



Internal Structure of the Beach Center Family Quality of Life Scale: Indonesian Version

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Abstract

Family functioning has a broad impact on the psychological condition of family members, making it a variable often examined in research. The instruments used to measure family functioning vary in the dimensions they assess due to different theoretical approaches. One such measurement tool that comprehensively assesses dimensions and aligns with Indonesian Government Regulations is the Beach Center Family Quality of Life Scale (BCFQLS). However, its utilization in research in Indonesia remains limited. This study aimed to evaluate the psychometric quality of the BCFQLS using confirmatory factor analysis. The participants in this study were 331 married individuals who lived with their spouses and had at least one child. The results of the CFA indicate that the model fits the original structure of the BCFQLS, encompassing dimensions of family interaction, parenting, emotional well-being, and physical/material well-being.

Keywords: quality of family life, confirmatory factor analysis, Indonesian form.

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Introduction

Family functioning is frequently examined as a variable in psychology research due to its significant role in the mental well-being of family members, particularly children, and adolescents, extending into adulthood (Guererro-Munoz et al., 2021; Wang et al., 2022) and throughout their lives (Umberson & Thomeer, 2020). Several studies conducted in Indonesia have demonstrated the

impact of family functioning on children and adolescents, encompassing academic outcomes, such as adjustments in higher education (Igirisa & Yoenanto, [2021](#)), and general psychological conditions, including emotional maturity (Yasa & Fatmawati, [2021](#); Farih & Wulandari, [2022](#)), emotional regulation (Muchtar, [2021](#); Widyaswara et al., [2022](#)), emotional intelligence (Tiana, [2023](#)), happiness (Firdaos, [2020](#)), subjective well-being (Rochma & Hartini, [2021](#)), resilience (Rismiasih, [2021](#)), and self-acceptance (Nisa & Sari, [2020](#); Ridwan, [2022](#)). Additionally, family functioning influences various negative behaviors among children and adolescents, such as aggressiveness (Ilmi, [2020](#)), juvenile delinquency (Indriani, [2021](#)), bullying (Sari et al., [2022](#)), smartphone addiction, problematic internet use (Fitaloka, [2021](#); Kusumawati, [2022](#); Mariyanti et al., [2021](#)), and loneliness (Khusurur, [2022](#); Puteri, [2021](#)). Research conducted outside Indonesia on family functioning has also revealed negative impacts on children, including eating disorders (Erriu et al., [2020](#)), internet addiction during the COVID-19 pandemic (Lin, [2020](#)), happiness (Izzo et al., [2022](#)), and mental health problems (Liu et al., [2023](#); Scully et al., [2020](#)).

Family functioning refers to concepts derived from family systems theory and focuses on dimensions of the interactional processes occurring within families: communication, cohesion, flexibility, role performance, and coping processes (Olson & Gorall, [2003](#)). Indicators of successful family functioning can be observed in two main ways: an adaptive and flexible family structure and the family's ability to facilitate open communication, thus helping members avoid emotional repression (Minuchin, [2018](#); Napier & Whitaker, [2017](#)).

The concept of family functioning primarily revolves around daily routines involving living, working, and socializing. It denotes how families establish relationships within subsystems and with their surroundings (Matejevic et al., [2014](#)). Family functioning is reflected in the extent to which the family's needs are met and is encapsulated in four dimensions: interaction patterns, family values, family commitment, and coping resources (Gaspar et al., [2022](#)). It encompasses family quality of life, defined as the family's collective ability to fulfill members' basic needs, support self-development, derive enjoyment from shared experiences, and navigate challenges (Samuel et al., [2012](#); Summers et al., [2005](#)).

