

DEVELOPMENT OF OVER-SCHEDULED SCALE FOR ADOLESCENTS

RAJEKA FARDOSH TANY¹ AND MAHFUZA KHANAM

Department of Psychology, University of Dhaka, Dhaka-1000, Bangladesh

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Abstract

The purpose of the present study was to develop a scale to measure overscheduling of the adolescents in Bangladesh. 51 items were initially constructed. This scale was divided into seven sub divisions. Those are the mood (7 items), academic grade (7 items), favorite activities (8 items), sleep (5 items), food habit (9 items), withdrawal behavior (8 items) and physical illness (7 items). These items were arranged in a 4-point Likert type scale for the first try out. It was administered 119 adolescents who are purposively selected. Among them 58 were overweight adolescents (30 boys and 28 girls) and 61 were normal weight adolescents (31 boys and 30 girls). The age range of the participants are 11 to 16 years. To determine the internal consistency item-total correlation and Cronbach's Alpha was calculated. The Cronbach's Alpha of total scale was .869 and sub scales were also satisfactory, $\alpha = 0, 01$. Content validity, convergent validity and concurrent validity were calculated and those were also found significant for overscheduled scale for adolescents. The minimum and maximum possible score of this scale was 0 to 144. Higher scores indicate high level of over schedule and lower score indicate less level of over schedule.

Introduction

The phenomenon of over-scheduled children and adolescents has become the wave of the new era. The concept of a carefree childhood with time for leisure play and free time is becoming less of a reality while over-scheduling, over-busyness, too much involvement with activities and loss of family time is becoming more of a reality for many children⁽²⁾. Children today may be spending a large fraction of time in highly structured activities, such as sports programs, religious-sponsored activities, singing, dancing, painting, swimming and other school-sponsored programs which leave them with little bit time for spending quality time with their family and doing relaxing activities such as reading⁽³⁾. Health America published a report in 2006. The finding was, out of 882 adolescents, 41 percent between the ages of 9 to 13 felt stressed and anxious all of the time or most of the time in their daily life, because of too much involvement with lots of activities.

¹Author for correspondence: <rajekafardosh@yahoo.com>. Department of Psychology, Jagannath University, Dhaka, Bangladesh.

Most of the parents have good intentions for their child. They enroll their children in activities because they likely want to give their children many opportunities and more productive to participate in numerous activities, enabling children to build skills, trained, qualified and develop talents that would be beneficial to them as they grow into adulthood. Many parents wonder whether they should support their child's involvement in sports teams, arts, debate, karate and music clubs, or other non-academic extracurricular activities.

But always the motivation is not beneficial for their child. Some parents push their children to succeed in the interest of their own egos. Other parents use their children to relive their own childhood dreams. Sometimes they are motivated by social and environmental pressure. They might also believe that, their kids will miss out on potential experiences if they are not doing what other kids are. But most parents usually just want what seems best for their children. For this consequence children or adolescents can easily become overscheduled. Parents want their children to perform their activities emotionally, physically and academically. However, pushing their child to be perfectionist academically may have surprising and unexpected repercussions. Many Children and youth thrive in a challenging social, cultural and academic environment, but not all do. The vast array of academic and non academic extracurricular activities offered to school-age children can be a headache for kids and parents both. They can help kids develop their talents and passions. Also learn how to push themselves and encourage them to enrich their self esteem. And, of course, parents and teachers want them to look like well behaved, established, accomplished kids to their future life. But parents or teacher doesn't want to run them ragged or turn them into stressed-out, anxious automatons.

As a parenting philosophy and technique of child-rearing, hyperactive parenting is harmful for next generation. It keeps children and adolescents from becoming self-reliant because it deprives them of the experiences that teach them, eventually, how to be able to make their own way in the world. Hyperactive parenting and over-scheduling may also contribute to the large numbers of children being diagnosed as attention deficit disorder, attention deficit/hyperactivity disorder, depressed, and to the many adolescents who give up and get dragged down by drugs, alcohol, premature sex, sexually transmitted disease, childhood pregnancy⁽⁴⁾.

