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Social support as a predictor of quality of life: Turkish validation of two-way social support scale

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ABSTRACT

The extant literature has merely focused on the receiving aspect of support. However, social relationships involve complex interactions, including receiving and giving support, the instrument that measures the bidirectional structure of social support has become crucial for improving the quality of life and wellbeing of individuals. This paper aims to adapt and assess aTurkish version of two-way social support scale. The validation of the Turkish version of the two-way social support scale was conducted on a sample of 252 university students and 278 community samples. Findings indicated that the 4-factor model fit the data well and support construct validity. Results also provided preliminary support for convergent validity. Low correlations (.21 to.45) between two-way social support sub-scales and altruism scale suggested the existence of divergent validity. Internal consistency reliability analyses revealed Cronbach's alpha values between.80 and.90 for each subscale. The predictiveness of the two-way social support scale was tested with life satisfaction and well-being scales. The results provided partial support for the predictive validity of two samples.

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KEYWORDS

Giving social support; receiving social support; instrumental support; emotional support; Turkey

Introduction

A large body of research confirms that the availability of support is associated with increased life satisfaction (Sahin et al., 2019), fast recovery from life transitions (such as death, divorce, or mental illness; Hendryx et al., 2009), and the increased capacity to deal with challenges, threats, and stress (Lee & Goldstein, 2016). Social support is defined as an 'individuals' perceptions that he or she is cared for, loved, and valued, and the belief in the existence and availability of people on whom he or she can rely' (Cobb, 1976, p. 300). In other words, social support involves the existence or availability of individuals on whom we can depend and who care about, value, and love us (Sarason et al., 1983). To date, the extant literature has merely focused on the receiving aspect of support, emphasizing the availability of personal relationships. However, social relationships involve complex interactions, including receiving and giving. Some studies (e.g., Shakespeare-Finch & Obst, 2011) verified the existence of a two-factor structure of social support and reported the specific benefits of giving support (Krause & Shaw, 2000). However, it is worth mentioning that the effect of giving support is not as well-established as receiving

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This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. support, and there are contradictory results in the literature. For instance, while Liang et al. (2001) reported no effect of giving support on the giver's depressive symptoms, Stevens (1992) found that giving and receiving support is associated with life satisfaction in older adults. To explicate these seemingly contradictory findings, Strazdins and Broom (2007) claimed that different types of giving support have different effects on givers' mental health. Despite these elusive findings regarding the outcomes of giving support, it is worth examining the giving and receiving dimensions of the social support concept. Consistent with the outcomes of previous studies on receiving social support, there are many instruments for measuring received social support but few of them evaluate both receiving and giving dimensions. Therefore, an instrument that measures the bidirectional structure of social support has become a necessity for the literature.

This study aims to adapt to Turkish and validate a two-way social support scale (2-WSSS) developed by Shakespeare-Finch and Obst (2011). Social support research is conducted mostly in Western countries, which might cast doubt on the generalizability of the findings. In Turkey, because of its relatively collectivistic and feminine culture (Hofstede, 1980), the meaning and dimensionality of social support might differ as femininity and collectivism are both associated with compassion and greater relationship intimacy (Hechavarria & Ingram, 2016). Thus, validating the 2-WSSS in a different cultural setting could also make a valuable contribution to the relevant literature.

Theoretical background

Social exchange theory is regarded as one of the most frequently utilized conceptual paradigms for addressing the concept of social support. The theory assumes that human behavior is interdependent and contingent on the actions of others. Specifically, it argues that individuals' behaviors are shaped by interdependent transactions, which involve exchanges of mutually rewarding activities (Cropanzano & Mitchell, 2005).

The major component of social exchanges is social norms. Social norms are shared understandings that shape individuals' perceptions and behavior (Ostrom, 2000) and signal individuals what actions they should or should not perform. One such social norm is the reciprocity norm, which involves the perceived obligation of a recipient toward someone who has acted in a way that was beneficial to him or her (Gouldner, 1960). This explanation suggests that, when individuals receive help from others, they feel indebted and try to reciprocate in a manner that is beneficial to the person who has helped them. The norm of reciprocity provides the theoretical basis for the reciprocal nature of social support, which involves not only receiving support but also giving it.

