately associated with intrinsic adaptive coping strategies (AKU) such as the cognitive strategies *Positive Attitudes* and *Conscious Way of Living* (r=.35). This means, the BMLSS is mainly associated with mental and emotional well-being. In fact, the emotional disease acceptance strategy *Positive Life Construction / Contentedness / Wellbeing* is strongly correlated with the life satisfaction sum score (r=.55).
Strengths: Because of its brevity, the instrument can be an important additive to existing health-related quality of life instruments. It captures dimensions that contribute to quality of life but - in its 8-item version - are not health related.

Bibliography


Büssing A, Fischer J: Interpretation of illness in cancer survivors is associated with health-related variables and adaptive coping styles. BMC Women’s Health 2009; 9: 2 (pp. 1-11) (http://www.biomedcentral.com/1472-6874/9/2)

