

PARENT-TO-PARENT SUPPORT PERCEPTION SCALE FOR FAMILIES WITH CHILDREN WITH DISABILITY: SCALE DEVELOPMENT STUDY

Prof. Dr. Meltem KURTUNCU

Department of Pediatric Nursing, Faculty of Health Sciences, Zonguldak Bulent Ecevit University, meltemipekkurtuncu@gmail.com
Zonguldak / Turkey
ORCID: 0000-0003-3061-5236

Lect. Dr. Nurten ARSLAN

Department of Pediatric Nursing, Faculty of Health Sciences, Zonguldak Bulent Ecevit University, anurtenarslan@gmail.com
Zonguldak / Turkey
ORCID: 0000-0003-1980-5661

Abstract

Background: Social support is the entirety of perceptions that make an individual feel that he/she is cared for, loved, trusted and valued within a network of mutual responsibility and communication. Research carried out on the subject of perceived social support have generally focused on how social support reduces or prevents stress and contributes to developing positive coping skills.

Purpose: This study was conducted to evaluate the perceptions of the social support that families with children with disability expect from each other and to develop a culture-specific scale for this purpose as a contribution to the literature.

Methods: This study was conducted in special education and rehabilitation centers in Zonguldak, Turkey. The study sample consisted of 420 parents who had a child or children enrolled at the centers and who had consented to participate. Data were collected using the Parent-to-Parent Support Perception Scale for Families with Children with Disability. The validity of content and construct was examined to evaluate the validity of the parent-to-parent support perception scale. Cronbach's alpha was used to assess internal consistency reliability.

Results: A 43-item pool of items was created for a 4-point Likert-type scale in the light of the literature in order to assess the support perceptions of parents with children with disability. After content validity was assessed by a panel of eight specialists, the number of items was determined to be 30. In the construct validity testing, the KMO value was 0.91 and Bartlett's sphericity test resulted in 6134.24 ($p = 0.001$). The results of the factor analysis indicated a scale with 24 items, four factors, where $R^2 = 62.33\%$. The total Cronbach's alpha value for the scale is 0.94.

Conclusions: According to the results of the analysis, the developed scale was found to have excellent validity and reliability for families with children with disability.

What is currently known?

When the literature is examined, there is no measurement tool that measures the perception of support from family to family for families of children with disabilities.

What does this article add?

The developed scale was found to have excellent content and construct validity and reliability for families with children with disability.

Keywords: Parent-to-Parent Support Perception Scale, parents of children with disability, social support

1. INTRODUCTION

The existence of a disability causes perceptions of personal insufficiency and impairment and brings with it psychosocial issues that affect each member of a family (Hockenberry & Wilson, 2003; Laghi et al., 2018; Sarıcam et al., 2020). When an individual with a disability joins the family, feelings of inadequacy and of not being able to cope arise and there are breakdowns in family and social functionality (Hockenberry & Wilson, 2003; Laghi et al., 2018; Küçük & Alemdar, 2018). It has been found that parents with children with a disability who have developmental difficulties and need special education experience a significant increase in their levels of stress (Chien et al., 2017), continuous anxiety (Durukan et al., 2018; Halstead et al., 2018), depression (Halstead et al., 2018; Chan et al., 2017; Ghosh & Parish, 2013) and hopelessness (Laghi et al., 2018; Halstead et al., 2018).

Parents with a child with a disability have stated that they need more psychosocial support as a result of living with the disability and in particular, they have revealed that mothers experience a greater increase in the degree of their stress, anxiety and depression compared to fathers (Ghosh & Parish, 2013; Riechmann et al., 2019). In a study they conducted with the parents of children with autism and Down Syndrome, Dabrowska and Pisula (2010) found that mothers had higher stress levels than fathers. Dardas and Ahmad (2015) reported similar results in their research with the families of autistic children. Stress, anxiety, depression and other psychosocial problems that prevail in families with children with disability can be reduced with coping mechanisms and psychological support (Durukan et al., 2018; Halstead et al., 2018; Peer & Hillman, 2014).