Shakespeare-Finch and Obst (2011) have claimed that, despite the existence of other proposed types of support (such as esteem, belonging, or companionship support) in the literature, emotional and instrumental support account for these other types and should be considered as two overarching categories of support. While receiving instrumental support (RIS) involves the perception of receiving adequate assistance from others in the form of obtaining feedback and information, and receiving emotional support (RES) involves the perception of receiving affective assistance from others in the form of love, respect, and empathy. Giving instrumental support (GIS) and giving emotional support (GES), on the other hand, involve a person's tendency to provide others with, respectively, tangible or intangible assistance. Acknowledging the premises of social exchange theory and arguments

cited in the literature, it is decided to conceptualize social support as a 4-dimensional construct encompassing receiving and giving both emotional and instrumental support in this study.

Method

Sample and procedure

The study was approved by the Ethics Committee of Hacettepe University (approval id: 35 853 172–900) and informed consent was obtained from all participants. In the first phase (Sample 1), data were collected from undergraduate students of a public university located in Ankara, the capital of Turkey. Of the 358 questionnaire packages distributed through convenience sampling, 265 were returned for a return rate of 74%. The final sample included 252 students, 48% females (N = 122) and 52% males (N = 130). The mean age of the participants was 21.35 (SD = 1.66). Reflective of the characteristics of participants in this sample, the majority of the participants were single (99%).

In the second phase (Sample 2), data were obtained from white-collar employees in different organizations located in Ankara. A snowball technique was utilized, and no incentives were offered for participation. 290 questionnaire packages were obtained with a return rate of 80%. After the initial screening of the data, the final sample consisted of 278 employees 123 (44%) females, and 155 (56%) males, with a mean age of 41.08 (SD = 1.13). The majority of the participants were married (55%) and mostly university graduates (61%; 39% were high school graduates).

Measures

The scale has been translated into Turkish using a collaborative translation technique to ensure both the conceptual and linguistic equivalence of the items. One professional translator and one of the researchers translated the scale independently. Then the other researcher examined these two translations to determine which version better reflected the meaning of the items. Any differences or analogous items identified within two versions of translation were discussed until the three translators were agreed on the final version.

The original scale included 29 items, yet Shakespeare-Finch and Obst (2011) decided to exclude 8 of these items based on the results obtained from student and community samples. Considering the content of the items and the results of this study, we also decided to exclude these 8 items. The remaining 21 items were used to measure 4 sub-factors of social support: RES (7 items), RIS (4 items), GES (5 items), and GIS (5 items). Participants were asked to indicate whether each item was true for them (from 0 = 'not at all' to 5 = 'always'). Higher scores were assumed to indicate higher levels of giving or receiving social support.

Convergent validity measures

Convergent validity was investigated by examining the correlation between the dimensions of the 2-WSSS and receiving social support sub-dimension scores of the Berlin social support scale (BSSS; Schulz & Schwarzer, 2003). Although receiving social support dimension of BSSS measure instrumental and emotional support, the composite score of the BSSS was calculated to capture the overall perception of receiving social support. The scale has been validated and translated into Turkish by Kapıkıran and Kapıkıran (2010), therefore this translation was used for both samples.

Divergent validity measures

The divergent validity of the 2-WSSS was tested by examining the correlation between the subscale scores of the 2-WSSS and the altruism scale. Previous studies (Shore & Wayne, 1993) demonstrated a positive association between altruism and support, yet altruism, by definition, is more akin to giving support. The altruism scale, developed by Rushton et al. (1981) consists of 20 items. However, 10 items measuring the helpfulness subdimension is used given the similarity of helpfulness to giving support (e.g., 'I have given directions to a stranger'). The translation made by Tekes and Hasta (2015) was utilized.

Predictive validity measures

The predictive/criterion validity for the 2-WSSS was examined through the relationship between the scale and those indicators of well-being measured via two other scales: the satisfaction with life scale (SWLS; Diener et al., 1985) and the K10 psychological well-being scale (K10-PWBS; Kessler & Mroczek, 1992). The SWLS, developed by Diener et al. (1985) and translated into Turkish by Dagli and Baysal (2016), measures one's level of satisfaction with life via five items. The responses to the SWLS use a 5-point Likert scale where a higher score indicates more satisfaction with life. The Cronbach's value of the SWLS was found to be .83 and .89 for Sample 1 and Sample 2 respectively.

