Research

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Adaptation of the Psychosocial Support Scale to Turkish: Validity and Reliability Study

Psikososyal Destek Ölçeğinin Türkçe Uyarlaması: Geçerlik ve Güvenirlik Çalışması

Hüseyin Zahid Kara[1], Hülya Yıldız[1], Umut Solmaz[2], Zeynep Atalay[1]

[1]Sakarya University, Sakarya
[2]Bolu Abant İzzet Baysal University, Bolu

ABSTRACT

Objective: This study aimed to adapt the Psychosocial Support Scale, initially developed by Panzeri et al., into Turkish and evaluate its psychometric properties.

Methods: A methodological research design was used, following standard translation and back-translation procedures. After cultural adaptation, data were collected from adults through an online survey. Confirmatory Factor Analysis (CFA) was conducted to examine whether the original one-dimensional, four-item structure was retained in the Turkish sample. Construct validity and model fit indices served as the primary outcomes.

Results: The CFA supported the original factor structure, with all items loading significantly onto a single psychosocial support dimension. The model demonstrated acceptable fit indices (SRMR = .047; CFI = .994; NFI = .982; GFI = .985; TLI = .982; CMIN/DF = 1.447; RMSEA = .067). These findings suggest that the adapted scale accurately reflects the theoretical foundation of the original instrument and is suitable for assessing perceived psychosocial support. The results also demonstrate that the scale offers a concise and practical tool for use in both the general population and research settings.

Conclusion: The Turkish adaptation of the Psychosocial Support Scale is a valid and reliable measurement tool. Its brevity and conceptual clarity make it suitable for evaluating the extent to which individuals perceive psychosocial support from their environment.

Keywords: Psychosocial, support, adaptation, scale

ÖZ

Amaç: Bu çalışma, Panzeri ve arkadaşları tarafından geliştirilen Psikososyal Destek Ölçeği'nin Türkçeye uyarlanmasını ve psikometrik özelliklerinin değerlendirilmesini amaçlamıştır.

Yöntem: Araştırma, standart çeviri ve geri çeviri adımlarını içeren metodolojik bir tasarıma dayanmaktadır. Kültürel uyarlamanın ardından veriler yetişkin katılımcılardan çevrim içi anket yoluyla toplanmıştır. Ölçeğin orijinaldeki tek boyutlu ve dört maddeli yapısının korunup korunmadığını incelemek için Doğrulayıcı Faktör Analizi (DFA) yapılmıştır. Yapı geçerliliği ve uyum indeksleri temel değerlendirme ölçütleri olarak kullanılmıştır.

Bulgular: DFA sonuçları, tüm maddelerin tek bir psikososyal destek boyutuna anlamlı şekilde yüklendiğini göstermiştir. Model uyum indeksleri kabul edilebilir düzeydedir (SRMR = .047; CFI = .994; NFI = .982; GFI = .985; TLI = .982; CMIN/DF = 1.447; RMSEA = .067). Bulgular, ölçeğin Türkçe formunun kuramsal temele uygun olduğunu ve algılanan psikososyal desteğin değerlendirilmesinde kullanılabileceğini göstermektedir. Ölçek, genel toplum ve araştırma ortamlarında kullanılabilecek kısa ve işlevsel bir araç niteliği taşımaktadır.

Sonuç: Psikososyal Destek Ölçeği'nin Türkçe uyarlaması geçerli ve güvenilir bir ölçme aracıdır. Ölçeğin kısa olması ve kavramsal açıdan açık bir yapıya sahip olması, bireylerin çevrelerinden aldıkları psiko-sosyal desteğin değerlendirilmesini kolaylaştırmaktadır.

