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Social, Marital and Occupational Adjustment: An Indigenous Scale Development and Validation for Adults

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ABSTRACT

The main objective of the current study was to develop and validate an indigenous adjustment scale for Adults. The scale of adjustment was based on the sub-themes of social, marital and occupational adjustment. Initially item pool of 225 was produced by a semi-structured interview with the adults and literature review. Item pool of 225 items was cut down to 170 items conducting expert evaluation. In test-retest administration (Sample= 100, Mean age= 32.88, $\pm$ SD=8.76)120 items were retained that had correlation above .5. further, in factor analysis a sample of 400 adolescents was selected from the community of district Gujranwala using purposive sampling technique. Exploratory Factor Analysis result were generated with fixing factor on 3 with .5 value of suppression. The exploratory factor analysis confirmed 39 items with KMO=.835. The Rotated Varimax factor analysis of 39 items showed that factor loadings range from .501 to .644. Confirmatory factor analysis confirmed the same structure after deletion the problematic items through inspecting regression weights and covariance. The good model fit indices of remaining 21 items were CFI= .911, CMIN/DF= 2.67, GFI=.893, AGFI= .864, RMSEA=.065 that shown the appropriateness of the scale. Alpha reliability for full scale was .875 which indicate that scale is highly reliable. The subscales reliability values was also above .80 which were also satisfactory. Further, the results of validation had confirmed the convergent and divergent validity of the Adjustment Scale for Adults.



Introduction

Since the moment humans born, they were in continuous state of adjustment. Humans are unique from all the species due to their ability to adjust to different situations for their survival. Adjustment is the way in which person tries to settle the conflict, stress, and tension in the fulfillment of their needs (Pundir & Dheeran, 2016).

The current study was based on the adjustment problems faced by adults. Adulthood is the inactive stage of human life which passes through many different stages. It encompasses the period after 19 years and is resulted after childhood and adolescence. In adult age individual start to accept responsibility and make independent decision. This stage may threaten other persons at the same time it may be helpful and cooperative (Baggio, Studer, Iglesias, Daepfen, & Gmel, 2017). There are three stages of adulthood that starts with early adults or young adulthood which is the specific period of growth when physical formation has been achieved and its age range start from 19 to 25. Next is middle adulthood started from 25 to 45 years and lastly, late adulthood starts from 45 to above 60 years (Watts, Duncan, Siegler, & Davis-Kean, 2014). The total population of the adults (15-64 years) lived in Pakistan is 60.62% of the total population (Trending Economics, 2019) therefore, their role in the fully functioning of a country cannot be denied.

Adults need adjustment in every area of life whether in home, on job, in relationship and while interacting society. Adjustment can be explained as the failure to give a successful and sufficient response to the required needs of the environment (Srivastava & Singha, 2017). There are some components linked to the adjustment in which at first there is need which is basic element. Secondly, there is always a difficulty in the attainment of this need. However, individual work hard to get this attainment and solve all the problems in the way of success. At the end some responses that were weaken are preliminary uplift and end the alteration (Sharma, 2016).

Dimensions of Adjustment

Ayele (2012) talked about various adjustment dimensions that were related to personal, emotional, environmental, academics and organizational issues. Further, another important domain of adjust was the social aspect (Ersado, 2016). The current study focuses on the dimension of social, marital and occupational adjustment. The social adjustment can be explained as a psychological process in which a person tries to adapt the new norms and standards of the society. Further, in the social adjustment the individual tries to move along with the people around them (Srivastava, 2018). It has been seen that a social mature person tries to behave according to their age applicable social actions (Marschark et al., 2017), that can enhance the adjustment. According to a study about 8.4% students reported social adjustment problem (Rodgers & Tennison, 2009). Further, marital adjustment is an overall feeling of pleasure and fulfillment between husband and wife with their marriage or relationship (Hossain, Saddique, & Habib, 2017). Studies had identified various constructive skills that can enhance marital interaction as problem solving, marital warmth, and affective conflicts identifying abilities (Zhou, & Buehler, 2017), affection, support and caring nature (Watts, Duncan, Siegler, & Davis-Kean, 2014). Finally, the occupational adjustment is the extent to which a person can use his or her capabilities, interests, and behavior disposition to deal with a job (APA Dictionary of psychology, 2020). If a person is able to get achievement and continue a gradual relationship with their work environment it can be called as work adjustment (Vaezi, Vala, ouri, Mousavi & Ghavamzadeh, 2016). The person who successfully adjust with these transitions, discover continuity and different ways to get success in the occupational pattern can continue their job well (Crider, Calder, Bunting & Forwell, 2015). It is of great importance to