There are many variations in measuring the quality of family life due to differences in the use of underlying theoretical models. The first approach is the circumplex model from Olson et al. (1979; 1997), which emphasizes the family's quality as a system, focusing on two central dimensions: cohesion and adaptability. Cohesion measures the degree to which family members are separated or connected emotionally to the family. In terms of cohesiveness, families can be classified as disengaged, separated, connected, or very close. Adaptability assesses the family's ability to flexibly change power structures, role relationships, and rules in response to situational pressures and developments. In the adaptability dimension, families can be identified as chaotic, flexible, structured, or rigid. The measuring instrument developed based on the concept of family functioning in the circumplex model is the Family Adaptability and Cohesion Scale (FACES). The FACES IV, consisting of 24 items, was developed by Tiesen & Olson in 2007 (Olson, 2011) and comprises four unbalanced scales: enmeshed, disengaged, chaotic, and rigid. The FACES-IV measures the family system across dimensions of family strength, family satisfaction, family communication, and family stress. A systematic review of the literature identified three validation studies that provided evidence to support the FACES-IV as a reliable and valid family assessment measure (Hamilton & Carr, 2016; Mansfield, Keitner, & Archambault, 2019). Another tool for measuring the quality of family life, also based on the circumplex model, is the Family Environment Scale (FES), developed by Moos & Moos (1986). It consists of 90 items and includes four measurement dimensions: achievement orientation, active recreation orientation, intellectual culture orientation, and religious morals. The FES demonstrated inadequate internal reliability and an unstable factor structure (Hamilton & Carr, 2016).

Another theoretical model used to develop family functioning measurement tools is the McMaster family functioning model created by Epstein, Baldwin, & Bishop (1983) and Epstein et al. (2003). This model includes multiple dimensions, namely, problem solving, communication, roles, affective responsiveness (the ability of family members to experience appropriate affect according to stimuli), affective involvement (the level of concern and value for family members' activities), and behavioral control (the way the family expresses and maintains standards of behavior). The family functioning measurement tool that also refers to this model is the Family Assessment Device (FAD). This instrument consists of 53 items and was later expanded to 60 items, with additional items to

measure general/global family functioning in healthy or pathological families (Mansfield et al., [2018](#); Staccini et al., [2014](#); Van Fossen et al., [2022](#)).

In addition to the FAD, another tool that refers to the McMaster Family Functioning Model is the Family Assessment Measure (FAM), which assesses individual involvement in the family and dyadic relationships within the family. The FAM was initially developed by Jackson ([1971](#)) and further refined by Skinner ([1987](#)), comprising 50 items measuring general dimensions, 42 items measuring dyadic relationships, and 42 items measuring individual perceptions of family functioning. The FAM also has a short version consisting of 14 items (Skinner et al., [2000](#)). FAM serves its purpose by providing a rich source of information on family functioning, with a focus on communication, including affective expressions, involvement, and control (Skinner et al., [2000](#)).

In most research in Indonesia, adaptation measurement tools from the FAD and FAM are used to measure family conditions (Farih & Wulandari, [2022](#); Mariyanti et al., [2021](#); Nisa & Sari, [2020](#); Rochma & Hartini, [2021](#); Sari et al., [2022](#); Widyaswara et al., [2022](#); Yasa & Fatmawati, [2021](#)). The FAD and FAM focus on the quality of relationships created within the family but have not yet identified the success of the family in carrying out the functions of education, care, and control, especially for children or adolescents as family members, as well as capabilities in terms of protection and economics, as mentioned in Government Regulation of the Republic of Indonesia Number 21 of 1994, Article 4, Paragraph 2. The Indonesian version of the family functioning inventory, adapted from Shek's Chinese Family Assessment Inventory (CFAI), includes five family function aspects: mutuality, harmony, communication, parental concern, and parental control (Lubis et al., [2023](#)). This inventory does not include economic conditions, so it is still not a complete measurement according to the Indonesian Government Regulation, which could weaken its practical implications.