Anahtar sözcükler: Psikososyal, destek, uyarlama, ölçek

Address for Correspondence: Hüseyin Zahid Kara, Sakarya University, Faculty of Humanities and Social Sciences, Department of Social Work, Sakarya, Türkiye **e-mail:** zkara@sakarya.edu.tr

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Introduction

Psychosocial support is a set of interventions designed to comprehensively assess individuals' needs and optimize their well-being in crises (UNICEF 2005, INEE 2010). Rather than constituting a form of medical or psychiatric treatment, this type of support is an urgent and comprehensive process intended to strengthen the coping capacities of individuals, families, and communities following disasters, serious illnesses, or societal traumas (UNICEF 2005; Mağden et al. 2008, IFRC 2009a). The primary objective is to enable individuals whose lives have been disrupted to return to a state of "normalcy" (INEE 2018). Within this scope, individual counseling and group interventions support the recovery process by enhancing the individual's competence and self-worth (Russell 2004, APA 2018a).

The multidimensional nature of psychosocial support necessitates a holistic approach in measurement and evaluation processes. In this regard, the biopsychosocial model provides the most comprehensive assessment framework, addressing an individual's health and recovery process through the interaction of biological, psychological, and social factors (Engel 1977, Engel 2012). Instead of drawing strict boundaries between health and illness, the model evaluates the individual's need for support in conjunction with their social and cultural context (Smith 2021, Saxena et al. 2022). Although challenges regarding its implementation are debated (Williamson 2022, Roberts 2023), it is evident that the model's holistic structure is empirically supported and holds a significant place in mental health services in Turkey (Oral and Tuncay 2012, Bolton 2023). Therefore, adopting a biopsychosocial-based approach to measure the effectiveness of psychosocial support interventions is critical for bridging the gap between practice and theory.

A review of the literature reveals a limited number of original tools specifically designed to measure psychosocial support. While studies specific to particular contexts exist in the English literature (Zimet et al. 1988, Bussmann et al. 2023), the lack of a direct and brief measurement tool for "psychosocial support" was highlighted by Panzeri et al. (2023), leading to the development of the scale that is the subject of this study. In the Turkish literature, the vast majority of adaptation studies appear to focus on the concept of "perceived social support" (Duru 2007, Meral and Cavkaytar 2013, Boz-Semerci and Tayfur-Ekmekçi 2020). However, although the terms "social support" and "psychosocial support" are often used interchangeably, they are distinct in both theoretical and practical realms.

This distinction constitutes the fundamental rationale for the current study: While social support refers to informal assistance received from an individual's natural environment (family, friends, etc.) (APA 2018b, Drageset 2021), psychosocial support encompasses planned interventions structured by mental health professionals that holistically address an individual's psychological and social needs (IASC 2007, IFRC 2009b, Sargın and Demirelli 2023). Existing social support scales remain insufficient in measuring the competence and outcomes of psychosocial support, which is a professional intervention process. In this context, adapting the scale developed by Panzeri et al. (2023), which is based on the biopsychosocial model and aims to measure the professional support process, into Turkish will address a significant measurement gap in the field.

Consequently, the aims of this study are to adapt the Psychosocial Support Scale into Turkish, to examine its factorial structure and construct validity using exploratory and confirmatory factor analyses, and to evaluate its internal consistency reliability. In line with these aims, it is hypothesized that the Turkish form of the Psychosocial Support Scale will exhibit a valid structure consistent with the factor structure of the original scale.

Method

Sample

The present study adopted a methodological approach, and the inclusion criterion for participants was determined as being 18 years of age or older, in line with recommendations for methodological studies (Boateng et al. 2018). Within this framework, the eligibility criteria included having access to online

environments, being aged 18 years or above, and possessing adequate literacy skills. Conversely, individuals who lacked access to social media and online tools, were under the age of 18, or did not have sufficient literacy skills were excluded from the study.

In this study, a convenience sampling method was employed to recruit participants who were readily accessible and met the inclusion criteria. Convenience sampling is widely used in scale adaptation studies due to its ease of implementation and efficiency in situations where random sampling is impractical or unfeasible. Although this non-probability sampling method limits the generalizability of the findings, it is considered appropriate for preliminary validation stages in psychometric research (Creswell & Creswell 2018). Based on the inclusion criteria, 300 out of 327 participants were included in the study.

Measures

Participant Information Form

This form was used to collect demographic information regarding participants' age, educational background, and income level, to describe the characteristics of the sample.