have better occupational performance in which a person must show an integrated perform in the office and is affected by his personal characteristic, external factors and motivation for job (World Federation of Occupational Therapists, 2012). The prevalence rate of adjustment problem was 11.5 % among youngest age group, lowest educational level 53.5%, single persons 54.8%, students 39.7 5, urban areas 71.2% and is more common among females (61.6%), (Yasmeen, 2017).

There are many stressors that become a reason for adjustment difficulty in adults. But the common stressors were breakup in relationship, any disease, economic and financial loses, and unemployment (O'Donnell et al., 2016). Similarly, another study confirmed some stressors related to different domains of psychosocial life, such as love concerns, illness, home related problems, relationship problems, and financial crises respectively generating adjustment disorder (Yasmeen, 2017).

Need of an indigenous scale

There are various adjustment scales available world widely that measures different dimension of adjustment. The marital adjustment test (Locke & Wallace, 1959) consisted of 15-items that measures marital satisfaction and disagreement and high scores reveal better marital satisfaction. Further, marital adjustment was evaluated using the dyadic adjustment scale (Spanier, 1976) that consists of 32 items with the subscale of dyadic consensus, dyadic satisfaction, dyadic cohesion, and affection expression. The Waring Intimacy Questionnaire consisted of 90 items that measure the intimacy among couples (Waring, 1984).

The social adjustment was assessed using various scale as social readjustment rating scale (Holmes & Rahe 1967) is used to provide authentic measure of the effect of common stressors. Further, the social adjustment scale (Weissman & Bothwell, 1976) is consists of 42 items that measures performance in the social situation on 5 point likert. The occupational adjustment was judged using work and social adjustment scale (Mundt, Marks, Shear, & Greist, 2002) with 4 items. consists of 48 items and 8 sub scales that check psychological adjustment of adults. There is a dearth of literature on the adjustment scale in Pakistan. The Marital Adjustment Questionnaire was created by Dawood and Farooqi (Dawood & Farooqi, 1995). According to Bibi, Masood, Ahmad, and Bukhari (2017), the Dyadic Adjustment Scale was also translated into Urdu. The Adjustment Problem Scale (Kazmi & Muazzam, 2017) is a 56-item, 5-point rating scale that assesses university students' psychological and personal issues, educational issues, fear of ridicule, and interactional issues. Additionally, adults' scale of adjustment issues (Naz, Bano & Leghari, 2018). consists of eight subscales and 48 items that assess adults' psychological adjustment.

There was an urgent need to develop a measure of the most obvious adjustment issues that could be applied in indigenous Pakistani settings because there were few scales available in the native language that collectively measure adults' social, marital, and occupational adjustment. The concept of dimensions of adjustment was underdeveloped in the Pakistani context. The assessment tools that are currently available are written in English and were created with a focus on western cultures; when these tools are used in other cultures, it may be evident that the results are biased. Accordingly, when a test is given to a population for which it was not designed, cultural differences are largely disregarded in this framework (Swanepoel & Kruger, 2011). because there aren't many standardized measures. For filling this gap, the main purpose of the study was the development and validation of adjustment scale for adults. The scale will be a great help for all the stakeholders as researchers, psychologist, counselors, and educationist in measure the adjustment of adults.

Objectives

The objectives of the study are to

1. Develop an indigenous adjustment scale for adults in the context of Pakistani culture.
2. Validate the adjustment scale for adults.

Method

The current study was based on the development of adjustment scale on the dimensions of occupational social and marital adjustment. The study was completed in five steps. These steps include Generation of item pool, expert evaluation of item, item analysis, factor structure identification and validation of adjustment problem scale for adult.

Step I: Generation of Item Pool

In the first step adjustment problem of adults was explore through semi structured interviews with adults and on previous literature. The interviews were conducted from adults age above 19 years, doing any type of job and married by using purposive sampling technique from district Gujranwala. The open ended questions were finalized from experts that were related to daily social life activities, professional and marital problems. The participants were asked to share their experiences freely.

Further, literature related to adjustment of adults were examined carefully to develop item pool. Moreover, 225 items were generated from interviews and literature.

