

Given that the assessment of multiple dimensions of health/well-being can create respondent burden, assessment scales that are both effective and brief hold great attraction. In this study, we used Cronbach's alpha and correlational methods, including factor analysis, to evaluate the performance of four short scales measuring psychosocial aspects of well-being (depression, quality of life, sense of coherence, social support) in two samples of community-dwelling persons aged 75 and over ( $n = 414$ ,  $n = 50$ ). All four scales exhibited good range, high internal consistency, strong temporal reliability, and reasonable levels of construct validity. We conclude that they are practical contributors to measuring health in community-based older adults.

**Key Words:** Psychometrics, Depression, Quality of life, Sense of coherence, Social support

# Measuring Psychosocial Aspects of Well-Being in Older Community Residents: Performance of Four Short Scales<sup>1</sup>

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Whether termed health, well-being, or, more colloquially, "the good life" (Lawton, 1983), the way that people feel and function is a complex construct with multiple dimensions (e.g., see Rubenstein et al., 1989). Among those dimensions are physical health, social behavior, emotional or psychological well-being, cognitive status, economic prosperity, life satisfaction, role functioning, and overall quality of life or well-being. Within each dimension, an array of subdomains have been described (Wenger, Mattson, Furberg, & Elinson, 1984).

It is easy to accept, in principle, the advantages of using multiple measures of health and well-being in a single study (Dew & Simmons, 1990). However, real world constraints of time and money, as well as

concerns about respondent burden, often make it infeasible to include a full set. This is especially so in observational studies, where quality of life, for instance, may be only one of a much larger set of variables under study.

For these reasons, short scales hold a great attraction. First, they enable researchers to examine a larger number of health domains than would otherwise be possible. This allows for comparisons across domains, examination of their interactions, and assessment of the differential effects of particular interventions. Finally, they can reduce respondent burden, which may be particularly important with older subjects (Arnold, 1991). All such claims, however, are contingent on the scales' reliability and validity.

In this article, we focus on the performance of four short scales that, following Lawton's metaconstruct of the good life (see Figure 1), purport to measure some component of either psychological well-being or perceived quality of life. They are:

- (a) The 13-item (short) version of Antonovsky's Sense of Coherence scale (Antonovsky, 1987; hereafter SSOC);
- (b) A 6-item version — never used before — of the social support scale developed as part of RAND's Medical Outcomes Study (Sherbourne & Stewart, 1991; hereafter SSUP);
- (c) The 11-item Reintegration to Normal Living scale (Wood-Dauphinee, Opzoomer, Williams, Marchand, & Spitzer, 1988; hereafter RNL), which has been proposed as a proxy for quality of life in

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