A tool for measuring family functioning that focuses on parenting function, physical well-being, protection, and economic well-being is the Beach Center Family Quality of Life Scale developed by Summers et al. ([2005](#)). This instrument was developed using a grounded theory approach, which succeeded in identifying nine key areas of family quality, such as health, finances, welfare, family

relationships, support from other people, career development, spiritual and cultural life, entertainment, and community involvement. The results of further factor analysis reduce these nine areas to five main dimensions: Family Interaction, Parenting, Emotional Well-being, Physical/Material Well-being, and Support for Disabilities. The dimensions of the BCFQLS align with the dimensions included in family functioning as mentioned in Indonesian Government Regulations and have been widely used in research on family quality in many countries (Alnahdi et al., [2022](#)), such as in Arab (Alnahdi et al., [2021](#)), Brazil (Bitencourt et al., [2015](#)), China (Chiu et al., [2017](#)), France (Rivard et al., [2017](#)), Korea (Cho & Hong, [2012](#)), Singapore (Waschl et al., [2019](#)), Spain (Balcells-Balcells et al., [2011](#)), and Turkey (Meral, [2013](#)).

The psychometric quality of the Indonesian version of the BCQFQLS was studied by Risnawaty et al. (2020). The research was conducted using parent respondents who did not have children with disabilities, so the fifth dimension of this measuring tool, namely, support for disabilities, was not used. Their research revealed that the measuring instrument is a 4-factor model with a new construct. Factor number one is still the same as that of the BCQFQLS, which is family interaction. However, factors 2 (health), 3 (the role of family members under care), and 4 (the family's ability to face challenges and take care of family needs) were different from the original BCQFQLS. They also found that only 17 items (out of 21 original items) had good factor loadings. However, there were no further discussions about the items. Since earlier research on the Indonesian version of the BCQFQLS had a different construct model compared to the original model construct and limited discussion regarding items, this research further examines the psychometric quality of the Indonesian version of the Beach Center Family Quality of Life, including analyzing the items. The analysis of items should be performed in the process of adaptation measurement due to differences in beliefs about family related to culture (Van Beurden, [2011](#)). In addition to further analyzing the constructed models and items mentioned above, this research will use participants from other parts of Indonesia (Surabaya, Sidoarjo, and Malang, East Java), as suggested by the research of Risnawaty et al. (2020), which was conducted in West Java.

Method

Design

This research employs a quantitative approach to psychometrically test the empirical model of the Indonesian version of the BCQFQLS through confirmatory factor analysis (CFA).

Participant

The research participants were 331 married individuals (118 male, 213 female) with noncommuting marriages (not living separately), aged 18-60 years, and who had at least one child. They resided in Surabaya, Sidoarjo, and Malang. Participants were selected using a convenience sampling technique (Stratton, [2021](#)).

Measurement

The data were collected using the Beach Center Family Quality of Life Scale measuring tool (Summers et al., [2005](#)), which comprises four dimensions: the first dimension concerns interactions within the family, the second dimension pertains to parenting, the third dimension focuses on emotional well-being, and the fourth dimension relates to physical/material well-being. The fifth dimension of the original measuring instrument was not used because the respondents were parents who did not have children with disabilities. There are 6 items in the family interaction dimension, 6 in the parenting dimension, 4 in the emotional well-being dimension, and 5 in the physical/material well-being dimension. Overall, the measuring instrument used consists of 21 items. The answer choices range from 1 (strongly disagree) to 5 (strongly agree). The data were collected via Google Forms.

Procedure

The research procedure followed the ITC test equipment adaptation procedure (2017) and scale development guidelines (DeVellis & Thorpe, [2021](#)). The first step involved forward and backward translations, followed by the integration of the translation results. The second step included evaluation by experts to ensure that the items aligned with local concepts and culture. Expert committees play a crucial role in ensuring equivalence between the translated and original instruments (Epstein et al., [2015](#)). The third step involved data collection. The fourth step focused on analyzing

the construct validity of the BCFQLS Indonesian version using confirmatory factor analysis (CFA), a method to test the extent to which variables can represent a set of theoretical latent constructs (Hair et al., 2019). CFA was used to assess construct validity, measuring the extent to which a set of items can reflect latent theoretical constructs (Hair et al., 2019).