Step II: Experts' Evaluation

The produced item pool was reviewed by the panel of 5 experts that were familiar with the procedure of test construction and were subject specialist as well (2 PhDs and 3 M.Phil). The experts were asked to check the items on appropriateness, clarity and usefulness. Further, also recommendation about rephrasing and removal of any items were also taken. Finally, the essentiality of items with reference to adult age group was also evaluated by the experts.

After panel review from 225 items 170 remained for the piolet study. The expert further finalizes the scale on 4-point rating scale.

Step III: Item Analysis of Scale

The item analysis of the scale was completed by drawing highly correlated items by using test-retest administration setting.

Participants

A sample of 100 adults were selected form district Gujranwala on household bases by using purposive sampling technique. The mean age of the respondents was 32.88 ($\pm SD=8.76$).

Measure

The expert evaluated 170 item scale was administered in this step.

Procedure

The data was collected in test-retest administration with an interval of 15 days on the same sample. Adequate information related to the purpose of the study was given to participants. Both oral and written informed consent was taken from respondent. The items that have significant 0.5 correlation was retained while those with low correlation were eliminated.

Statistical analysis

For analysis of data correlation coefficient was found out on the pre and post administration of scale by using SPSS v-22.

Step IV: Factor Structure Identification

The structure of the adjustment scale was determined through Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA).

Participants

The sample of 400 adults was selected (200 Males & 200 Females) from the community of district Gujranwala.

Measures

The confirmed 120 items scale in the previous step was used here.

Procedure

The factors detection of 120 items were estimated using Bartlett test of Sphericity that identified the presence of connection among variables. Further, adequacy of sample was measured with the KMO value that helps to state the appropriateness of the use of factor analysis. Finally, factor loading of each items were also inspected. The items that had factor loading above .5 was kept in the scale for further analysis. In the next phase of analysis Conformity Factor Analysis was used to confirm the results of exploratory factor analysis. Three confirmed factors from EFA when run through confirmatory factor analysis give the model fit indices values in the satisfactory ranges after deleting the problematic items detected from covariance and regression weights.

Statistical Analysis

Exploratory factor analysis was used with principle component analysis and varimax rotation in Statistical Package for the Social Sciences (SPSS-22). The confirmatory factor analysis was run using Analysis of a Moment Structure (AMOS) (Version21).

Step V: Validation of the Scale

Participants

For validation of scale a sample of 100 adults were recruited from Gujranwala city by using purposive sampling technique on the variables of age, marital status and job status.

Measures

The newly developed scale of adjustment was used with scale of adjustment problem for adults (Naz, Bano, & Leghari, 2018) and generalized self-efficacy (Tabassum, Rehman, Schwarzer & Jerusalem, 2003) for validation.

Procedure

The convergent validity of indigenous scale was established with the scale of adjustment problem for adults (Naz, Bano, & Leghari, 2018). It was hypothesized that there would be positive correlation exists between the two scales to confirmed the convergent validity. Whereas for divergent validity the generalized self-efficacy scale (Tabassum, Rehman, Schwarzer & Jerusalem, 2003) was used. It was hypothesized that there would be negative or no correlation exists between the two constructs.

Statistical Analysis

For analysis of data correlation coefficient was found out on the pre and post administration of scale by using SPSS v-22.

Results

Table 1
Pearson product moment correlation coefficient between the scores of test retest administration (N=100)

Item No.	R	Item No.	R	Item No.	r
1	0.767**	47	0.746**	119	0.668**
2	0.661**	48	0.850**	120	0.575**
3	0.791**	49	0.635**	121	0.710**
4	0.609**	50	0.712**	122	0.695**
5	0.862**	51	0.630**	123	0.706**
6	0.679**	52	0.673**	124	0.591**
7	0.523**	53	0.609**	126	0.598**
8	0.803**	54	0.729**	127	0.647**
9	0.846**	55	0.654**	128	0.753**
10	0.901**	56	0.836**	129	0.831**
11	0.909**	57	0.771**	130	0.624**
12	0.889**	60	0.511**	131	0.773**
13	0.850**	62	0.597**	132	0.710**
14	0.856**	63	0.652**	133	0.734**
15	0.867**	68	0.553**	134	0.694**
16	0.660**	69	0.507**	135	0.748**
17	0.756**	70	0.608**	136	0.687**
18	0.738**	71	0.728**	137	0.778**
19	0.746**	73	0.612**	138	0.587**
20	0.731**	76	0.627**	139	0.690**
26	0.562**	78	0.690**	140	0.730**
27	0.713**	79	0.565**	141	0.583**
28	0.678**	80	0.711**	142	0.637**

