The Individual and Relational Role Balance Scale (IRRBS):

A Preliminary Scale Development and Validation Study

A Thesis Presented for the

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Degree

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Dedication

To my husband, Dr. Bradley Wade Bishop.

Thank you for your love and support.

And to our girls, Anna, Mary Lee, and Charlotte.

You are everything.

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Abstract

During emerging adulthood, young people begin the process of balancing individual and relational role commitments. Whereas development within specific domains, primarily career and relationship (work and love), have been explored separately, it is important to understand how emerging adults divide their attention across multiple individual (i.e. education, employment, athletics, organizational membership) and relational (i.e. friendship, family relationship, romantic partnership) domains during this period and how perceived balance impacts psychosocial functioning in terms of life satisfaction, well-being, and mental health. This study reports on the preliminary scale validation of the Individual and Relational Role Balance Scale (IRRBS) using a college student sample (N = 299). This scale re-conceptualizes the work-family balance dichotomy appropriate to adulthood as role balance between the multiple and often fluid individual and relational roles emerging adults inhabit. The full IRRBS and three subscales, Global Balance, Individual Role Compatibility with Relational Roles, and Relational Role Compatibility with Individual Roles, were reliable at $\alpha > .80$ and no group differences in IRRBS scores were found on the basis of age, gender, racial/ethnic background, relationship status, or employment status. Construct validity was achieved with significant correlations in the directions hypothesized between individual and relational role balance and the related constructs of life satisfaction, well-being, and endorsement of mental health symptoms of anxiety and depression and overall psychological distress. Implications for future research and applied applications of the IRRBS are discussed.

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Chapter 1

Introduction

During emerging adulthood, young people begin the process of balancing individual and relational role commitments (Shulman & Connolly, 2013). Arnett's (2000) theory of emerging adulthood provides a framework for understanding role exploration and the process of role balance as a part of a distinct developmental period. This theory, which identifies identity explorations and role instability as distinguishing features of emerging adulthood, is supported by Erickson's (1968) "psychological moratorium" and Marcia's (1993) identity status "Moratorium" for role experimentation, as well Levinson's (1971) novice phase of development characterized by change and instability within and across roles during this period. Whereas development within specific domains, primarily career and relationship (work and love), have been explored separately, it is important to understand how emerging adults divide their attention across multiple individual (i.e. education, employment, athletics, organizational membership) and relational (i.e. friendship, family relationship, romantic partnership) domains during this period and how perceived balance impacts psychosocial functioning in terms of life satisfaction, well-being, and mental health (Ranta, Dietrich, & Salmela-Aro, 2014; Schulenberg & Schoon, 2012; Shulman & Connolly, 2013; van Dulmen, Claxton, Collins, & Simpson, 2013).

Although the construct of role balance has been defined and explored across contexts in adulthood, very little is known about role balance during emerging adulthood. Research on role balance and related constructs in adulthood has focused primarily on

how adult men and women balance demands placed on them by their careers and families, and to a lesser extent how they balance these demands with leisure activities (Hammer & Demsky, 2014). While this work provides a foundation for understanding the role balance construct, as well as potential antecedents and consequences of balance, extant measures of work-family or work-life balance in adulthood are not appropriate in emerging adulthood given the variety and transience of role commitments during this developmental period. Therefore, role balance needs to re-conceptualized beyond work and family or work and life to match the complexity of role exploration and development in this period and more appropriate measures need to be developed in order to explore balance in emerging adulthood.

Role Balance Constructs

In developing a measure of balance appropriate to emerging adulthood, the construct of role balance as defined in the literature on work-family balance in adulthood provides a conceptual underpinning. As stated, research to date on role balance has focused almost exclusively on how adult men and women balance career and family demands (Hammer & Demsky, 2014). While the term work-family balance, which is often used interchangeably with work-life balance, has appeared more frequently in the literature over the past 10 years (Kossek, Baltes, & Matthews, 2011), scholarly work in this area has historically been dominated by the related constructs of work-family conflict and, to a lesser extent, work-family positive spillover, enrichment, and enhancement/facilitation (Hammer & Demsky, 2014). Work-family conflict has been defined as interrole conflict in which the demands of work and family roles are

incompatible (Greenhaus & Beutell, 1985), while positive spillover, enrichment, and enhancement/facilitation collectively describe the transfer of positive resources (e.g. affect, skills, social capital) between roles (Edwards & Rothbard, 2000; Frone, 2003; Greenhaus & Powell, 2006; Hanson, Hammer, & Colton, 2006; Wayne, Grzywacz, Carlson, & Kacmar, 2007). Negative spillover between work and family relates to conflict and is often used to describe the influence of negative experiences in one domain on functioning or satisfaction in another domain (Grzywacz & Marks, 2000). Each of these constructs has been hypothesized to be bidirectional with work influencing family and family influencing work both negatively and positively (Frone, 2003).

Scholars who have addressed work-family balance in adulthood directly have primarily defined balance using two theoretical approaches: an *overall appraisal approach* and a *components approach* (Grzywacz & Carlson, 2007). The overall appraisal approach is based on an individual's general assessment of balance across his or her life situation, while from the components approach, "work-family balance consists of multiple facets that precede balance and give meaning to it" (Rantanen, Kinnunen, Mauno, & Tillemann, 2011, p. 30). The overall appraisal approach treats balance more generally, while the components approach taps work-family conflict as well as positive spillover/enrichment/enhancement/facilitation constructs.