The results of integrating the translation of BCFQLS in Indonesia are listed in [Table 1](#).

[Table 1.](#)

BCFQL Original - Indonesian version

Dimension	No. Item	Statements
Family Interaction Interaksi Keluarga	1	My family enjoys spending time together <i>Keluarga saya menikmati meluangkan waktu bersama-sama</i>
	2	My family members talk openly with each other. <i>Anggota keluarga saya berbicara secara terbuka satu dengan yang lainnya</i>
	3	My family solves problems together. <i>Keluarga saya memecahkan masalah bersama-sama</i>
	4	My family members support each other to accomplish goals. <i>Anggota keluarga saya memberi dukungan kepada yang lain dalam pencapaian tujuan-tujuan masing-masing</i>
	5	My family members show that they love and care for each other. <i>Anggota keluarga saya saling menunjukkan cinta dan perhatian satu dengan yang lainnya</i>
	6	My family is able to handle life's ups and downs <i>Keluarga saya mampu menghadapi kondisi naik turunnya kehidupan</i>
Parenting	7	Family members help the children learn to be independent. <i>Anggota keluarga membantu anak-anak belajar mandiri</i>
	8	Family members help the children with schoolwork and Activities. <i>Anggota keluarga membantu anak-anak dengan tugas sekolah dan kegiatan lainnya</i>
	9	Family members teach the children how to get along with Others. <i>Anggota keluarga mengajari anak-anak untuk dapat bergaul dengan orang lain</i>
	10	Adults in my family teach the children to make good decisions. <i>Orang dewasa di dalam keluarga saya mengajari anak-anak untuk dapat mengambil keputusan dengan baik.</i>
	11	Adults in my family know other people in the children's lives (i.e. friends,

Dimension	No. Item	Statements
Emotional Well-being Kesejahteraan emosional	12	<p>Orang dewasa di keluarga saya mengenal orang lain dalam kehidupan anak-anaknya (seperti teman, guru)</p> <p>Adults in my family have time to take care of the individual needs of every child</p> <p>Orang dewasa di dalam keluarga saya memiliki waktu untuk merawat kebutuhan khusus dari masing-masing anak</p>
	13	<p>My family has the support we need to relieve stress.</p> <p>Keluarga saya memiliki dukungan yang diperlukan untuk meredakan stres</p>
	14	<p>My family members have friends or others who provide support</p> <p>Anggota keluarga saya memiliki teman atau orang lain yang memberikan dukungan</p>
	15	<p>My family members have some time to pursue their own interests.</p> <p>Anggota keluarga saya memiliki waktu untuk mengejar kepentingan mereka sendiri</p>
Physical/Material Well-being Kesejahteraan Fisik/Material	16	<p>My family has outside help available to us to take care of special needs</p> <p>Keluarga saya memiliki bantuan dari luar untuk mengatasi kebutuhan khusus dari semua anggota keluarga</p>
	17	<p>My family gets medical care when needed</p> <p>Keluarga saya mendapat perawatan medis ketika memerlukannya</p>
	18	<p>My family gets dental care when needed.</p> <p>Keluarga saya mendapat perawatan gigi ketika memerlukannya</p>
	19	<p>My family members have transportation to get to the places they need</p> <p>Keluarga saya mampu menggunakan transportasi ketika harus pergi ke suatu tempat</p>
	20	<p>My family has a way to take care of our expenses.</p> <p>Keluarga saya memiliki cara untuk menanggung semua biaya hidup yang diperlukan</p>
	21	<p>My family feels safe at home, work, school, and in our neighborhood.</p> <p>Keluarga saya merasa aman di rumah, sekolah dan dengan tetangga</p>

Data Analysis

The technique used to validate the content and structure of the measuring instrument was confirmatory factor analysis (CFA) using AMOS version 24. CFA confirms how well the analyzed variables represent the underlying constructs. It is a theory- or model-driven approach that assesses how well the data fit the proposed model or theory (Tavakol & Wetzel, 2020). Additionally, CFA confirms the structural model of an instrument, ensuring the reliability of the adapted measuring instrument (Kyriazos & Stalikas, 2018).