The K10-PWBS is a ten-item scale designed to measure depressive symptoms ranging from 0 = 'none of the time' to 4 = 'all of the time.' In the original scale, a higher score indicates that an individual is experiencing a greater number of depressive symptoms. However, to ease understanding, responses to the K10-PWBS were reverse-coded such that higher scores suggested higher levels of psychological well-being. The collaborative translation technique was utilized. The Cronbach's value of the K10-PWBS was found to be .90 for Sample 1 and .91 for Sample 2.

Results

Construct validity

Exploratory factor analysis (sample 1)

Principal components analysis was utilized to determine the number of factors. A Kaiser-Meyer-Olkin test (.92) suggested the existence of excellent sampling adequacy. The results of Bartlett's test of sphericity were significant, $\chi 2(210) = 3,332,481$, p < .001, providing support for the factorability of the data. The number of factors for the 2-WSSS was determined by employing Kaiser and scree plot criteria. These two criteria suggested the existence of a four-factor structure. The four-factors explained 66% of the variance in social support. In varimax and direct-oblimin rotations, one item that is hypothesized to measure GIS (item 19: 'When someone I lived with was sick, I helped them') loaded on a factor including the items of RES. Therefore, this item was excluded and analysis was performed again. After the final analysis, all of the items were satisfactorily loaded to the factors to which they were assumed to be related. Factor loadings were satisfactory with values ranging from .47 to .88 (Table 1).

Table 1. Exploratory factor analysis results of 2-way SS set
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	Factor			Alpha if item
ltem	Loading	М	SD	deleted
Factor 1: Receiving Emotional Support				.91
1. There is someone I can talk to about the pressures in my life	.59	4.91	1.11	.90
2. There is at least one person that I can share most things with	.87	5.21	1.05	.90
3. When I am feeling down there is someone I can lean on	.70	4.92	1.21	.88
4. There is someone in my life I can get emotional support from	.65	4.89	1.29	.89
5. There is at least one person that I feel I can trust	.85	5.32	1.07	.90
6. There is someone in my life that makes me feel worthwhile	.59	5.05	1.20	.90
I feel that I have a circle of people who value me	.51	4.98	1.16	.89
Factor 2: Giving Emotional Support				.88
8. I am there to listen to other's problems	.65	5.04	1.03	.87
9. I look for ways to cheer people up when they are feeling down	.71	4.88	1.16	.87
10. People close to me tell me their fears and worries	.87	4.88	1.09	.85
11. I give others a sense of comfort in times of need	.84	4.83	1.07	.84
12. People confide in me when they have problems	.88	4.70	1.09	.86
Factor 3: Receiving instrumental support				.82
13. If stranded somewhere there is someone who would get me	.53	4.57	1.24	.74
14. have someone to help me if I am physically unwell	.58	4.81	1.19	.77
15. There is someone who would give me financial assistance	.60	4.93	1.27	.82
16. There is someone who can help me fulfill my responsibilities when	.61	4.27	1.33	.77
I am unable				
Factor 4: Giving Instrumental Support				.81
17. I help others when they are too busy to get everything done	.81	4.19	1.14	.72
18. I have helped someone with their responsibilities when they were	.88	4.21	1.16	.71
unable to fulfill them				
20. I am a person others turn to for help with tasks	.47	4.29	1.17	.79
21. I give financial assistance to people in my life	.73	3.59	1.39	.81

Confirmatory factor analysis (sample 2)

After the data screening of Sample 2, a series of confirmatory factor analyses (CFA) were performed to examine the factor structure and verify the distinctiveness of the factors. One-, two-, and three-factor models were compared to the proposed four-factor model of support. Several goodness of fit indices suggested that the four-factor model had a better fit to the data than did both the one- and two-factor models. Nested comparison of the four- and three-factor models produced a $\Delta \chi^2$ value of 296.02 (p < .01), and the nested comparison of the four- and two-factor models produced a $\Delta \chi^2$ value of 157.68 (p < .01). Besides, the chi-square values and fit indices were better when the four-factor model was used.