A compressed definition of an over-scheduled child is, a child who has very little free time in which they can pursue and enjoy their hobbies or relax, but instead spend much of their time, when not in school or doing basic personal care needs (sleeping, eating and bathing), doing multiple structured activities at any given time⁽³⁾. Children and adolescents are overbooked with activities, which supposedly threatens their personal growth, development, well-being and family functioning. It is based on three propositions believed to apply to most children and adolescents. First, the motivation for

involving in organized activities is thought to come from external pressures (such as pressure from parents, teachers, school authority, and career experience). Second, youth are believed to participate in academic and non academic activities to excess. Third, children or adolescent and their family well-being are felt to be at risk due to the excessive external pressures placed upon youth and the time commitment their activities require.

Barber⁽⁶⁾ has noted possible negative consequences of over schedule activities. Just over-involvement with every spare minute scheduled in multiple activities, students may find there are negative consequences for participation. Reeves⁽⁶⁾ determined that parents and teachers might fear students may lose their focus on academics when they become too busy with lots of activities. When students get overscheduled, they might be spreading themselves too thin, which may lead to spending less time studying and preparing for class.

Over schedule children feel so much pressure for high performance that they develop stress related symptoms like insomnia, stomachaches, headaches, anxiety and depression⁽⁷⁾. Excessive involvement in many other activities could plausibly heighten distress of family and leisure time. Those possibilities are highly associated with negative impact on children future life. Bredehoft *et al.*⁽⁸⁾ found that, 74 college students who were persisting in over schedule activities. They were suffering from dysfunctional attitudes, poor self-esteem, and lack of self-efficacy.

Excessive participation does not have greater value for a child. Scientific studies have found a curvilinear relationship between activity participation and development. This work suggests there is a threshold in which the number of activities no longer exerts positive influence on developmental outcome⁽⁴⁾. External pressure from adults and activity-related time commitments are believed to contribute to poor psychosocial adjustment in children and to weaken their relationships with parents⁽⁷⁾. Perceived pressure from parents and other adults may lead to poor adjustment for youth who are involved in too many organized activities. A qualitative study completed in 2003 suggests participation in many organized activities can limit the time a child has for leisure activity and can constrain the relationship the child has with his or her parents⁽⁹⁾.

Adolescents with much more activities were related to poorer grades, more absences from school, less time spent on homework, increased likelihood of dropping out of school, greater psychological distress, drug and alcohol use, and delinquency⁽¹⁰⁾. Over-scheduling may also contribute to the large numbers of children being diagnosed as attention deficit disorder, attention deficit/hyperactivity disorder, depressed, detach from themselves and to the many adolescents who give up and get dragged down by drugs, alcohol, and premature sex⁽³⁾. Overscheduled kids may exhibit include headaches and stomachaches, withdrawal or reluctance to take part in activities, and changes in sleep or eating patterns. It includes irritability, hopelessness, loss of pleasure in activities that a

child once enjoyed; changes in sleep and appetite, reduced energy and social interactions, and a decline in performance at school⁽¹¹⁾. Another assumption is that if students are over-extended, that may negative effects on their self-esteem and could lead to self-destructive behavior and also negatively impact social adjustment, academic success and attendance⁽¹²⁾. Youth are sometimes overscheduled with difficult schoolwork, employment, extracurricular activities, and more, which then makes it difficult to succeed in all areas. Thus, students in high school who are committed to too many activities or who spend too many hours in activities are likely to see a negative effect on their academic self-efficacy, as they are less able to master skills when they have so many demands to fulfill⁽⁹⁾.