29	0.669**	81	0.757**	143	0.728**
30	0.654**	82	0.518**	144	0.601**
31	0.590**	84	0.733**	145	0.593**
32	0.690**	85	0.708**	146	0.655**
33	0.586**	86	0.718**	147	0.554**
34	0.713**	87	0.603**	148	0.588**
35	0.719**	88	0.568**	149	0.605**
36	0.752**	89	0.584**	150	0.647**
37	0.655**	91	0.571**	151	0.517**
38	0.597**	92	0.593**	152	0.818**
39	0.692**	94	0.650**	153	0.652**
40	0.627**	96	0.584**	156	0.534**
41	0.601**	97	0.745**	157	0.584**
43	0.583**	98	0.568**	158	0.529**
44	0.667**	102	0.620**	159	0.582**
45	0.694**	103	0.549**	161	0.533**
46	0.609**	116	0.539**	162	0.565**

** $p < .01$

The above table indicated correlation in the test retest administration of the scale. From the 170 expert validated items, 50 items were eliminated because the correlation was below 0.5. The left items had correlation above 0.5 as shown in Table 1.

Table 2

Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) and Bartlett's Test of Sphericity for Adjustment Scale for Adults

	KMO	Bartlett's Test of Sphericity Sig.
Adjustment Scale for Adults	.835	.000

$p < .000$

KMO and Bartlett's Test of Sphericity were used to assess the sample's adequacy. According to Pallant (2013), a KMO value of 0.6 or higher can be used to indicate sample adequacy. Additionally, in the Test of Sphericity, if the significance value is less than 0.05, it indicates that the identity matrix is absent from the data. As a result, the data can be accepted for additional analysis because it is regarded as nearly multivariate normal. As shown in Table 2, the current study's test results demonstrate high sample adequacy.

Section 3

Table 3

Factor Loading of 75 item on Adjustment Scale for Adults after Varimax Rotation (N=400)

Serial #	Item #	Social Adjustment	Marital Adjustment	Occupational Adjustment
1	37	.501		
2	38	.525		
3	39	.516		
4	41	.547		
5	43	.527		

6	61	.564		
7	63	.546		
8	64	.590		
9	65		.634	
10	66		.632	
11	67		.580	
12	88			.512
13	89			.520
14	90			.571
15	91			.540
16	92			.605
17	93			.502
18	94			.579
19	95			.642
20	96			.590
21	97			.622
22	98			.632
23	99			.644
24	100			.601
25	101			.543
26	102			.558
27	103			.548
28	104			.512
29	106			.513
30	111			.507
31	112			.527
32	113			.541
33	114			.515
34	115			.507
35	116			.539
36	117			.564
37	118			.566
38	119			.545
39	120			.512

Note:
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Principal Component Analysis

Rotation Method: Varimax with Kaiser Normalization

EFA factors were fixed to 3 with the factor loading value of at least 0.4 (Rahn, 2018). The 3 factors were fixed with 0.50 absolute value of suppression. The factor loading values range in between 0.501 to 0.644. The table 3 shown that among the 120 items 39 were confirmed by EFA.

Table 4

Model Fit Indices of Confirmatory Factor Analysis with 25 items (N= 400)

P Value	CMIN/DF	GFI	AGFI	CFI	RMSEA
.000	2.67	.893	.864	.911	.065

Table 4 indicated the CFA results. The CFI value after removing the problematic item, the covariance of four runs was.911, which is within the permitted range. The recommended ratio

shouldn't be greater than three, and the Chi Square/df ratio is less than three. While the value in this study is roughly close to the standard value, the acceptable value for GFI and AGFI is 0.90 or higher. When the CFI cutoff value falls between 0.90 and 0.95, it is considered good. A CFI value of 0.911 confirmed the scale's efficacy. If the RMSEA is less than 0.05, it is a good value. The suggested value and the study's RMSEA value are close.