Also, the other goodness of fit indices turned out to be within the expected ranges (See Table 2). Besides all four dimensions loaded significantly on the respective items with factor loading ranging from .53 to .86. (Figure 1). The covariances between the four dimensions of support were found to be quite high, reflecting the fact that they are all related to one overarching construct, namely, social support. The covariance between the sub-dimensions of receiving and giving support was found to be smaller than the covariance between RES and RIS and the covariance between GES and GIS.

Internal consistency, convergent validity, and divergent validity

Based on CFA, 20 items of the 2-WSSS were retained. Then, Cronbach's alpha coefficients (α) were calculated to assess the internal consistency of support dimensions. Cronbach's α calculation is based on the existence of tau-equivalence assumption and the violation of this assumption might be responsible for underestimation of reliability

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	χ²/df	CFI	GFI	TLI	AIC	SRMR	RMSEA
One-factor model	7.2*	.79	.71	.72	812.10	.11	.10
Two-factors model	5.4**	.85	.88	.87	563.12	.09	.08
Three-factors model I	3.1**	.89	.92	.91	378.56	.07	.07
Three-factors model II	3.1**	.90	.93	.92	356.90	.07	.07
Four-factors model	2.6**	.92	.95	.94	334.11	.05	.06

One-factor model: all items loaded on one factor;

Two-factor model: 11 and 10 items loaded on the receiving and giving social support constructs respectively;

The three-factor model I: first factor = receiving and giving emotional support items, second and third factor = receiving and giving instrumental support;

Three-factor model II, first factor = receiving and giving instrumental support items, second and third factors = receiving and giving emotional support constructs.

Four-factor model: receiving instrumental, receiving emotional, giving instrumental, and giving emotional support. All sub-dimensions were allowed to be correlated

* p < .05, ** p < .01.



Figure 1. Results of confirmatory factor analysis of the four-factor model of 2-way SS scale.

(Graham, 2006). Acknowledging this, the structural equation modeling was utilized to test whether the tau-equivalence assumption is violated for 4-dimensions of support. Except for GIS in the student sample and GES in the employee sample, the tau-equivalence assumption is met. Although the violation of tau-equivalence might under-estimate the reliability estimates for these two subscales, the internal consistency of all the subscales was still moderate to high (with Cronbach's values ranging from .80 to .90) for both student and employee samples (Table 3). The construct reliabilities (i.e., Jöreskog's

	RES	RIS	GES	GIS	BSS
Sample 1					
Receiving emotional support (RES)	(.90)				
Receiving instrumental support (RIS)	.75**	(.82)			
Giving emotional support (GES)	.563**	.537**	(.88)		
Giving instrumental support (GIS)	.427**	.498**	.563**	(.80)	
Berlin social support (BSS)	.655**	.622**	.454**	.408**	(.88)
Sample 2					
Receiving emotional support (RES)	(.89)				
Receiving instrumental support (RIS)	.711**	(.85)			
Giving emotional support (GES)	.624**	.513**	(.82)		
Giving instrumental support (GIS)	.431**	.540**	.680**	(.90)	
Berlin social support (BSS)	.606**	.625**	.456**	.401**	(.86)

 Table 3. Reliability and correlation scores of 2-way SS scale's sub-constructs and Berlin SS scale.

The numbers in the diagonal line are the Cronbach alpha scores of each construct. * p < .05, ** p < .01.

rho) of the four subscales were also found to be satisfactory, with values ranging from .80 to .89.

After reliability analysis, the subscale scores were calculated by taking the mean of the items loaded on four-support dimensions. To establish convergent validity, bivariate correlations between the subscale scores of the 2-WSSS and the scale score of the BSSS were calculated (Table 3). As for convergent validity, the four subscales of the 2-WSSS showed moderate to high correlations with the scale score of the BSSS. Receiving support subscales were found to be strongly associated with the BSSS scores in both student and employee samples. Anticipating that giving support would be a related but distinct dimension of support, we excepted significant correlations between the giving sub-dimensions of the 2-WSSS and the BSSS scores before analysis. Our expectation was supported. Overall, the correlation analyses verified the convergent validity of the 2-WSSS.

t1The altruism scale was used to test the divergent validity. Altruism has a small to moderate correlation with the dimensions of the 2-WSSS in both Samples 1 and 2 (Table 4). As expected, correlations between altruism and giving sub-dimensions turned out to be higher than correlations between altruism and receiving sub-dimensions of the 2-WSSS.