Most of the adolescent are not capable of balancing their time between academics, family time, socializing, and relaxing because of excessive external pressure. The findings of the research showed that, too much time and too many activities can be stressful or problematic for proper development for adolescents. And most of the time over involvement is the main indicators of unhealthy well being of adolescents. This research also finds that, approximately 60% of children and adolescents involved in structure non academic activities. Even many children and adolescents are over-scheduled and suffering day by day hassle. As a result, in fact, less than one in ten could be described as over-scheduled⁽¹³⁾.

Objectives

Objective of the present study was to develop a standardized scale to measure overscheduling of the children and adolescents in Bangladesh.

Materials and Methods

A step by step approach to develop a psychological test or scale includes- (1) Defining the construct (2) Generating the items (3) Rating the items (4) Selection of items (5) Pilot Study (6) Item Analysis (7) Determining reliability and validity and (8) Scoring of the scale. These steps shift from the more conceptual to the more statistical. That is to say, the task of identifying and operationalizing construct is conceptual while that of collecting data, assessing items and determining reliability and validity are primarily statistical. For the purpose of item development, the steps are described below.

First step

Defining the construct: In scaling methods, the first step is to define what the researcher is trying to measure. Here the researcher wants to measure over schedule of an individual adolescent. First, the operational definition of over scheduling was given as an instruction to the people who were going to create or generate the initial set of items for the checklist.

Second step

Generating the items: Based on the detailed literature review and understanding of over schedule related issues, it is decided to develop the checklist in line with the over schedule related components framework suggested by Adelle⁽¹⁴⁾. and Mayers⁽¹⁵⁾. Adelle & Meyers's over schedule framework views development as influenced by seven sub divisions. The seven sub divisions are the mood, academic grade, favorite activities, sleep, food habit, withdrawal behavior and physical illness. From the discussion with the subject experts and focused group discussion it is felt that measuring over schedule pertaining to these dimensions will be significant in Bangladesh context. A total of 7 items for mood, 7 items for academic grade, 8 items for favorite activities, 5 items for sleep, 9 items for food habit, 8 items for withdrawal behavior and 7 items for physical illness were generated. In the next steps these 51 items were edited and refined following the necessary techniques.

Third step

Rating the items: In the next step judges were given the items for rating. The items were subjected to the opinion of experts whom are the facilities of Psychology department of Dhaka University and Jagannath University, Bangladesh. In rating the items experts were given three options. The options were essential, useful but not essential and not necessary⁽⁹⁾. They were told that not to judge what they believe; they would judge how favorable each item with respect to the construct of interest.

Forth Step

Selection of items: In making judgments about which items to retain for the final scale, summated the scores for all items and calculated the inter correlations between all pairs of items. After calculating, items were rejected which were found low correlation with the sum of the scores.

Fifth Step

Pilot study: The pilot study was carried out to determine the reliability and validity of the over scheduling checklist for adolescents in Bangladeshi context. The researcher used purposive sampling technique to collect data from 119 adolescents in which 58 were girl and 61 were boy. Among them 58 were overweight adolescents (30 boys and 28 girls) and 61 were normal weight adolescents (31 boys and 30 girls). The age range of the participants was 11 to 16 years. Among the participants 48.74% were overweight adolescents and 51.26% were normal weight adolescents. 48.74% were girls and 51.26% were boys' participants. Among the participants first born adolescents were 32%, middle born adolescents were 24%, last born adolescents were 34% and only child was 10%. Among the adolescents' brother persistent adolescents were 20%, sister persistent adolescents were 22%, both brother and sister persistent adolescents were 48% and no sibling adolescents were 10%. 76% adolescents mothers were housewives and 24% adolescents mothers were service holder. 34% participants belonging in below 40000tk

monthly family income level and 66% participants belong in 40000tk and above monthly family income level.

