# Research Summary – Quality of Life Index (QLI) (Ferrans and Powers) – Quality of Life

| **Author Year Research Design**  **Setting (country)** | **Demographics and Injury Characteristics of Sample** | **Validity** | **Reliability** | **Responsiveness Interpretability** |
| --- | --- | --- | --- | --- |
| [May & Warren](https://pubmed.ncbi.nlm.nih.gov/11789551/) 2001  Convenience Sample  Alberta, Canada | N=11 (9 male, 2 female)  Mean Age: 33.1, range 26-42 years  8 Cervical, 3 Thoracic/Lumbar | A convenience sample was used to evaluate the substantive and structural components of the QLI, as a form of content validity. For the substantive component, four cognitive questions and post-interview questions were used to determine possible comprehension issues with the items. For the structural component, the grouping of the items and scoring model were evaluated. Appropriate changes were made from the results of these components.  Weighted total QLI score & Non-weighted sub-section scores of the QLI (Pearson correlations)  QLI & mean satisfaction: r=0.98  QLI & mean importance: r=0.47 (single outlier data point removed) |  |  |
| [May & Warren](https://pubmed.ncbi.nlm.nih.gov/12080462/) 2002  Convenience Sample  Alberta, Canada | N=98 (76 male, 22 female)  Mean Age: 45.2, range 21-81 years  Mean DOI: 15.5 yrs, range 1.1-77.7 yrs  56.1% of participants had a cervical injury | Weighted total QLI score & Non-weighted sub-section scores of the QLI (Pearson correlations)  QLI & mean satisfaction: r=0.99  QLI & mean importance: r=0.43  QLI & Reintegration to Normal Living: r=-0.654 (P=.01 two-tailed)  QLI & Rosenberg Self-esteem scale: r=0.609 (P=.01 two-tailed) |  | **Interpretability:** QLI scores: [ mean, (SD), range]  Overall: 21.02 (4.27), 11-30  Health & Functioning: 19.92 (4.83), 6.38-30  Social & Economic: 21.56 (4.26), 11.75-30  Psychological & Spiritual: 21.74 (5.49), 5.64-30  Family: 22.94 (5.58), 8-30 |

# Research Summary – Quality of Life Index (QLI) (Ferrans and Powers) – Quality of Life - Cross-cultural Validation Studies

| **Author Year Research Design**  **Setting (country)** | **Demographics and Injury Characteristics of Sample** | **Validity** | **Reliability** | **Responsiveness Interpretability** |
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| [Kovacs et al.](https://pubmed.ncbi.nlm.nih.gov/26572603/) 2016  Cross-sectional, validation study to (a) develop the Spanish version of the Quality of Life Index-Spinal Cord Injury version (SV-QLI/SCI) and (b) assess its psychometric characteristics among permanent wheelchair users and specifically among those with SCI.  Associations of wheelchair users in Mallorca (Spain). | N = 77 48M, 29F Mean (SD) age 45.1 (15.6) years Reason for using a wheelchair: Traumatic SCI (n = 43), neurologic degenerative disease (n = 33), untreatable chronic musculoskeletal condition (n = 1) Level of injury: Cervical (n = 16), thoracic (n = 25), lumbar (n = 2), not applicable (n = 34) | Correlations between quality of life (as measured with the SV-QLI/SCI), pain and depression are shown in Table 1. The strongest correlation (−0.628) was found between quality of life and depression. | The **reproducibility** of the SV-QLI/SCI was ‘almost perfect’ for the entire sample and for the subsample of subjects with SCI (ICC [95% confidence interval]: 0.801 [0.699–0.870] and 0.830 [0.704-0.906], respectively). | **Floor/ceiling effects:**   * For the entire sample, no subject received the minimum possible score for the SV-QLI/SCI or its subscales, and <3% reached the maximum possible score for the SV-QLI/SCI score and its subscales, except for the ‘Family’ subscale, for which 12.2% of the subjects had the maximum possible score. * For the subsample of subjects with SCI, no subject received the minimum possible score for the SV-QLI/SCI or its subscales, and <5% reached the maximum possible score for the SV-QLI/SCI score and its subscales, except for the ‘Family’ subscale, for which 13.9% of the subjects had the maximum possible score. |
| Table 1. Correlation between quality of life, pain and depression levels in the entire sample (77 subjects) and the subsample of subjects with spinal cord injury (43 subjects)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Quality of life (QLI/SCI)** | **Depression (CESD)** | **Neck pain (VAS)** | **Thoracic pain (VAS)** | | **Depression (CESD)** |  |  |  |  | | Entire sample | − 0.628 |  |  |  | | Subsample with SCI | − 0.664 |  |  |  | | **Neck pain (VAS)** |  |  |  |  | | Entire sample | − 0.111 | − 0.096 |  |  | | Subsample with SCI | − 0.091 | − 0.175 |  |  | | **Thoracic pain (VAS)** |  |  |  |  | | Entire sample | − 0.150 | 0.136 | 0.494 |  | | Subsample with SCI | − 0.259 | 0.250 | 0.491 |  | | **Low back pain (VAS)** |  |  |  |  | | Entire sample | − 0.105 | 0.052 | 0.398 | 0.244 | | Subsample with SCI | −0.127 | 0.156 | 0.358 | 0.282 |   Abbreviations: CESD, Center for Epidemiologic Studies Depression; QLI/SCI, Quality of Life  Index-Spinal Cord Injury; VAS, visual analogue scale. | | | |