Psychosocial Support Scale

The Psychosocial Support Scale, developed by Panzeri et al. (2022), is a four-item, unidimensional instrument designed to assess individuals' perceptions of psychosocial support. The scale has been reported to apply to both trauma-exposed individuals and the general population; therefore, the present study included participants regardless of specific problem areas. The findings of this study supported a factor structure consistent with the original scale, with identical factor loadings.

Procedure

This study was approved by the Human Research Ethics Committee of the Institute of Social Sciences at Sakarya University (Date: April 6, 2023, Decision No: 56/12). Prior to data collection, all participants were thoroughly informed about the aims and scope of the research. Informed consent was obtained from all individual participants, emphasizing that their participation was entirely voluntary and their responses would be kept strictly confidential.

Both online and face-to-face procedures were employed in the implementation of the study. Data collection was conducted face-to-face during the expert review phase, whereas the pilot testing, exploratory factor analysis (EFA), and confirmatory factor analysis (CFA) stages were carried out online. In this context, pilot testing primarily aims to evaluate item clarity, comprehensibility, and response processes, and relatively small samples are generally considered sufficient for this purpose. While Boateng et al. (2018) indicate that pilot studies may be conducted with approximately 10–15 participants, Johansson et al. (2010) recommend that pilot studies include a sample of at least 30 participants to ensure adequate feedback and variability. Accordingly, in the present study, the pilot phase was conducted with 50 participants to enhance the robustness of item evaluation while preserving its formative nature. For factor analytic procedures, the literature further recommends either a minimum of 10 participants per item or an absolute sample size of 200–300 cases, particularly for confirmatory factor analysis (CFA) (Boateng et al. 2018). In addition, Sapnas and Zeller (2002) note that a sample size of 50–100 participants may be sufficient for exploratory factor analysis (EFA), particularly for scales with a limited number of items. In line with these recommendations, exploratory factor analysis was conducted with 100 participants, and confirmatory factor analysis was performed on an independent sample of 300 participants to provide a robust evaluation of factorial validity and overall model fit.

All data collection procedures throughout these stages were conducted online using Google Forms. Participants were recruited through social media platforms and messaging applications, and the study was disseminated via relevant online groups using a brief invitation message outlining the purpose of the research, voluntary participation, and confidentiality assurances. The questionnaire consisted of a single structured form distributed across multiple screens to enhance usability and comprised a total of five

items. All items were set as mandatory to minimize missing data, and participants were allowed to review and modify their responses prior to submission. On average, the survey required approximately five minutes to complete. No financial or material incentives were provided to participants. All 300 participants who initiated the survey completed it in full; therefore, no missing data were observed in the dataset. To prevent multiple submissions from the same individual, technical precautions were implemented, including restricting responses to one per device/IP address and limiting repeated access through browser-based controls.

Individuals aged 18 and older were selected for the sample. The use of online surveys, such as Google Forms, offers advantages including ease of access, time efficiency, and the ability to reach a wide range of participants regardless of their location. However, online data collection also presents limitations, such as reduced control over the testing environment, potential misunderstandings of items without researcher assistance, and risks related to social desirability bias or low respondent motivation (Evans and Mathur 2005, Wright 2005).

The predominance of female and young participants in the sample can be attributed to the nature of online self-report data collection and the psychosocial focus of the study, both of which tend to elicit higher engagement from these groups. Moreover, given that the primary aim of the study was psychometric evaluation rather than population-level generalization, such demographic clustering does not undermine the assessment of factorial structure and internal consistency.

This study was conducted in a digital environment rather than a physical setting, utilizing online questionnaires structured by the researchers. The data collection process was carried out via the Google Forms platform. The reliability of the forms and the accounts hosting the data is ensured within the scope of Google Workspace infrastructure and Gmail account security procedures (e.g., two-step verification, end-to-end encryption, and unauthorized access restrictions). The implementation of the research, the distribution of survey links to participants, and the management of the data collection process were directly carried out by a team of academics from the Social work department who are experienced in mental health, clinical practices, and scale development. To prevent data security breaches, only this authorized research team was permitted to control the forms and prepare the obtained dataset for analysis.