Social support is the entirety of perceptions that make an individual feel that he/she is cared for, loved, trusted and valued within a network of mutual responsibility and communication. Research carried out on the subject of perceived social support have generally focused on how social support reduces or prevents stress and contributes to developing positive coping skills (Tariq et al., 2020; Benson, 2020; Marsack & Samuel, 2017), and on how emotional support is especially important for parents (Halstead et al., 2018; Goedeke et al., 2019). Articles have also pointed to how financial support (Benson, 2020; Marsack & Samuel, 2017), as well as caregiving support is helpful in coping with issues (Marsack & Samuel, 2017; Goedeke et al., 2019), also that inadequate social support leads to various psychological problems in parents, including burnout and stress (Marsack & Samuel, 2017; Goedeke et al., 2019) and that adequate social support increases satisfaction with life (Marsack & Samuel, 2017; Lu et al., 2018). Hockenberry and Wilson (2003) have reported that parent-to-parent support programs developed for the parents of children with disability result in enhanced perceptions of support as a result of the support families receive from parents who are more experienced in living with children with disability. In the study by Hsiao (2018), the author asserted that parents are helped to a greater degree by other parents. Parents with children with disability experience issues such as social isolation because of the heavy burden of caring for their child and not being able to leave the child at home alone (Hockenberry & Wilson, 2003, Goedeke et al., 2019; Lu et al., 2018; Karaman & Efiltili, 2019).

In a study in which Singer et al. (1999) developed a parent-to-parent support program, the authors examined the participants' skills in coping with problems as well as their attitudes and approaches.

The results of this study support the value of parent-to-parent self-help programs as one component of a family support system²¹. Mirza et al. (2018) conducted similar research, this time with the families of children with special needs, reporting that parents revealed that they were positively helped by other families (Riany et al., 2017).

Interviews with the parents of autistic children were conducted in a study that took place in China. Parent-to-parent support formed the basis of this study. In particular, parents of children with disabled stated that they would be better supported by parents who had similar experiences. Two elements were stressed with respect to the importance of parent-to-parent support: the opportunity to learn from each other, and to gain moral support and encouragement by interacting with others in a more equal relationship that is less discriminatory than what can be expected from others in society (Riany et al., 2017; Kutash et al. 2011) devised a parent-to-parent support program for the parents of children with disabled and in this study, the authors emphasized that the support families received from each other was particularly meaningful for all those involved. Implications for future research in the area of parent-to-parent support are provided in our conclusions.

There are various studies in this area published in the international literature. On the other hand, our review of the national and international literature did not reveal the existence of a study on the validity and reliability of an instrument designed to measure perceived support among parents with children with disability. Studies should be conducted to assess the perception of support families expect from each other in the efforts made to bring families together to socialize. The difficulties individuals face as the parents of a child with disability can thus be reduced so that they are better enabled to make use of methods of coping. This study sought to evaluate the perception of social support parents of children with disability expect to receive from each other. It is toward this aim that a culture-specific measuring tool was developed and tested for validity and reliability as a contribution to the literature.

2. METHODS

2.1. Design and participants

The study was conducted at two private training and rehabilitation centers providing private education and rehabilitation in the city center of the province of Turkey. The private training and rehabilitation centers provide education six times a week. These centers offer their services to all individuals with a disability.

2.1.1. Setting and Sample

The study population consisted of a total of 440 individuals attending either of the rehabilitation centers to receive private education and rehabilitation training. From this universe, 420 parents were selected for the sample from among volunteers willing to participate in the study, as determined at an unknown frequency with 5% probability and a 95% confidence interval. The sample's rate of representation of the universe is 95.45%. The study was carried out at the centers over the period December 1, 2018-July 31, 2019 with consenting parents who had a child/children enrolled in the center at the time of the study. The size of the sample in this study for Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) was determined to be at least 10 participants for each item (10:1; $n = 420$) on the measure (Hayet & Coutts, 2020; Li, 2016). The criteria for inclusion in the study were that the parents should have no diagnosis of any psychological or mental illness and that they should be fluent in speaking and writing Turkish.