	RES	RIS	GES	GIS	Altr.
Sample 1					
Receiving emotional support (RES)	1				
Receiving instrumental support (RIS)	.754**	1			
Giving emotional support (GES)	.563**	.537**	1		
Giving instrumental support (GIS)	.427**	.498**	.563**	1	
Altruism (Altr.)	.232**	.221**	.363**	.451**	1
Sample 2					
Receiving emotional support (RES)	1				
Receiving instrumental support (RIS)	.711**	1			
Giving emotional support (GES)	.624**	.513**	1		
Giving instrumental support (GIS)	.431**	.540**	.680**	1	
Altruism (Altr.)	.228**	.211**	.346**	.410**	1

Table 4. Correlation scores of 2-way SS scale's sub-constructs and altruism scale.

* *p* < .05, ** *p* < .01.

Predictive validity

In hierarchical regression analyses, first RES and RIS and then GES and GIS support were regressed for life satisfaction (LS) to see whether giving support dimensions would explain additional variance. In Sample 1 (Table 5), R² for LS was significantly different from zero (first step: R² = .28, p < .05; second step: R² = .29, p < .05). At the first and second steps, RES (first step: $\beta = .18$, p < .05; second step: $\beta = .18$, p < .05) and RIS (First Step: $\beta = .38$, p < .05; Second Step: $\beta = .33$, p < .05) positively predicted LS in the student sample. After controlling for receiving support dimensions, only GIS predicted LS ($\beta = .13$, p < .05). Contrary to expectations, the effect of GES was found to be insignificant in Sample 1. When giving support dimensions were taken into consideration, Cohen's f-square value increased from .38 to .40, indicating the existence of small effect size (see Cohen, 1988).

When the same analysis was conducted with Sample 2, similar results were obtained. The R² and F values of the regression model were found to be significant (first step: R² = .26, F [2, 275] = 34.68, p < .05; second step: R² = .29, F [4, 275] = 29.88, p < .05). As in the student sample, RES (first step: $\beta = .26$, p < .05; second step: $\beta = .28$, p < .05) and RIS (first step: $\beta = .47$, p < .05; second step: $\beta = .49$, p < .05) positively predicted LS in the employee sample at the first and second steps. At step two, after controlling for the effect of RES and RIS, both GES ($\beta = .48$, p < .01) and GIS ($\beta = .49$, p < .01) positively predicted LS. When Cohen's f-square is calculated to determine the contribution of giving support dimensions, it is realized that the effect size increased from .40 to .44, which again indicates the existence of small magnitude change in the regression model.

In the second set of regression analyses, first RES and RIS and then GES and GIS were regressed on psychological well-being (PWB). In Sample 1 (Table 5), R^2 was significantly different from zero for PWB (first step: $R^2 = .13$, p < .05; second step: $R^2 = .15$, p < .05). At

	Life satisfaction				Psychological well-being					
	В	R ²	ΔR^2	F	Effect Size ⁺	β	R ²	ΔR^2	F	Effect Size ⁺
Sample 1										
Step 1		.28**		48.64**	.38		.13**		18.70**	.14
Receiving emotional support	.18*					.22*				
Receiving instrumental support	.38**					.17*				
Step 2		.29**	.01	25.55**	.40		.15**	.02*	11.61**	.17
Receiving emotional support	.18*					.29*				
Receiving instrumental support	.33**					.22*				
Giving emotional support	03					21*				
Giving instrumental support	.14*					.001				
Sample 2										
Step 1		.29**		34.68**	.40		.18**		27.96**	.21
Receiving emotional support	.26*					.26*				
Receiving instrumental support	.47**					.11*				
Step 2		.31**	.02*	24.88**	.44		.20**	.02*	19.73**	.25
Receiving emotional support	.28*					.25*				
Receiving instrumental support	.49**					.09				
Giving emotional support	.48**					32**				
Giving instrumental support	.50**					.08				

Table 5. Results of hierarchical regression analysis of 2-way SS scale's sub-constructs as predictors of life satisfaction and psychological well-being.