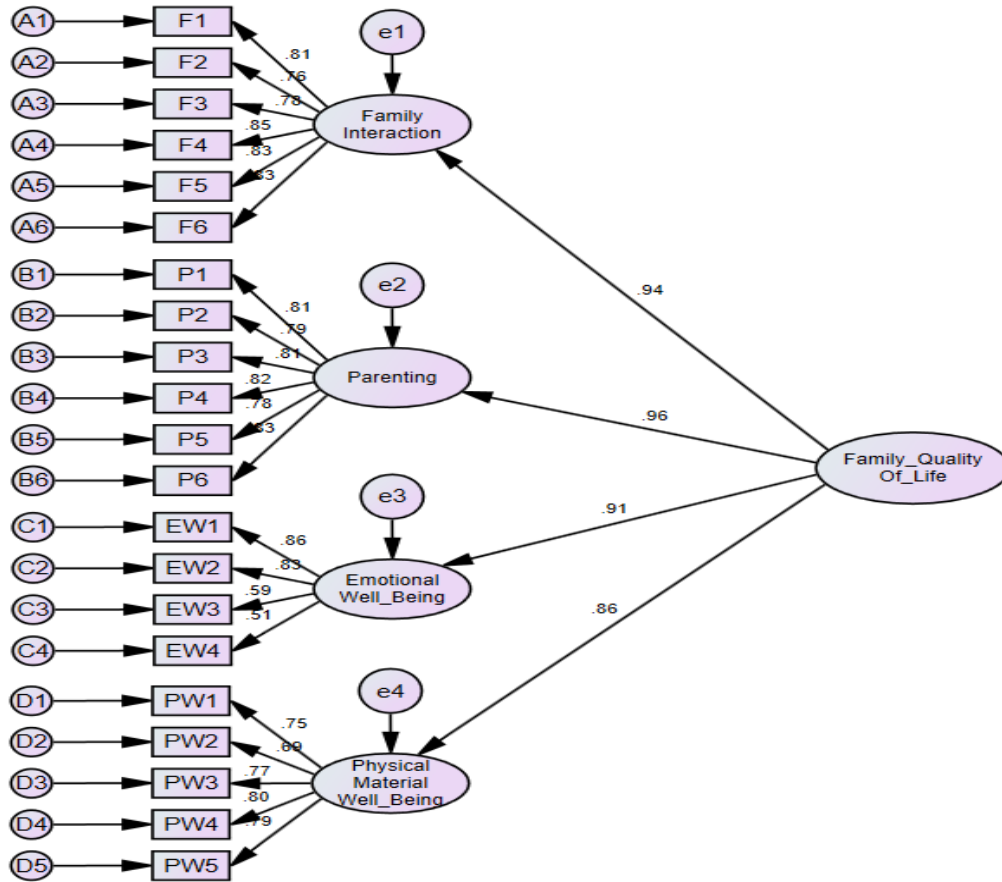
Results

This research involved 331 respondents whose characteristics are shown in [Table 2](#).

[Table 2.](#)

Respondents	n	Percentage (%)
Gender		
Male	118	35.6
Female	213	64.4
Age		
18-25 (Early Adult)	6	1.8
26-32 (Middle Early Adult)	48	14.5
33-40 (Late Early Adult)	104	31.4
41-50 (Early Middle Adult)	102	30.8
51-60 (Late Middle Adult)	71	21.5
Education		
Elementary School	4	1.2
Junior High School	11	3.3
Senior High School	104	31.4
Diploma	21	6.3
Bachelor (S1)	128	38.7
Master (S2)	52	15.7
Doctor (S3)	11	3.3
Work Status		
University Student	2	0.6
Unemployee (housewives, retirement)	51	15.4
Job seeker	4	1.2
Entrepreneur	41	12.4
Part-Time Employee	36	10.9
Full-Time Employee	197	59.5

The results of the CFA of the 21-item BCFQLS Indonesian version are shown in [Figure 1](#).