Translation and Adaptation Process

This study aims to adapt the Psychosocial Support Scale, developed by Panzeri et al. (2023), for use in Turkish culture. The translation and adaptation process was conducted in strict accordance with the "ITC Guidelines for Translating and Adapting Tests" (ITC 2017). Initially, to ensure linguistic equivalence, three academicians proficient in both English and Turkish translated the scale into Turkish (TD-1). Subsequently, three different independent academicians conducted a back-translation of the scale to verify conceptual accuracy (TD-2). Finally, expert opinions were obtained from two academicians familiar with both Turkish and English cultures to minimize cultural differences (PC-3).

Content Validity

Following the translation and cultural adaptation phase, content validity was examined to determine whether the Turkish items adequately represented the construct of psychosocial support. Obtaining and evaluating expert opinions is considered an essential step to ensure that the items adequately represent the construct being measured (Reynolds et al. 2010).

In this context, a panel of ten experts was formed. These experts possessed academic and/or professional experience in the fields of psychosocial support, mental health, clinical practice, and social work. Experts were selected based on the following operational criteria: (a) holding at least a master's degree in a relevant field, (b) having a minimum of five years of professional or academic experience related to psychosocial support or mental health, and (c) possessing prior experience in scale development, adaptation, or clinical practice. The experts had an average of 8.4 years of professional experience in their respective fields, ensuring that the evaluations were grounded in both theoretical and applied knowledge.

The experts were instructed to assess each item in terms of clarity, appropriateness of wording, and conceptual adequacy. They were also encouraged to provide written comments and suggestions for improvement. Based on these expert evaluations, the Content Validity Ratio (CVR) was calculated using Lawshe's (1975) formula:

KGO=(Nu-N/2)/(N/2)

Equation 1. Calculation formula for content validity ratio

This equation represents the number of experts who agree that the item is relevant to the construct (N) and the total number of experts providing feedback. Using the equation, this study calculated the content validity ratio (CVR) for each item. The CVR must fall within the range of -1 to +1. A ratio approaching -1 indicates absolute rejection. To account for potential margins of error, the maximum acceptable CVR value is considered to be .99 (Yeşilyurt and Çapraz 2018). An acceptable validity ratio is determined based on the number of experts consulted. In this context, values of .800 or higher are deemed acceptable for validity (Ayre and Scally 2014).

The scale items are appropriate when the content validity index equals or exceeds the CVR in candidate scale forms (Çam and Arabacı 2010). The analyses conducted in this study revealed that all items had a content validity ratio above .80, indicating that the content validity of the scale items was achieved.

Pilot Study

After confirming the content validity, a pilot study was conducted with 50 participants (aged 18-25) enrolled in a state university to evaluate the clarity, comprehensibility, and overall suitability of the scale items, in line with ITC guidelines (TD-3, TD-5). During a 50-minute session, participants were encouraged not only to complete the scale but also to share their thoughts on any expressions they found ambiguous, redundant, or difficult to interpret. This qualitative feedback ensured that potential issues were identified before the main data collection. Based on the feedback, minor wording changes were made to enhance readability; for instance, the expression "Someone helped me solve my personal problems" (Biri kişisel problemlerimi çözmeme yardım etti) was revised to "Someone helped me solve my personal problems" (Birisi kişisel sorunlarımı çözmeme yardım etti) to prevent ambiguity. This change was made because the Turkish word "sorun" resonates more naturally with emotional contexts than "problem".

In addition to the qualitative assessment, item-total correlation analysis and a preliminary reliability test (Cronbach's Alpha) were performed on the pilot data to examine statistical soundness. The item-total correlations ranged from .706 to .848, indicating that each item was strongly related to the overall scale score. Furthermore, the Cronbach's Alpha coefficient was calculated as .856, indicating a high level of internal consistency even at the pilot stage.