2.2. Instruments

Data were collected with the Parent's Information Form and the draft form of the Parent-to-Parent Perceived Support Scale for Families with Children with Disability.

2.2.1. Parent's information form

This researcher-designed form contains 11 questions on various variables such as the age of the child with disability, the type of disability, the degree of disability, level of education, as well as the name, age and relationship of the parent.

2.2.2. Parent-to-Parent Support Perception Scale for families with children with disability

A scan of the literature was performed over the period October 1, 2018 - December 31, 2019 on the subject of the social support expected by parents of children with disability. The instrument is a four-point Likert type of scale with 24 items. Each item is scored between 1-4 points. All items are positive statements, and none are scored in reverse. The minimum possible score on the scale is 24; the maximum is 96. The Likert choices are "I definitely disagree" (1), "I don't agree" (2), "I agree" (3) and "I definitely agree" (4). The higher the score, the higher is the level of perceived support.

2.3. Study procedure

This study is of methodological research design. The stages of the study are described below.

Stage 1. Creating the draft structure and the theoretical framework: This stage involved the creation of the draft of the instrument to be developed, which included delineating a theoretical framework. After the formulation of the theoretical framework, an item pool was created. In this, care was taken so that the structure created would be broad enough to explain the theoretical framework of the instrument. The researchers created a draft questionnaire of 43 items. The draft questionnaire was presented to eight experts for their opinions.

These experts included five nursing school faculty members specialized in pediatrics, a parent-nurse with a child with a disability, a biostatistics expert, and a special needs teacher working at the rehabilitation center. The rating form that the experts were asked to fill out was drawn up as a 4-point Likert scale in line with Polit and Beck's suggestion, where (1) was "not relevant," (2) was "somewhat relevant," (3) was "quite relevant," and (4) was "very relevant" (Polit & Beck, 2006). The data collected from the experts were analyzed.

Stage 2. Content validity: At this stage, the content validity index (CVI) was computed using the relaxed method. The relaxed method accepts the opinion of the experts as appropriate or completely appropriate. In line with Polit & Beck (2006), the CVI cut-off point for the eight raters was determined to be 0.78 (Li, 2016). Items 4, 22 and 28 were removed from the scale since their CVI's were 0.75. In order to ensure that the appropriate methods were used in the data collection and that the selected sample was representative of the universe, following the rater's evaluation, the questionnaire was drawn up with 37 items (Polit & Beck, 2007). This 37-item draft questionnaire was used to assess test-retest agreement. In this assessment, seven items with Kappa statistics of below 0.30 were removed from the scale.

Stage 3. Factor analysis: This stage is the point at which a statistical analysis was performed, and evidence was revealed. After the running of the fit indices, a 30-item research questionnaire had been created. The analysis of the 30-item scale resulted in the removal of six items, ultimately leaving a 24-item scale to evaluate. EFA and CFA were performed at this juncture. Varimax rotation was applied in the EFA and the factor analysis for the 24 items revealed that the items clustered under four factors. The dimensions were named in keeping with the theoretical framework (Appreciation support, Knowledge support, Emotional support and Cooperative support). To measure the applicability of the EFA, the Kaiser-Meyer-Olkin (KMO) Test for Sampling Adequacy and Bartlett's Sphericity tests were performed (Li, 2016; Singh, 2017).

2.4. Statistical analysis

In the analysis of demographic data, mean and percentage of descriptive statistics were used. The factor analysis analysis of the scale was done using exploratory factor analyses (EFA) and confirmatory factor analyses (CFA). The sufficiency and suitability of the data for the factor analysis were analyzed using the Kaiser-MeyerOlkin (KMO) coefficient and Bartlett's sphericity test. Since the scale was prepared in a sub-dimensional structure, varimax rotation and principal component analysis were used for construct validity. (While, 2014). The eigenvalue was required to be ≥ 1.00 and above to decide the most suitable structure and factor number. Experts stress that the minimum factor load should be .30 (Rees, 2009). After CFA, the authors analyzed Pearson's chi-square, degrees of freedom, and root mean square error of approximation (RMSEA), the goodness of fit index (GFI), comparative fit index (CFI), and normal fit index (NFI) as fit indices. The internal consistency of the scale was evaluated using Cronbach's alpha, Spearman-Brown, and Guttman split-half coefficients. The authors analyzed the item-total score and item-subscale total scores using Pearson correlation analysis. The stability of the scale was evaluated using the t-test and Pearson's correlation analysis. The significance level was 0.05. The KMO criteria, alpha coefficient and correlation coefficient (r) assessments were made on the basis of the following criteria:

Assessment of the KMO criterion: This is set out as 0.90-1.00 excellent; 0.80-0.89 very good; 0.70-0.79 good; 0.60-0.69 moderate; 0.50-0.59 weak and < 0.50 unacceptable (Hayet & Coutts, 2020; Ong & Puteh, 2017). *Assessment of alpha coefficient:* An alpha coefficient of $0.00 \leq \alpha < 0.50$ indicates the scale is unreliable, $0.50 \leq \alpha < 0.60$ indicates low reliability, $0.60 \leq \alpha < 0.70$ is moderate reliability, $0.70 \leq \alpha < 0.80$ indicates a generally acceptable level of reliability, $0.80 \leq \alpha < 0.90$ corresponds to high reliability and $0.90 \leq \alpha < 1.00$ to excellent reliability (Ong & Puteh, 2017; LoBiondo-Wood & Haber, 2017).

2.5. Ethical considerations

In Zonguldak, the Human Research Ethics Committee granted permission for the study prior to its start through its Decision No. 12.02.2019/506. Then, institutional permission was received from the centers where the study was to take place. The participants were provided with information about the study, and their written and verbal consent was received.

3. RESULTS

3.1. Characteristics of participants

In this study, the mean age of the parents was 37.40 ± 6.734 ; 88.6% were mothers (only one parent was accepted per child), 76.7% were unemployed/housewives and 46.2% had an elementary school education. The mean age of the fathers was 41.272 ± 5.434 ; 36.2% were workers, 32.4% were unemployed, and 32.7% had an elementary school education. The mean age of the children with disability was 8.76 ± 4.1 , 70.5% were boys, 37.1% had intellectual disability, 21.9% were autistic, 55.2% were moderately and 26.7% were severely impaired.

3.2. Reliability

Content and construct validity methods were employed to test for reliability. For content validity, the rating scale was drawn up in line with that suggested by Polit and Beck (2006). In accordance with Polit and Beck's scale, the CVI cut-off point for the eight raters was determined to be 0.78. Items 4, 22 and 28 were removed from the scale since their CVI's were 0.75. The scale's total CVI was 0.98; test-retest analyses were carried out for the 37-item scale questionnaire.

Cohen's Kappa coefficient was used in the evaluation of the test-retest agreements for the scale items. As a result of this assessment, seven items with Kappa statistics of below 0.35 were removed from the scale. The Kappa levels of agreement for the scale items were in the range of 0.35-0.66, signifying moderate to high agreement.

At the end of the Kappa assessment, the scale was drawn up as 30 items. The validity-reliability analyses of the 30-item scale revealed that Cronbach's alpha value indicated that the internal consistency of the scale items was 0.95. Before commencing with factor analysis, the corrected item-total correlations were assessed. This value ranges from 0.51 to 0.73. The 30-item version of the scale was then subjected to factor analysis and it was found that it would be necessary to remove six items (items 22, 23, 24, 25, 29, 30) from the scale either because factor loadings were below 40% or these items had similar loadings under more than one factor (below 10%).

At the end of the analysis, the questionnaire was brought down to 24 items. In the examination of the scale's validity-reliability analyses, it was seen that Cronbach's alpha value was 0.94. When the corrected item-total correlations for the items was examined, it was found that there were no items under 40% and that this would be the final version of the scale.

The result of the EFA using the varimax rotation method was that the loadings of the four factors that emerged varied in the range of 0.46 - 0.83. Varimax rotation is the most commonly used axis rotation method for orthogonal factor solutions (Li, 2016). Cronbach's alpha coefficients for each factor was between 0.79 - 0.92; the total Cronbach's alpha coefficient was 0.94. The factor loadings clustered under the factors and Cronbach's alpha coefficients can be seen in Table 1.