* p < .05, ** p < .01. +: Effect size is calculated by using Cohen's f-square.

the first and second steps, RES (first step: $\beta = .22$, p < .05; second step: $\beta = .29$, p < .05) and RIS (first step: $\beta = .17$, p < .05; second step: $\beta = .22$, p < .05) positively predicted PWB in the student sample. After controlling for receiving support dimensions, only GES predicted PWB ($\beta = -.21$, p < .05). When giving support dimensions were added to the regression model, the Cohen's f-square value increased from .14 to .17, reflecting relatively small effect size.

When the same analysis was conducted with Sample 2, the R² and F values of the regression model were found to be significant (first step: R² = 18, F [2, 275] = 27.96, p < .05; second step: R² = .20, F [4, 275] = 19.73, p < .05). Similar findings were obtained in employee sample; RES (First Step: $\beta = .26$; p < .05; Second Step: $\beta = .25$; p < .05) positively predicted PWB in the employee sample at the first and second steps. The effect of instrumental support was found to be significant and positive at the first step (first step: $\beta = .47$, p < .05); however, with the addition of giving support dimensions, the effect turned out to be insignificant (second step: $\beta = .009$, p > .05). At step two, after controlling for the effect of RES and RIS, only GES ($\beta = -.32$, p < .01) predicted PWB. The effect of GIS was found to be insignificant in Samples 1 and 2. Cohen's f-square value increased from .21 to .25 when giving support dimensions were entered into the regression model. This change indicates the existence of a small effect size. As with life satisfaction, the results related to PWB suggest predictive validity.

Discussion

The purpose of the present study was to examine the reliability and validity of the 2-WSSS in a Turkish setting. The findings confirm that the Turkish translation of the 2-WSSS is a valid and internally consistent instrument. Exploratory and confirmatory factor analysis results support the four subscales (RES, RIS, GES, and GIS) as proposed by Shakespeare-Finch and Obst (2011), and thus, validate the factor structure of the scale. Besides, the strength of the relationships between receiving and giving dimensions is substantially weaker than the strength of the relationships between the sub-dimensions of receiving support and those of giving support. This finding also supports the arguments indicating that social support is a multi-dimensional construct of social support.

The correlation analyses revealed that the receiving dimensions of the 2-WSSS, in particular, are highly related to the BSSS. Significant but slightly weaker correlations between the giving sub-dimensions of the 2-WSSS and the BSSS scores were found. This finding is reasonable considering the factor structure if one assumes that giving and receiving support dimensions are distinct. Overall, the results verified the convergence validity of the 2-WSSS.

The relations between altruism and giving sub-dimensions are stronger than the relations between altruism and the receiving sub-dimensions of the 2-WSSS. This finding can be explained by the content of the altruism scale, which predominantly reflects one's willingness to help others, that is, to giving support. The findings suggest the divergent validity of the support scale.

In addition to convergent and divergent validity, the 2-WSSS has predictive validity. In particular, the hierarchical regression analyses conducted on both students and employees' samples show that RES, RIS, and GIS positively predicted LS. These findings indicate that one's sense of LS increases as one gives and receives

emotional and instrumental support, yielding support for the predictive validity of the 2-WSSS.