The testing was carried out in classroom with kind permission and cooperation of the authority of the respective institute. The students were informed of the purpose of the study and they were told that their names would not appear in the tests. Researcher administered the questionnaire following a detailed testing protocol. At the beginning of administration of questionnaire, the researcher read the instructions aloud. Students were directed to read the written instructions very carefully and answer every question in the way that was most appropriate of them. They were told that there was no right or wrong answer but it was important to answer all the questions what they seem appropriate. They were assured that no one would know their response since their names would not be recorded in the questionnaire. They were also told that if they face any difficulty in understanding an item, they can ask the researcher for clarification.

Sixth step

Item analysis: Item analysis is generally the detailed analysis of the individual items of a test or scale with the purpose of assessing their reliability and validity ⁽⁹⁾. How individual item is correlated with the total score was determined by corrected item total correlation. For the over scheduling checklist, 51 items were thoroughly analyzed and corrected item total correlations were calculated. The corrected item total correlation values of 48 items were found significant.

Seventh step

Determining reliability and validity: Cronbach alpha was computed to determine the internal consistency of reliability. Cronbach alpha was also measured for the seven sub scales separately. To assess the validity of the scale will be presented in future another research.

Eighth step

Scoring of the scale: Over scheduled Scale consists of 48 items measuring the over schedule of the adolescents using 4-point Likert scale. The four responses are always, often sometimes, never. In rating the items experts were given 0 to 3 points rating scale where; 0=always, 1= often, 2= sometimes, 3= never, for positive items. On the other hand, 0= never, 1= sometimes, 2= often, 3= always, for negative items. The minimum and maximum possible score of this checklist is 0 to 144. In case of sub scale the ranges of the scores differ. The score for mood range from 0 to 21, for academic grade range is form 0 to 21, for favorite activities range is form 0 to 21, for sleep range is form 0 to 15, for food habit range is form 0 to 21, for withdrawal behavior range is from 0 to 24, and physical illness range is from 0 to 21. Higher scores indicate high level of over schedule and lower score indicate less level of over schedule.

Results and Discussion

Item analysis, reliability, validity and total correlation were used in the present study. Cronbach's Alpha was calculated if each item would be deleted from first try out of the Over Scheduled Scale. Table 1 showed that all the items had significant at ($\alpha = 0.01$). Pearson product moment correlation coefficients with the total scores obtained in the first try out of the Over Scheduled Scale and Cronbach's Alpha if each item deleted ranged from .624 to .883.

Reliability

Cronbach alpha was computed to determine the internal consistency of reliability. The cronbach alpha of total scale was .869**. This value is highly significant with an alpha level of 0.01. Cronbach alpha was also measured for the seven sub scales separately. Cronbach alpha of seven sub scales is presented in Table 2.

Table 1. The item total correlation (r) and Cronbach's Alpha if each item deleted of all items of this scale.

Items of OSS	Corrected item total correlation	Cronbach's Alpha if item deleted	Items of OSS	Corrected item total correlation	Cronbach's Alpha if item deleted
Item 1	.679	.859	Item 25	.721	.727
Item 2	.751	.850	Item 26	.611	.763
Item 3	.633	.860	Item 27	.654	.798
Item 4	.650	.862	Item 28	.550	.810
Item 5	.504	.883	Item 29	.498	.816
Item 6	.673	.859	Item 30	.552	.810
Item 7	.740	.850	Item 31	.603	.804
Item 8	.440	.642	Item 32	.555	.809
Item 9	.399	.681	Item 33	.579	.807
Item 10	.451	.640	Item 34	.653	.840
Item 11	.329	.695	Item 35	.670	.837
Item 12	.411	.650	Item 36	.475	.861
Item 13	.506	.624	Item 37	.521	.854
Item 14	.443	.642	Item 38	.663	.838
Item 15	.681	.830	Item 39	.659	.839
Item 16	.613	.837	Item 40	.706	.835
Item 17	.676	.831	Item 41	.543	.852
Item 18	.667	.830	Item 42	.655	.802
Item 19	.512	.849	Item 43	.672	.764
Item 20	.568	.843	Item 44	.514	.794
Item 21	.659	.831	Item 45	.677	.767
Item 22	.431	.822	Item 46	.404	.837
Item 23	.642	.753	Item 47	.644	.773
Item 24	.582	.773	Item 48	.465	.802

N = 119, * p < 0.01.