3.3. Validity

The construct validity of the 24-item scale developed in this study was assessed with EFA and CFA. The applicability of the EFA was assessed with the KMO Test for Sampling Adequacy and Barlett's Sphericity test. According to the results of the EFA, $KMO = 0.91$, $X^2 = 6134.24$ with $p < 0.001$.

In deciding upon the number of factors, the most important criteria researchers recommend should be assessed are Eigenvalues and Scree Plot tests (Ong & Puteh, 2017; LoBiondo-Wood & Haber, 2017).

In the examination of the graph, it was seen that the breaking points of the slopes began to flatten out beginning with Factor 4. Total eigenvalues for Factor 1 was 10.54, the proportion of variance, 43.92; total eigenvalues for Factor 2 was 1.87, the proportion of variance, 7.81; total eigenvalues for Factor 3 was 1.38, the proportion of variance, 5.76; and total eigenvalues for Factor 4 was 1.16, the proportion of variance, 4.83. Total eigenvalues for the scale and total variance explained are presented in Table 2.

The alpha coefficient was used in testing reliability in this study. Also, in order to determine how much the items impacted the alpha coefficient and at what degree and direction, an "Alpha if Item Deleted" value was calculated. To test the suitability of the data for factor analysis, the scale items' shared values were examined. The shared values of the items at the beginning were found to be a minimum of 0.47 and 0.76 at a maximum (Table 3). Table 3 shows the internal consistency and the shared factor variance of the items for the variables remaining if any variable were to be deleted.

To test the scale model, the dimensions in the proposed model were assessed in terms of fit criteria and it was found that the RMSEA fit index was 0.82, indicating a good fit. While the NFI, NNFI, CFI, IFI and RFI fit criteria also indicated a good fit, the SRMR index indicated only an acceptable fit. Accordingly, it was observed that the model fit the data at a good and acceptable level, indicating the model was statistically significant and valid ($p = 0.001$).

4. DISCUSSION

This study shows that the Parent-to-Parent Support Perception Scale is valid and reliable for use in the Turkish population. Variables such as the age, gender, level of education, employment status and vocation of the participants were examined. Of the participants, 88.6% were mothers; a large majority (76.7%) were unemployed/housewives and almost half (46.2%) had an elementary school education. Most of the children with disability in the study were boys (70.5%) and more than half (55.2%) were moderately impaired.

The study revealed a scale with four sub-factors and 24 items that could be used for measuring perceived parent-to-parent support among families with children with disability. The scale is a five-point Likert type scale. The first subfactor of the scale consists of items measuring appreciation support, the second sub-factor of items measures knowledge support, the third subfactor measures emotional support and the fourth sub-factor measures cooperative support. The factors identified were named after the opinions of the experts were received.

The factor loadings of the four factors varied between 0.46 and 0.83, and the total variance explained was 62.33%. The overall Cronbach's Alpha reliability score of the scale is 0.94, and the scale is highly reliable. Cronbach's alpha coefficients of the sub-factors of the scale range from 0.79 to 0.92, and the sub-dimensions are also at a very reliable level. When the total correlation values of the sub-factors are taken into account, the correlations of each sub-factor are greater than 0.30 and are suitable for the validity of the scale items (White, 2014). According to the results obtained, it was found that the scale's overall reliability coefficient indicated excellent reliability and it was therefore considered that the scale can be used in its entirety in future research.