Statistical Analysis

In this study, the research was conducted in accordance with the established stages of the scale development process, from initial design to finalization. First, a comprehensive literature review was carried out to define the conceptual framework, and expert opinions were obtained. Subsequently, an initial item pool was generated and further refined based on expert feedback. Following the evaluation of expert opinions and the establishment of content validity, a pilot study was conducted. After performing item analysis on the pilot data, problematic items were removed from the scale. Thereafter, exploratory factor analysis (EFA) was performed to establish the construct validity of the scale, and confirmatory factor analysis (CFA) was conducted to verify the factor structure. Following the completion of reliability analyses, the final version of the scale was established. Descriptive statistics and reliability analyses were conducted using IBM SPSS Statistics version 25.0 (IBM SPSS, Turkey). Additionally, AMOS 24.0 was employed to perform confirmatory factor analysis (CFA) to evaluate the scale's construct validity. The fit indices used in the CFA included CFI, TLI, NFI, GFI, RMSEA, and SRMR. Before the primary analyses, distributional assumptions were examined to assess the suitability of the data for parametric procedures. To determine the suitability of the data for parametric analyses, both univariate and multivariate distributional assumptions were examined. Skewness and kurtosis values were inspected as descriptive

indicators of univariate distributional characteristics and were found to fall within the commonly accepted ±2 range, suggesting no severe departures from normality. In addition, the Kolmogorov–Smirnov test was examined, acknowledging its sensitivity to sample size. Multivariate normality was assessed using Mardia's coefficient, and the multivariate kurtosis critical ratio was found to be below the commonly recommended threshold, indicating no substantial deviation from multivariate normality. Taken together, these findings suggest that the data did not exhibit significant non-normality; therefore, the use of Maximum Likelihood (ML) estimation in the confirmatory factor analysis was considered appropriate. In addition to Cronbach's alpha coefficient, composite reliability (CR), average variance extracted (AVE), and McDonald's ω coefficients were calculated to assess the scale's reliability and validity. These additional analyses were conducted to address critiques that alpha alone may be insufficient, particularly in the case of short scales. Values above .90 were considered acceptable for CFI and TLI, while an SRMR value below 0.08 was taken as the threshold (Hu and Bentler 1999). Item-total correlations and Cronbach's alpha values were also calculated. Descriptive statistics were presented as frequencies, percentages, means, and standard deviations.

Results

A subsequent evaluation of the participants' demographic information revealed that 87.0% of the subjects were female and 13.0% were male. Furthermore, 84.0% of the subjects were single, while 16.0% were married. Regarding income level, 57.0% of the subjects reported a middle income, 24.0% reported a lower-middle income, and 12.0% reported an upper-middle income. Furthermore, it was observed that 50.0% of the participants had previously received psychosocial support, and the average age of the sample was 24.17 years.

Item Total Correlation

To ascertain the item-total correlation of the scale, it is first necessary to calculate the item-total correlation coefficient, the value of which must be above .30 (Alpar 2013). An analysis of the item-total correlation was conducted for the scale items in both the pilot and primary studies, revealing a range of .57 to .84. This indicates that the items are suitable for analysis (Table 1).

Table 1. Item total correlations

Scale Item	Pilot Study Item Total Correlation	Main Study Item Total Correlation
PSS-1	.785	.739
PSS-2	.848	.767
PSS-3	.706	.579
PSS-4	.721	.714

PSS=Psychosocial Support

Structure Validity

An Exploratory Factor Analysis (EFA) was conducted to examine whether the factor structure of the scale in the Turkish sample was consistent with the theoretically defined structure of the original version, in line with standard practices in scale adaptation studies (Arafat et al. 2016). Exploratory Factor Analysis (EFA) was conducted without imposing a fixed factor structure. The number of factors was determined based on eigenvalues greater than one and the theoretical framework of the original scale. The results supported a single-factor solution consistent with the original factor structure. The analysis revealed that the KMO and Bartlett's values exceeded .70, and the significance value was below .05, indicating that the scale was suitable for factor analysis (Tabachnick and Fidell 2015). According to factor analysis, the item loadings should be above .32. The study demonstrated that the item loadings exceeded this threshold (Table 2).

Following the execution of the EFA analysis, a Confirmatory Factor Analysis (CFA) was conducted to ensure the validity of the scale's structure. The conceptual model of the scale was subjected to a test of fit statistics using CFA. According to the confirmatory factor analysis results, the structural equation modeling results of the scale were found to be statistically significant at the p = 0.000 level, indicating that

the scale was consistent with its current one-factor structure (Factor 1: Psychosocial Support). Confirmatory Factor Analysis (CFA) results showed that standardized factor loadings ranged between .62 and .86, while error variances were estimated accordingly. Squared multiple correlations (R^2 values) ranged between .39 and .74, indicating acceptable item reliability. No post-hoc error covariances were added, as the one-factor structure already provided an adequate fit. The overall model fit indices were within acceptable thresholds (Table 3).