Predictive validity was also assessed by examining the relationship between PWB and the support dimensions. The results obtained from both samples revealed that the relationship between RES and PWB is positive, suggesting that one's sense of mental well-being increases as one receives emotional support from others. Although being shown to be distinct dimensions of support through factor analysis, giving instrumental or emotional support does not seem to contribute to the prediction of PWB substantially. Besides, quite contrary to the expectations, GES was found to lower the participant's PWB in both examples. This finding seems to parallel the argument that being supportive of others and showing altruistic behaviors might erode one's psychological resources, leading to increased levels of depression. An increasing number of studies (e.g., O'Connor et al., 2002) report that an excess of altruistic or helping behaviors is associated with psychological problems. This finding could also be explained by cultural factors. Although the assessment of multi-dimensional social support in non-Western populations with different cultural orientations is limited, there is also some evidence supporting differences in individualistic and collectivist cultures. For example, Mortenson (1999) found that the Americans, belonging to individualist culture, reported receiving social support as a more appropriate way to cope with problems than did Chinese, as member of collectivist culture. Furthermore, regarding the giving aspect, while the Americans indicated that giving emotional support to a distressed friend as a more appropriate form of assistance, Chinese as collectivists reported the avoidance of communication about the troubling situation in a more appropriate way. As in China, Turkish participants, as being raised in a relatively collectivistic culture, might regard giving emotional support as something inappropriate. Besides, as Mullen and Skitka (2009) found, although individuals from collectivistic society are more familiar with the idea of helping others, this tendency seems to be manifested only to the members of the in-group, rather than everyone. Perceiving giving support as an overwhelming demand and something inappropriate, participants who give emotional support to others might experience less psychological well-being.

Lastly, it is noteworthy to mention that although R^2 change and F change statistics are significant when giving support dimensions are taken into account, the effect sizes (Cohen's f-square) are not remarkably high. It seems that receiving support, either emotional or instrumental contribute much more to the variance of LS and PWB. In other words, the effect sizes of giving support dimensions are substantively low compared to receiving support dimension, when Cohen's f-square criteria are taken into account (Cohen, 1988).

Limitations

The first limitation arises from the data collection method. The use of a self-reporting method is questionable because people's ability to analyze whether they receive or give adequate instrumental and emotional support may be tainted by several unforeseen factors (e.g., perceived stress or depression, undesirable life events).

Also, relying on self-reporting may cause a common method variance (CMV) problem, which could inflate the magnitude of relations (Podsakoff et al., 2003). However, factor analysis suggested the presence of more than one factor, indicating that a common method variance (CMV) problem might not contaminate the results (Podsakoff et al., 2003). Still, we suggest that researchers replicate this study using multiple methods and sources to increase the generalizability of the results.

Despite these limitations, this study hopefully contributes to the literature by adapting the 2-WSSS into Turkish and demonstrating that social support is a multidimensional construct encompassing both giving and receiving aspects.

Disclosure statement

We declare that there is no conflict of interest.

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Compliance of ethical standard statement

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was taken by all participants and anonymity of the answers were ensured.

References

- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5), 300-314. https://doi.org/10.1097/00006842-197609000-00003
- Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd ed.). Lawrence Erlbaum.
- Cropanzano, R., & Mitchell, M. S. (2005). Social exchange theory: An interdisciplinary review. *Journal of Management*, 31(6), 874–900. https://doi.org/10.1177/0149206305279602
- Daglı, A., & Baysal, N. (2016). Adaptation of the satisfaction with life Scale into Turkish: The study of validity and reliability. *Elektronik Sosyal Bilimler Dergisi*, *15* (59), 1250–1262 (Original Work in Turkish). https://doi.org/10.17755/esosder.263229
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. Journal of Personality Assessment, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_ 13
- Gouldner, A. W. (1960). The norm of reciprocity: A preliminary statement. American Sociological Review, 25(2), 161–178. https://doi.org/10.2307/2092623
- Graham, J. M. (2006). Congeneric and (essentially) tau-equivalent estimates of score reliability: What they are and how to use them. *Educational and Psychological Measurement*, 66(6), 930–944. https://doi.org/10.1177/0013164406288165
- Hechavarria, D. M., & Ingram, A. E. (2016). The entrepreneurial gender divide: Hegemonic masculinity, emphasized femininity, and organizational forms. *International Journal of Gender and Entrepreneurship*, 8(3), 242–281. https://doi.org/10.1108/IJGE-09-2014-0029
- Hendryx, M., Green, C. A., & Perrin, N. A. (2009). Social support, activities, and recovery from serious mental illness: STARS study findings. *The Journal of Behavioral Health Services & Research*, 36(3), 320–329. https://doi.org/10.1007/s11414-008-9151-1
- Hofstede, G. (1980). Culture and organizations. International Studies of Management & Organization, 10(4), 15-41. https://doi.org/10.1080/00208825.1980.11656300