[Figure 1](#). Final CFA Model of the Indonesian version of the BCQFLS

The following is the loading factor for each item in the BCFQLS Indonesian version.

Table 3.

Loading Factor Family Quality of Life Scale

Dimensions & No Item		Latent Variable	Loading Factor
<i>Family Interaction</i>	<—	<i>Family Quality of Life</i>	.940
<i>Parenting</i>	<—	<i>Family Quality of Life</i>	.960
<i>Emotional Well-being</i>	<—	<i>Family Quality of Life</i>	.914
<i>Physical/Material Well-being</i>	<—	<i>Family Quality Of Life</i>	.858
1	<---	<i>Family Interaction</i>	.806
2	<---	<i>Family Interaction</i>	.758
3	<---	<i>Family Interaction</i>	.778
4	<---	<i>Family Interaction</i>	.851
5	<---	<i>Family Interaction</i>	.831
6	<---	<i>Family_Interaction</i>	.829
7	<---	<i>Parenting</i>	.810
8	<---	<i>Parenting</i>	.787
9	<---	<i>Parenting</i>	.812
10	<---	<i>Parenting</i>	.822
11	<---	<i>Parenting</i>	.779
12	<---	<i>Parenting</i>	.826
13	<---	<i>Emotional Well-being</i>	.857
14	<---	<i>Emotional Well-being</i>	.833
15	<---	<i>Emotional Well-being</i>	.585
16	<---	<i>Emotional Well-being</i>	.508
17	<---	<i>Physical/Material Well-being</i>	.752
18	<---	<i>Physical/Material Well-being</i>	.691
19	<---	<i>Physical/Material Well-being</i>	.773
20	<---	<i>Physical/Material Well-being</i>	.795
21	<---	<i>Physical/Material Well-being</i>	.793

According to Hair Jr. et al. (2019), an indicator can be considered valid if its loading factor value is ≥ 0.7 . Almost all the indicators exhibited strong loading factor values on the latent variables, but three indicators had loading factor values < 0.7 . Therefore, the three indicators (items 15, 16, and 18) were discarded. Subsequently, retesting was conducted after removing these three indicators. The results of the final CFA of the Indonesian version of the BCQFLS are presented in [Table 4](#).

Table 4.

Goodness of Fit of the BCFQLS Indonesian Version Model

Analysis	Cut Off	Result
Chi-Square = 214.443	Expected low/small value	Poor Fit
Probability = 0.000	≥0.05	Poor Fit
RMSEA = 0.051	≤0.08	Good Fit
NFI = 0.955	≥0,9	Good Fit
GFI = 0.933	≥0,9	Good Fit
AGFI = 0.901	≥0,9	Good Fit
CFI = 0.979	≥0,9	Good Fit
TLI = 0.972	≥0,9	Good Fit
RMR = 0.021	≤0.05	Good Fit
CMIN/DF = 1.849	≤2.00	Good Fit

RMSEA= Root mean square error of approximation; NFI= Normed fit index; GFI= Goodness-of-fit index; AGFI= Adjusted goodness-of-fit index; CFI= Comparative fit index; TLI= Tucker–Lewis index; RMR= Root mean residual

Based on the results of the second confirmatory factor analysis (CFA) test, the family quality of life scale exhibited a well-fitting model, although the chi-square value and probability significance value were below the standard. Nearly all indices met the cutoff value. In the test results, although the chi-square value remains large, it cannot be solely relied upon to determine overall model suitability because the chi-square is sensitive to sample size. As the sample size increases, the chi-square value also increases, potentially leading to model rejection. Moreover, larger sample sizes result in higher chi-square values, affecting the probability significance value (Junaidi, [2021](#)).