Table 2. Exploratory factor analysis of the scale

Factors	Items	Factor Loadings	Factor Explained	Alpha
Psychosocial Support	PSS-2	.882	69.811	.856
	PSS-1	.864		
	PSS-4	.847		
	PSS-3	.742		
Total Explained Variance			69.811	
KMO Measure of Sampling Adequacy				0.815
Bartlett's Test of Sphericity			Chi-Square	176.419
			Degrees of Freedom	6
			Significance (Sig).	0.000

PSS=Psychosocial Support, Rotation Method: Direct Oblimin

Table 3. Fit indices

Indices	Acceptable Value	Indices in the Scale
SRMR	<0.08	.047
CFI	>0.90	.994
NFI	>0.90	.982
TLI	>0.90	.982
GFI	>0.90	.985
CMIN/DF	<5	1.447
RMSEA	<0.08	0.067

(Zyphur et al. 2023). RMSEA= Root Mean Square Error of Approximation, NFI= Normed Fit Index, CFI= Comparative Fit Index, SRMR= Standardized Root Mean Square Residual, TLI= Tucker-Lewis Index, CMIN/DF= Chi-square fit index, GFI= Goodness of Fit Index

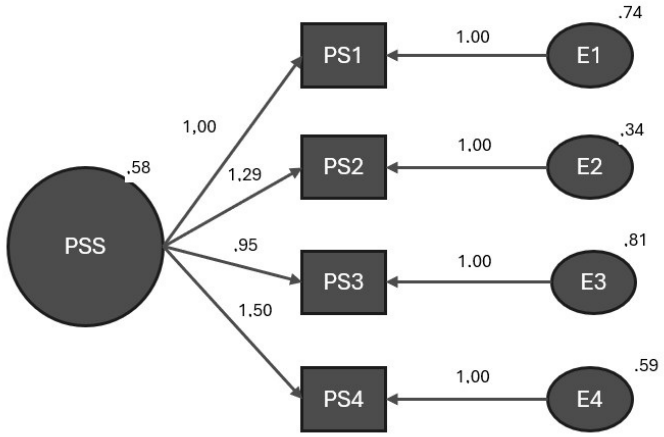

Figure 1. Psychosocial Support Scale path diagram
PSS: Psychosocial Support Scale

A subsequent review of the fit indices showed that the scale met the acceptable fit criteria, with SRMR = .047, CFI = .994, NFI = .982, GFI = .985, TLI = .982, CMIN/DF = 1.447, and RMSEA = .067 (Zyphur et al., 2023). Regarding construct validity, the standardized factor loadings of the items ranged between .62 and .86. The composite reliability (CR) was .83, the average variance extracted (AVE) was .56. Mcdonald's ω was .83. The mean inter-item correlation (AIC) was calculated as .55. These findings indicate that, despite its brevity, the scale provides acceptable levels of composite reliability and convergent validity. Notably, the

AVE value being above .50 demonstrates that the variance explained by the construct exceeds the error variance. The results are presented in Table 3 and Figure 1.

Reliability

The reliability assessment of the Turkish adaptation yielded a Cronbach's alpha coefficient of .856, indicating strong internal consistency among the items (see Table 2). In addition, composite reliability (CR) was calculated as .83, and McDonald's omega (ω) reliability coefficient was also .83, providing further evidence of internal consistency beyond Cronbach's alpha. The average variance extracted (AVE) was .56, indicating adequate convergent validity, as the variance explained by the construct exceeded the error variance. The mean inter-item correlation (AIC) was .55, suggesting a coherent relationship among items despite the brevity of the scale. Descriptive analyses showed that item mean scores ranged from 2.81 to 3.56. Examination of skewness and kurtosis values indicated that the data did not exhibit substantial deviations from normality, supporting the assumptions required for the analyses conducted.(see Table 4).