A review of the international literature shows that there are studies on parent-to-parent programs for parents with children with disability. Singer et al. (1999), Hockenberry and Wilson (2003) and Kutash et al. (2011) reported in their studies that parent-to-parent programs were developed to help the parents of children with disability with problem-solving and coping skills, to assess their attitudes and approaches and provide families with social support. The results of these studies indicate that families have a positive influence on each other. Similarly, Riany et al. (2017), Mirza et al. (2018) and Hisiao (2018) demonstrated in their studies that the parents of children with disability are more likely to receive support from each other. Studies show that the perception of support of families with children with disability has a positive effect on their coping skills and on their ability to deal with psychosocial issues and also point to how important this is. On the other hand, the review of the national and international literature did not reveal the existence of a study on the validity and reliability of an instrument designed to measure perceived support among parents with children with disability. Studies should be conducted to assess the perception of support families expect from each other in the efforts made to bring families together to socialize. The difficulties individuals face as the parents of a child with disability can thus be reduced so that they are better enabled to make use of methods of coping. The study ultimately showed that this scale is a valid and reliable measure that can be used in this area.

4.1. Strengths and limitations

This study had several limitations. One was that the research was conducted at only two institutions, which precludes the generalization of the findings. Furthermore, the design and sample selection also represent study limitations. A further limitation is that the results of this study were based on individual self-reporting.

5. CONCLUSIONS

It can be said that the present form of the scale used in this study is a valid, reliable and convenient measure that can be employed in determining the support perceptions of families with children with disability.

5.1. Implications for nursing practice

The validity and reliability testing of the scale may be repeated in different sample groups. By determining parents' perception of social support in families with children with disabilities, the scale may contribute to providing support for families and improving the quality of life of children with disability. The Parent-to-Parent Support Perception Scale for Families with Children with Disability may be used in descriptive and experimental studies that may be conducted in this field.

It is believed that such research will contribute to the development of new avenues of social support for families with children with disability.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

All authors designed the study, collected data, analyzed the study, and wrote the manuscript. All authors approved the final version for submission.

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TABLE 1: The Scale Factor Loadings, Total Item Factor Loadings and Cronbach's Alpha Coefficients

Item No.	Item description	Appreciation Support	Knowledge Support	Emotional Support	Cooperative Support
16	Parents with children with disability like us will understand me better.	.79			
17	Parents with children with disability like us may give me important advice related to situations involving my child.	.78			
13	When I communicate with parents with children with disability like us, this may make me feel better.	.74			
18	When I communicate with parents with children with disability like us, they might give me advice on what I should do.	.67			
14	I can engage in some activities better when I am together with parents with children with disability like us.	.66			
22	When I communicate with parents with children with disability like us, I can easily share my joy and sorrows with them.	.64			
15	I can more easily communicate with parents of children with disability like us.	.60			
19	Parents of children with disability like us may not criticize when I make a mistake involving my child in the future.	.55			

24	When I'm unhappy, parents of children with disability like us may understand my feelings.	.54		
12	When I communicate with parents with children with disability like us, this may give me the chance to look toward the future with hope.	.47		
1	I can more easily understand our child's situation when I communicate with parents of children with disability like us.		.76	
2	I can more easily understand the steps in the treatment process when I communicate with parents of children with disability like us.		.75	
4	I can get the support of parents with children with disability like us about matters concerning rehabilitation centers and schools.		.73	
3	Parents with children with disability like us can give us guidance about how we can meet our child's special needs.		.67	
6	Parents with children with disability like us can better understand what it means to have a child with a disability.		.62	
7	I think I can benefit from the experiences of parents with children with disability like us.		.60	
5	I think I can learn about our legal rights from parents with children with disability like us.		.57	
10	Parents with children with disability like us can really be of help to us.		.76	
11	Parents with children with disability like us may know the difficulties I experience.		.72	
8	I can get the moral support I expect from parents with children with disability like us.		.66	
9	Parents with children with disability like us can easily support my family if something happens to me.		.53	
21	Parents with children with disability like us can be supportive of me when I have difficulties.			.83
20	Parents with children with disability like us may not ostracize me/my family because of my child's special situation.			.73