Table 2 Internal consistency (Cronbach Alpha) of the seven sub scales.

Dimension of sub scales	Cronbach alpha
Mood (7 items)	.878**
Academic grade (7 items)	.688**
Favorite activities (7 items)	.856**
Sleep (5 items)	.806**
Food habit (7 items)	.829**
Withdrawal behavior (8 items)	.861**
Physical illness (7 items)	.812**

N=119, * p<0.01

Validity

Content validity: Content validity is defined as the degree to which items in an instrument reflect the content universe to which the instrument will be generalized (Straub, Boudreau et al.⁽⁶⁾). In general content validity involves evaluation of a new survey instrument in order to ensure that it includes all the items that are essential and eliminates undesirable items to a particular construct domain according to experts (Lewis et al.⁽⁷⁾, Straub, Boudreau et al.⁽⁶⁾). As reported by the judges the over scheduling checklist has good content validity. This checklist was examined by getting comments about readability, logically, clarity, comprehensiveness, easily answerable and style and formatting of the scale items. To measure content validity, Lawshe's method (1975) was used here.

CVR; Lawshe's Method, $CVR = \frac{\eta_e - (N-2)}{(N-2)}$

Here, CVR= Content validity ratio, N= Total number of expert/ Panel list , η_e = The number of panelists identifying an item as "essential" In the present study, N=8

A total of 48 items were significant on the basis of CVR value (Table 3). 3 items were eliminated because of negative scores of CVR value. Those were, Favorite Activities (sub scale) item no 8 and CVR value was-.25, Food Habit (sub scale) item no 8 and CVR value was -.25 and the last deleted item no was 9 and CVR value was-.50. Negative CVR value means that the item was not appropriately identified the content. So that finally 3 items were deleted from the scale.

Present researcher also measures the convergent validity and concurrent validity of the scale. And the findings were significant for over scheduled scale for adolescents. The purpose of the present study was to develop a scale to measure overscheduling children and adolescents in Bangladesh. To do so, 51 items were initially constructed with the help of subject matter experts, related literature review, interviewed with adolescents, parents, educators and teachers. This scale was developed by seven sub divisions. Those are the mood (7 items), academic grade (7 items), favorite activities (8 items), sleep (5 items), food habit (9 items), withdrawal behavior (8 items) and physical illness (7 items). These items were given to eight faculties of the Department of Psychology, University

Table 3. CVR value of the over scheduled scale represented by sub scales.

Mood (sub scale)	CVR value	Mood (sub scale)	CVR value
Item 1	.75	Item 5	.5
Item 2	.75	Item 6	1
Item 3	1	Item 7	1
Item 4	.5		
Academic grade (sub scale)	CVR value (sub scale)	Academic grade	CVR value
Item 1	1	Item 5	1
Item 2	.5	Item 6	.75
Item 3	.75	Item 7	1
Item 4	.5		
Favorite activities (sub scale)	CVR value	Favorite activities (sub scale)	CVR value
Item 1	1	Item 5	1
Item 2	.75	Item 6	.75
Item 3	.75	Item 7	1
Item 4	1	Item 8	-.25
Sleep(sub scale)	CVR value	Sleep (sub scale)	CVR value
Item 1	1	Item 4	.5
Item 2	1	Item 5	.75
Item 3	1		
Food Habit (sub scale)	CVR value	Food habit (sub scale)	CVR value
Item 1	1	Item 5	.75
Item 2	.75	Item 6	1
Item 3	.75	Item 7	.75
Item 4	.75	Item 8	-.25
		Item 9	-.50
Withdrawal behavior (sub scale)	CVR value	Withdrawal behavior (sub scale)	CVR value
Item 1	1	Item 5	.75
Item 2	1	Item 6	.5
Item 3	1	Item 7	.75
Item 4	.75	Item 8	.75
Physical Illness (sub scale)	CVR value	Physical Illness (sub scale)	CVR value
Item 1	.75	Item 5	.75
Item 2	1	Item 6	.75
Item 3	1	Item 7	.75
Item 4	1		