Hair Jr. et al. ([2019](#)) recommend reporting several indices to evaluate the feasibility of model testing, including the root mean square error of approximation (RMSEA) index value, goodness-of-fit index (GFI), adjusted goodness-of-fit index (AGFI), chi-square (χ^2), and root mean residual (RMR). Additionally, Hair Jr. et al. ([2019](#)) mentioned that utilizing 4-5 goodness-of-fit criteria is considered adequate for assessing a model's suitability.

Table 5.

Reliability and AVE of the Indonesian version of the BCFQLS

Latent Variable	Composite Reliability	Average Variance Extracted (AVE)
Family Interaction	0.918	0.653
Parenting	0.912	0.635
Emotional Well-Being	0.839	0.723
Physical/Material Well-Being	0.860	0.607
Family Quality of Life	0.958	0.853

Table 6.

Discriminant validity results

	21	17	19	20	13	14	7	8	9	10	11	12	1	2	3	4	5	6	
21	0.664																		
17	0.394	0.857																	
19	0.432	0.423	0.687																
20	0.466	0.457	0.429	0.746															
13	0.424	0.416	0.391	0.421	0.786														
14	0.408	0.401	0.376	0.406	0.597	0.873													
7	0.384	0.377	0.354	0.382	0.459	0.442	0.652												
8	0.409	0.401	0.377	0.407	0.488	0.471	0.465	0.793											
9	0.369	0.362	0.34	0.367	0.441	0.425	0.421	0.481	0.621										
10	0.377	0.37	0.348	0.375	0.451	0.434	0.429	0.441	0.464	0.659									
11	0.373	0.366	0.344	0.371	0.446	0.43	0.425	0.452	0.408	0.469	0.735								
12	0.432	0.424	0.398	0.429	0.516	0.497	0.492	0.523	0.434	0.483	0.558	0.828							
1	0.402	0.394	0.371	0.4	0.48	0.463	0.435	0.463	0.419	0.427	0.423	0.489	0.759						
2	0.378	0.371	0.349	0.376	0.452	0.435	0.409	0.436	0.394	0.402	0.398	0.46	0.51	0.76					
3	0.392	0.384	0.361	0.39	0.468	0.451	0.424	0.451	0.408	0.417	0.412	0.477	0.498	0.468	0.833				
4	0.417	0.41	0.385	0.415	0.499	0.481	0.452	0.481	0.435	0.444	0.439	0.508	0.531	0.499	0.517	0.771			
5	0.385	0.378	0.355	0.383	0.46	0.443	0.417	0.444	0.401	0.409	0.405	0.468	0.489	0.449	0.545	0.562	0.76		
6	0.392	0.385	0.362	0.39	0.469	0.452	0.425	0.452	0.409	0.417	0.413	0.478	0.434	0.419	0.486	0.483	0.529	0.659	

The results of the reliability test indicate that the Family Quality of Life Scale possesses an ideal reliability value. The composite reliability value is >0.7 , and the average variance extracted (AVE) value is >0.5 . This signifies that the indicators used have sufficient reliability to elucidate each construct. Moreover, analyzing the discriminant validity of the Indonesian version of the BCFQLS demonstrated that this tool exhibited good discriminant validity. Good discriminant validity is

characterized by each item's score being higher than the score of any correlation, as depicted in Table 6.

Discussion

The BCFQLS Indonesian version utilized in this research revealed that family functioning is a psychological construct comprising four dimensions: 1) family interaction, 2) parenting, 3) emotional well-being, and 4) physical/material well-being. This aligns with the original BCFQLS (Hoffman et al., [2006](#)), as well as testing conducted in Arabian (Alnahdi et al., [2021](#)), Indonesian (Risnawaty et al., 2020), and Slovak (Babincak & Kacmarova, [2023](#)) contexts.

The first dimension of the BCFQLS focuses on family interaction, gathering data concerning daily familial life, emphasizing closeness, involvement in household and family activities, and providing regular support among family members (Rillota et al., 2011). All items in dimension 1 exhibit high factor loadings (> 0.7 , according to Hair Jr., [2019](#)), thus warranting recommendation for use.