Table 5

Cronbach's Alpha Reliabilities of Adjustment scale for adults and three Subscales (N=400)

Subscales	Total items	Cronbach's Alpha Coefficient
Adjustment scale for adults	21	.875
Social Adjustment	07	.843
Marital Adjustment	03	.821
Occupational Adjustment	11	.864

** $p < .01$

Table 5 given the result of the full scale Cronbach alpha reliability of .875. It indicates good reliability. If the value of Cronbach's alpha coefficient is 0.70 or greater than it is considered statistically appropriate. The subscales reliability values were also satisfactory.

Table 6

Correlation between Adjustment Problem Scale (APS) and Scale of Adjustment Problem for Adults (SAP) and Generalized Self Efficacy Scale (N=100)

Measures	1	2	3
Adjustment Problem Scale	-		
Scale of Adjustment Problem	.481**	-	
Generalized Self Efficacy	-.074	-.404**	-

The newly created Scale of Adjustment Scale and the Scale of Adjustment Problems for Adults have a positive correlation, according to the results (Naz, Bano, & Leghari, 2018), proving the scale's convergent validity. However, when it comes to divergent validity, the findings showed that the generalized self-efficacy scale and the Adjustment Scale for Adults do not significantly correlate (Tabassum, Rehman, Schwarzer & Jerusalem, 2003). The scale's divergent validity was thus validated by the outcome.

Discussion

The current study was conducted to develop and validate the adjustment scale for adults. The first objective of the study was based on the development of adjustment scale for adults. The scale measures the adjustment in three dimensions that is social, marital and occupational. The 225 items were generated using semi-structured interviews with adults and literature. A panel of 5 experts evaluated the items and 170 items were finalized. Further, the items were checked using test re-test administration of the scale with 15 days' gap on 100 participants age above 19 years. The items that had correlation above 0.5 were retained in the scale that was 120 statements. After that a sample of 400 was taken to confirmed the structure of scale using exploratory and confirmatory factor analysis. After running exploratory factor analysis 39 items were confirmed after fixing to 3 factors and factor loading of 0.5 as supported by the literature (Rahn, 2018). The factor loading values range from 0.501 to 0.644. Moreover, confirmatory factor analysis was used

to confirmed the structure finalized by exploratory factor analysis. On initial run the CFI value was less than 0.90 and to enhance the value all the problematic items were deleted and four covariance was executed. The final version of the scale had 21 statements on 3 sub-scales with CFI value of 0.911 that is in the accepted limit (Hu & Bentler, 1999). The Chi Square/df ratio was 2.67 that is less than 3 whereas the recommended ratio was also not above 3 (Byrne, 2006). In case of GFI and AGFI literature supported that a value above 0.90 is acceptable (Hooper, Coughlan, & Mullen, 2008) and in the current study the values are almost near to the value. The literature indicated that if the value of RMSEA is less than 0.05 than its good (Fabrigar, MacCallum, Wegener, & Strahan, 1999) and the value of RMSEA was 0.065. It showed that the CFA model was best fitted and confirmed the scale.

The scale also shows good reliability values. The full scale reliability was .875 and the subscale reliability was also above .80. Previous literature indicated that the value of Cronbach's alpha coefficient is 0.70 or greater than it is considered statistically appropriate (Mendi & Mendi, 2015).

The second objective of the study was related to the validation of adjustment scale for adults. The convergent validity was done by using Scale of Adjustment Problems for Adults Urdu version (Naz, Bano, & Leghari, 2018) on a sample of 100. Correlation was computed in order to interpret the results. The value of correlation was .481** and it indicates that there is significant relationship between the two adjustment scale. It may be concluded that adults who scores high on adjustment scale for adults also scores high on scale of adjustment problems for adults. The literature confirmed that if two similar constructs had significant positive correlation than convergent validity is established (Anastasi and Urbina, 1997). The divergent validity result indicated that there is no significant correlation exists between the newly indigenous Adjustment Scale for Adults and generalized self-efficacy scale (Tabassum, Rehman, Schwarzer & Jerusalem, 2003) that is a correlation value of -.074. the result indicated that the adults who score high on adjustment scale, they experience low self-efficacy. Anastasi and Urbina (1997) had stated that the divergent validity is confirmed if two dissimilar constructs showed a non-significant relationship.

Conclusion

There was a strong need of an indigenous scale that can measure adjustment (social, marital & occupational) of adults. The present study delivered a reliable and valid scale for the adult population in all the psychological settings.

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