- Kapıkıran, S., & Kapıkıran, N. A. (2010). The validity and reliability of the perceived available support scale. *Egitim Bilimleri Fakultesi Dergisi*, 43(2), 51. https://doi.org/10.1501/Egifak_0000001202
- Kessler, R., & Mroczek, D. (1992). An update of the development of mental health screening scales for the US national health interview study. the University of Michigan, Survey Research Center of the Institute for Social Research.
- Krause, N., & Shaw, B. A. (2000). Giving social support to others, socioeconomic status, and changes in self-esteem in late life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 55(6), 323–333. https://doi.org/10.1093/geronb/55.6.S323
- Lee, C. Y. S., & Goldstein, S. E. (2016). Loneliness, stress, and social support in young adulthood: Does the source of support matter? *Journal of Youth and Adolescence*, 45(3), 568–580. https:// doi.org/10.1007/s10964-015-0395-9
- Liang, J., Krause, N. M., & Bennett, J. M. (2001). Social exchange and well-being: Is giving better than receiving? *Psychology and Aging*, 16(3), 511–523. https://doi.org/10.1037/0882-7974.16.3. 511
- Mortenson, S. T. (1999). Cultural variations in emotion and effective emotional support processes: Documenting differences in the experience, expression, and management of emotional distress [Unpublished doctoral dissertation]. Purdue University). https://www.proquest.com/docview/ 276331172.
- Mullen, E., & Skitka, L. J. (2009). Comparing Americans' and Ukrainians' allocations of public assistance: The role of affective reactions in helping behavior. *Journal of Cross-Cultural Psychology*, 40(2), 301–318. https://doi.org/10.1177/0022022108328916
- O'Connor, L. E., Berry, J. W., Weiss, J., & Gilbert, P. (2002). Guilt, fear, submission, and empathy in depression. *Journal of Affective Disorders*, 71(1-3), 19–27. https://doi.org/10.1016/S0165-0327(01)00408-6
- Ostrom, E. (2000). Collective action and the evolution of social norms. *Journal of Economic Perspectives*, 14(3), 137–158. https://doi.org/10.1257/jep.14.3.137
- Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5), 879–903. https://doi.org/10.1037/0021-9010.88.5.879
- Rushton, J. P., Chrisjohn, R. D., & Fekken, G. C. (1981). The altruistic personality and the self-report altruism scale. *Personality and Individual Differences*, 2(4), 293–302. https://doi.org/10.1016/0191-8869(81)90084-2
- Sahin, D. S., Ozer, O., & Yanardag, M. Z. (2019). Perceived social support, quality of life, and satisfaction with life in elderly people. *Educational Gerontology*, 45(1), 69–77. https://doi.org/10. 1080/03601277.2019.1585065
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology*, 44(1), 127–139. https://doi.org/10.1037/0022-3514.44.1.127
- Schulz, U., & Schwarzer, R. (2003). Social support in coping with illness: The Berlin social support scales (BSSS). *Diagnostica*, 49(2), 73–82. https://doi.org/10.1026//0012-1924.49.2.73
- Shakespeare-Finch, J., & Obst, P. L. (2011). The development of the 2-way social support scale: A measure of giving and receiving emotional and instrumental support. *Journal of Personality Assessment*, 93(5), 483–490. https://doi.org/10.1080/00223891.2011.594124
- Shore, L. M., & Wayne, S. J. (1993). Commitment and employee behavior: Comparison of affective commitment and continuance commitment with perceived organizational support. *Journal of Applied Psychology*, 78(5), 774–780. https://doi.org/10.1037/0021-9010.78.5.774
- Stevens, E. S. (1992). Reciprocity in social support: An advantage for the aging family. *Families in Society*, *73*(9), 533–541. https://doi.org/10.1177/104438949207300903
- Strazdins, L., & Broom, D. H. (2007). The mental health costs and benefits of giving social support. International Journal of Stress Management, 14(4), 370. https://doi.org/10.1037/1072-5245.14.4. 370
- Tekes, B., & Hasta, D. Altruism scale: A study of reliability and validity. (2015). *Nesne Psikoloji Dergisi*, 3(6), 55–75. (Original Work in Turkish). https://doi.org/10.7816/nesne-03-06-03