The second dimension, parenting, comprises six items related to fostering children's independence, facilitating social interaction and academics, making decisions, allocating parenting time, and understanding children's relationships with friends and teachers (Samuel et al., [2012](#)). Similar to dimension 1, all items in dimension 2 demonstrate high factor loadings (> 0.7 , according to Hair Jr., [2019](#)), suggesting their suitability for use.

The third dimension of the BCFQLS concerns emotional well-being, which denotes satisfaction with fulfilling emotional needs as an individual within the family (Summers et al., [2005](#); Rillota et al., 2011). However, for items within dimension 3, namely, emotional well-being, two items required revision due to low factor loadings (< 0.7 , according to Hair Jr., [2019](#)). One such item requiring revision is "My family members have time to pursue their own interests." This item contributes less to emotional well-being because the phrase "pursue interests" may convey both positive and negative meanings related to family functioning. While it could signify freedom for each family member to pursue their interests, it may also suggest individual preoccupation, preventing family cohesion. Items with ambiguous interpretations necessitate revision (Hinkin, [2005](#)).

Similarly, another item within this dimension, with a factor loading below 0.7, is "My family has outside help to address the special needs of all family members." This item also has both positive and negative implications for families' ability to achieve emotional well-being. While it may signify access to resources for meeting special needs, it could also imply dependence on external assistance, potentially undermining family autonomy. Items with multiple interpretations necessitate revision (Hinkin, [2005](#)). The cultural orientation of countries, whether individualist or collectivist, could influence a family's perception of its responsibility to meet individual needs (Zuna et al., [2011](#)). These two items serve less effectively as indicators of the latent variable to be measured, namely, the dimension of emotional well-being.

The final dimension of the BCQLS pertains to physical or material well-being. This dimension evaluates satisfaction with the family's collective ability to fulfill essential physical, financial, health, and security needs within a specific social context. The five items in this dimension gauge satisfaction with transportation, healthcare, dental care, financial well-being, and community safety (Summers et al., [2005](#); Samuel et al., [2012](#)).

There are items within this dimension that exhibit weak factor loadings, notably the item "My family gets dental care when they need it." This item lacks sufficient contribution as an indicator of the physical well-being of a functional family. This observation resonates with research findings from Korea, which suggests that this item is not suitable when the sample comprises families with weak socioeconomic status. Given the varying socioeconomic status of the respondents in this study, the role of this item as an indicator of family functioning appears weakened and more influenced by the respondents' socioeconomic conditions (Cho & Hong, [2013](#); Alnahdi et al., [2022](#)). In Indonesia, a family's ability to provide dental healthcare for its members may not adequately reflect the latent variable being measured, namely, the dimension of physical well-being. Some items within this dimension may be irrelevant in the context of low- or middle-income countries, where individuals face challenges associated with poverty (Hepperlen et al., [2020](#)).

This research analyzed the Indonesian version of the BCFQLS using only four dimensions, omitting the fifth dimension related to disability conditions. Further research could complement this by involving married couples with children with disabilities, considering the specific type of disability. Additionally, future research on the Indonesian version of the BCFQLS should explore samples from children to better adapt the items to the child's perspective.

Conclusion

The Indonesian version of the BCFQLS maintains an empirical structure identical to that of the original instrument, comprising four dimensions: family interaction, parenting, emotional well-being, and physical well-being. However, three items within the instrument do not serve effectively as indicators, with two items from emotional well-being and one from physical well-being exhibiting diminished functionality. The two items within the emotional well-being dimension suffer from semantic ambiguity in the phrases "each other's interests" and "outside help," which can convey both positive and negative connotations. Similarly, an item from the physical well-being dimension concerning dental care does not align with healthcare practices in Indonesia. These three items require further revision to clarify wording and align with Indonesian healthcare standards.

Future research should test the BCFQLS Indonesian version with parents of disabled children to assess the fifth dimension of the scale. Additionally, conducting studies with children and teenagers will enable us to capture their perspectives effectively.

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