of Dhaka and Jagannath University for judgment. In rating the item experts were given three options. The options were essential, useful but not essential and not necessary researcher determined inters correlation among sub scales of over schedule scale. These items were arranged in a 4-point Likert type scale for the first try out. The four responses are always, often sometimes, never. In rating the items experts were given 1 to 4 points rating scale where; 1=always, 2= often, 3= sometimes, 4= never, for positive items. On the other hand, 1= never, 2= sometimes, 3= often, 4= always, for negative items. It was administered on purposively selected 119 adolescents. Among them 58 were overweight adolescents (30 boys and 28 girls) and 61 were normal weight adolescents (31 boys and 30 girls). The age range of the participants was 11 to 16 years.

To determine the internal consistency item-total correlation and Cronbach's Alpha (if each item deleted) was calculated and the ranged of items from .624 to .883. Result revealed that 48 items had significant ($\alpha =0, 01$) and 3 items (1 item from favorite activities sub scale and 2 items from food habit) was removed from the final scale. Because those 3 items corrected item-total correlation value was less than .20. When item analysis was calculated and each item corrected item total correlation was below .20, that item could be eliminated (ITC-2017). And subject matter experts were also to agree with this decision. The Cronbach's Alpha of total scale was .869** and sub scales were, for mood .878**, for academic grade .688**, for favorite activities .856**, for sleep .806**, for food habit .829**, for withdrawal behavior .861**, and for physical illness .812**(** means highly significant) at the significance level of , $\alpha =0,01$. Content validity, convergent validity and concurrent validity were used in the present study to measure validity of this scale. As reported by the judges the over scheduled scale has good content validity. The scale was examined by getting comments about readability, logically, clarity, comprehensiveness, easily answerable and style and formatting of the scale items. Total 48 items were significant on the basis of CVR (Content validity ratio) value. 3 items were eliminated because of negative scores of CVR value. Negative score means, this item is not properly measuring the content, and also indicated other content. That's why the CVR value was negatively scored. Negative CVR value means that the item was not appropriately identified the content. Those were, Favorite Activities (sub scale) item no 8 and CVR value was-.25, Food Habit (sub scale) item no 8 and CVR value was -.25 and the last deleted item no was 9 and CVR value was-.50. So that finally 3 items were deleted from the scale.

The minimum and maximum possible score of this scale was 0 to 144. In case of sub scale the ranges of the scores differ. The score for mood range from 0 to 21, for academic grade range is form 0 to 21, for favorite activities range is form 0 to 21, for sleep range is form 0 to 15, for food habit range is form 0 to 21, for withdrawal behavior range is from 0 to 24, and physical illness range is from 0 to 21. Higher scores indicate high level of over schedule and lower score indicate less level of over schedule.

The present study is not beyond its limitations. First, the participants were selected from only 6 schools of the Dhaka district, not cover all over the Bangladesh which is obstacle for generalization. The second shortcoming was that a norm could not be established. Future large-scale studies will require establishing the norm. This research also to find out the negative consequence of over scheduled adolescents. Research using this tool can help us to redesign the attitudes of overscheduled adolescents and aids the policy makers and administrators in formation and development the programs for enriching the future of adolescents. All these together will help reducing frustration and will show good hope regarding healthy adolescents in the country. Despite these limitations, the present findings can serve as a base or open the door of further research on the overscheduled adolescents in Bangladesh.

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