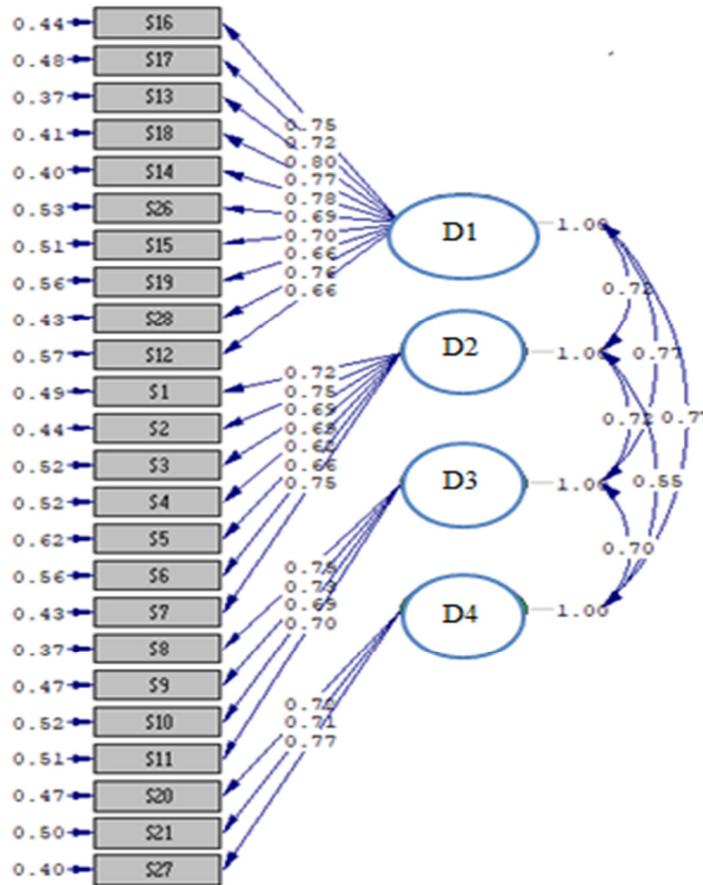
23	Parents with children with disability like us may be by my side when I need them.				.56
Cronbach's alpha coefficients		.92	.87	.82	.79
Cronbach's alpha coefficient total		.94			

TABLE 2: Factor Analysis for the Scale displaying eigenvalues and total variance explained

	Items contained in the factor	Total eigenvalues	Proportion of variance	Total proportion of variance
Factor 1 (Appreciation support)	12, 13, 14, 15, 16, 17, 18, 19, 22, 24	1.54	43.91	43.91
Factor 2 (Knowledge support)	1, 2, 3, 4, 5, 6, 7	1.87	7.81	51.73
Factor 3 (Emotional support)	8, 9, 10, 11	1.38	5.76	57.49
Factor 4 (Cooperative support)	20, 21, 23	1.16	4.83	62.33

TABLE 3: Impact of Parent-to-Parent Support Perception Scale for families with children with disability scale items on reliability

Item No.	Scale mean when item is deleted	Scale variance when item is deleted	Corrected item correlation	Cronbach's alpha when item is deleted	Shared factor variance
1	69.13	107.05	.54	.94	.65
2	69.10	106.74	.58	.94	.65
3	69.26	106.49	.58	.94	.58
4	69.10	106.75	.56	.94	.65
5	69.12	107.77	.51	.94	.48
6	68.96	106.05	.57	.94	.51
7	69.09	105.71	.69	.93	.61
8	69.19	105.66	.65	.94	.66
9	69.15	103.97	.63	.94	.53
10	69.42	105.87	.57	.94	.72
11	69.35	106.09	.60	.94	.66
12	69.12	105.58	.64	.94	.47
13	69.26	104.67	.71	.94	.74
14	69.19	104.82	.70	.94	.69
15	69.19	106.69	.64	.94	.52
16	69.10	106.00	.65	.94	.70
17	69.09	105.74	.62	.94	.68
18	69.12	105.17	.72	.94	.65
19	69.21	105.53	.61	.94	.50
20	69.49	105.33	.54	.94	.66
21	69.31	105.96	.52	.94	.76
22	69.20	104.68	.63	.94	.54
23	69.28	104.64	.65	.94	.60
24	69.33	104.23	.73	.93	.63



RMSEA= 0.90, RFI=0.93; $\chi^2/df=0.30$

Figure 1 The Scale of Path Diagram