Table 4. Data related to the scale

Scale Items	Mean	Std. Deviation	Skewness	Kurtosis
I felt that others helped me.	3.02	1.155	-.160	-.909
I felt that others understood me.	2.81	1.143	-.114	-.855
I could talk to others.	3.56	1.157	-.667	-.310
Someone helped me solve my personal problem.	2.83	1.378	-.018	-1.348

Discussion

Throughout the life course, individuals may be exposed to a wide range of distressing or disruptive experiences that can adversely affect their well-being and undermine their capacity to utilise personal and social resources. Within this context, psychosocial support encompasses a range of internal and external processes designed to enhance coping capacities, strengthen self-efficacy, and promote psychological and social well-being. The growing body of empirical research demonstrates that psychosocial support has been examined across diverse population groups, including its role in mental health during childbirth (Khan et al. 2023), caregiver burden (Treanor 2020), migrant families (Hjern 2023), families of individuals with disabilities (Craig et al. 2020), cancer patients (Lingens et al. 2021), and humanitarian aid settings (Tol et al. 2023). Similarly, studies conducted in Türkiye have explored psychosocial support among individuals with substance use disorders (Düzel and Sevinçli Bayram 2024), professional athletes (Afacan and Demir 2022), disaster response professionals (Yavrutürk 2024), as well as through qualitative inquiries into professional perspectives (Aşık and Yıldırım 2024). Despite this expanding literature, the availability of brief, conceptually focused measurement tools remains limited, particularly within the Turkish context. In this regard, the present study contributes to the field by adapting the Psychosocial Support Scale developed by Panzeri et al. (2023), thereby providing a psychometrically supported instrument that may facilitate quantitative and mixed-methods research on psychosocial support processes in Türkiye, while acknowledging the need for further validation across more diverse and clinically relevant samples.

To examine the construct validity of the scale, exploratory and confirmatory factor analyses were conducted in line with established methodological recommendations (Tabachnick and Fidell 2015). The exploratory factor analysis performed on an independent sample supported the preservation of the original one-factor structure, indicating that the items coherently represent a single underlying construct of psychosocial support. The absence of item elimination and the proportion of explained variance suggest a stable and parsimonious factor solution, consistent with the conceptual framework proposed by the original developers. Furthermore, the observed factor loadings fell within acceptable ranges (Hair et al. 2019, Tavakol and Wetzel 2020), providing additional support for the internal coherence of the scale. The reliability analysis yielded a Cronbach's alpha coefficient exceeding the commonly accepted threshold (Kline 2015), indicating adequate internal consistency for a brief, unidimensional measure. Taken together, these findings suggest that the Turkish version of the scale retains its intended structural properties, while

also underscoring the need to interpret psychometric results for short scales with appropriate methodological caution.

In the second stage of the research, confirmatory factor analysis (CFA) was conducted on the third sample (n3 = 300). The study yielded model fit values within the desired range, thereby confirming the one-factor structure of the scale (SRMR=.047, CFI=.994, NFI=.982, GFI=.985, TLI=.982, CMIN/DF=1,447 and RMSEA=.067). Although ML estimation was employed due to the acceptable distributional characteristics of the data, future research may benefit from testing the model with robust estimation methods (e.g., Satorra–Bentler corrected ML, MLR, or WLSMV), which are recommended in the literature for short scales and in cases of potential non-normality.

In conclusion, the data obtained from translation, linguistic equivalence, validity, reliability, and item analysis studies during the adaptation process of the Psychosocial Support Scale developed by Panzeri et al. (2023) revealed that the scale can be considered valid and reliable in terms of Turkish language and culture. Although the four-item, single-factor structure inherently limits the informational value of factor analyses, the acceptable CR, AVE, and McDonald's ω values partly compensate for this limitation. The slightly lower item–total correlations observed in the main study compared to the pilot phase may be attributed to differences in sample size and sample heterogeneity. While the pilot study was conducted with a relatively homogeneous group, the main sample included a more diverse participant profile, which may have introduced greater variability in response patterns. Nevertheless, all item–total correlations in the main study remained above the recommended threshold, indicating that the items continued to contribute adequately to the overall construct. These results suggest that the scale offers both practical ease of administration and adequate psychometric soundness, as evidenced by its reliability and validity. Nevertheless, caution should be exercised when interpreting model fit indices for short scales, and further validation with diverse samples and alternative methods is recommended.

While the current findings provide strong initial support for the scale's utility, several specific limitations of the present study must be acknowledged to contextualize these results. First, the sample exhibited noticeable demographic imbalances, particularly in terms of gender and age distribution. The predominance of young and female participants may limit the generalizability of the findings to broader and more diverse populations. Although such demographic clustering is standard in online, self-report studies, it should be considered when interpreting the results. Second, while the Psychosocial Support Scale was originally developed and initially applied in clinical and emergency-related contexts, its developers explicitly stated that the instrument is also suitable for use in the general population. In line with this scope, the present study focused on a non-clinical sample of adults. Nevertheless, the absence of a clinically diagnosed or trauma-exposed subgroup limits the extent to which the findings can be generalized to clinical settings. Future studies should examine the scale's psychometric properties in specific clinical and trauma-related populations. Third, the scale consists of only four items, which may partly explain the very high model fit indices observed (e.g., CFI = .994). In short scales, exceptionally high fit values can sometimes reflect item redundancy or conceptual overlap rather than superior model quality. Although additional reliability indices (CR, AVE, and McDonald's ω) were reported to mitigate this concern, caution is warranted when interpreting fit indices derived from highly parsimonious measurement models. Finally, several methodological limitations should be noted. The use of convenience sampling and online data collection may have introduced sampling and self-selection biases, as participation was limited to individuals with internet access and willingness to complete an online questionnaire. Additionally, the study did not assess test–retest reliability or convergent validity, which limits the conclusions regarding the temporal stability of the scale and its associations with related constructs. Future research should address these limitations by employing longitudinal designs, multi-method validation strategies, and more heterogeneous samples to further strengthen the evidence for the scale's psychometric robustness. Notwithstanding these methodological constraints, the overall psychometric evaluation confirms that the current adaptation provides a viable foundation for future studies.

The Psychosocial Support Scale was adapted for Turkish culture, retaining a single-factor and four-question structure. The scale was presented in the literature as a measurement tool that can be used in

scientific studies conducted in Turkey, which require measuring the psychosocial support levels of individuals.

Conclusion

The findings obtained throughout the adaptation process—including translation, linguistic equivalence, validity, reliability, and item-level analyses—indicate that the Psychosocial Support Scale developed by Panzeri et al. (2023) demonstrates appropriate psychometric qualities for use in Turkish language and cultural contexts. The Psychosocial Support Scale was adapted for Turkish culture, retaining a single-factor and four-question structure. The scale was presented in the literature as a measurement tool that can be used in scientific studies conducted in Turkey, which require measuring the psychosocial support levels of individuals. Given its brief and practical nature, future studies are encouraged to utilize this scale in rapid assessment contexts, such as post-disaster screening or routine psychosocial evaluations. Furthermore, incorporating this tool into longitudinal designs and comparative research will help elucidate the protective role of psychosocial support across different vulnerable groups, ultimately contributing to a more comprehensive understanding of psychosocial well-being in diverse practice settings.

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Addendum 1. Turkish Version of Psychosocial Support Scale

Instructions

Read each of the following statements and select the answer that best reflects how you have been feeling over the past 15 days, including today..

Item	1	2	3	4	5
PS-1 Başkalarının bana yardım ettiğini hissettim.					
PS-2 Başkalarının beni anladığını hissettim					
PS-3 Başkalarıyla konuşabiliyordum					
PS-4 Birisi kişisel sorunlarımı çözmeme yardım etti.					

1 = Kesinlikle katılmıyorum, 2 = Katılmıyorum, 3 = Kararsızım, 4 = Katılıyorum, 5 = Kesinlikle katılıyorum.

Scoring

To calculate the total score, add up the scores for each item. As the scores obtained from the scale increase, the perceived level of psychosocial support also increases.

The lowest possible score on the scale is 5, and the highest is 20.