Using the overall appraisal approach, work-family balance has been defined globally as an "equilibrium or maintaining overall sense of harmony in life" (Clarke, Koch, & Hill, 2004; p. 121), as "satisfaction and good functioning at work and home, with a minimum of role conflict" (Clark, 2000, p. 751), and as "an overall appraisal of the

extent of harmony, equilibrium, and integration of work and family life" based on sufficient resources to meet demands for effective participation in both domains (Voydanoff, 2005, p. 825). Most recently, Greenhaus and Allen (2011) have defined work-family balance as "an overall appraisal of the extent to which an individuals' effectiveness and satisfaction in work and family roles are consistent with their life values at a given point in time" (p. 174).

From the components approach, work-family balance is dependent on different or competing aspects of balance that influence overall evaluations (Rantanen, et al, 2011). According to Greenhaus, Collins, and Shaw (2003), work-family balance consists of three dimensions: time balance (i.e. time devoted across roles), involvement balance (i.e. psychological effort or presence invested across roles), and satisfaction balance (i.e. satisfaction expressed across roles). Alternatively, for Marks and MacDermid (1996) balance is dependent on positive and negative role engagement, based on effort, devotion, and attention within roles resulting in role ease or role strain respectively. Frone (2003) and Rantanen et al. (2011) have further explored bidirectional relationships between work-family conflict and facilitation/enhancement as a way of understanding work-family balance using a components approach.

While role balance can be seen as "both a behavioral pattern of acting across roles in a certain way and a corresponding cognitive-affective pattern of organizing one's inner life of multiple selves" (Marks & MacDermid, 1996), most definitions of balance arise from a person-environment (P-E) fit perspective, in which individuals assess their effectiveness across roles against internal standards such as desires, values, or goals

(Edwards & Rothbard, 1999; Hammer & Demsky, 2014). As such, balance between roles is not seen as absolute, but as relative and dependent on an individual's cognitive appraisal or subjective evaluation of accordance across roles at a given point in time. While more objective measures like time and resources committed to work and family roles have been explored, Guest (2002) has argued that "subjective perceptions of balance are central to any analysis" of this construct (p. 264). Greenhaus and Allen's (2011) definition of work-family balance as "an overall appraisal of the extent to which an individuals' effectiveness and satisfaction in work and family roles are consistent with their life values at a given point in time" (p. 174), for example, illustrates the construct of balance on the basis of subjective evaluation of person-environment fit.

Role Balance Antecedents

A number of antecedents have been explored in relation to aspects of work-family balance in adulthood. For example, individual differences such as gender, socio-economic status, personality characteristics, and trait mindfulness have been found to be related to bidirectional work-family conflict, spillover, and balance. For example, Byron's (2005) meta-analysis found a near-zero relationship between work-family conflict and gender, while Neal & Hammer (2007) found lower annual household income to be associated with greater work-family conflict. Other researchers have reported that neuroticism is related to higher negative work-family spillover, while extraversion is related to lower negative work-family spillover (Grzywacz & Marks, 2000). Further, Allen and Kiburz (2012) found mindfulness significantly predicts higher levels of work-family balance, with sleep quality and vitality as significant mediators in the process.

Other work-related and family-related contextual antecedents such as work demands, work hours, schedule flexibility, age, number of children, and hours devoted to dependent care have been found to predict work-family balance and related constructs, suggesting that environmental factors are related to perceived balance (Hammer & Demsky, 2014).

Role Balance Outcomes

The literature on role balance in adulthood has focused primarily on outcomes related to imbalance, with a heavy focus on the negative consequences of role conflict. Low work-family conflict, for example, has been shown to be associated with work, family, marital, and life satisfaction and well-being (Kossek & Ozeki, 1998; Allen, Herst, Bruck, & Sutton, 2000). High work-family conflict, alternatively, has been shown to be a risk factor for negative physical health and psychological outcomes including decreased health behaviors such as exercise and healthy eating (Allen & Armstrong, 2006) and poor objective health outcomes (e.g. cholesterol level, blood pressure, body mass index, and physical stamina), as well as mood, anxiety, and substance use disorders (Allen, et al., 2000; Frone, 2000; Hammer & Demsky, 2014; LaMontague & Keegel, 2010). High work-family conflict has also been shown to be predictive of poor work and family role performance (e.g. absenteeism, tardiness) as well as turnover in employment (Allen et al., 2000; Frone, Yardley, & Markel, 1997). Finally, work-family enhancement/facilitation has been associated with high work and family satisfaction and low psychological distress (Aryee, Srinivas, & Tan, 2005; Kinnunen, Feldt, Geurts, & Pulkkinen, 2006; Wayne, Musisca, & Fleeson, 2004).

Role Balance in Emerging Adulthood

Although little is known about the relationship between role balance and psychosocial outcomes in emerging adulthood, the few studies to address role balance using a college student sample have found similar outcomes to studies on work-family balance in adulthood. Marks & MacDermid (1996), using a measure of global role balance, role overload, and role ease, found that role-balanced students reported significantly lower role overload and depression and significantly higher role ease and self-esteem. Role-balanced students also had significantly higher GPAs and were more likely to spend social time with more close friends on a weekly basis. Using Marks & MacDermid's (1996) role overload and role ease scales, Leneghan & Sengupta (2007) found that for working college students, role ease and positive affect, were positively associated with well-being even when work-school role conflict was reported. Role overload and negative affect, conversely, were negatively related to well-being. In 2008, Lopez & Fons-Scheyd used Mark & MacDermid's (1996) role balance and role overload scales in a study of depression among college students and found that both role balance and adult attachment style significantly predicted student depression scores. Most recently, Gröpel & Kuhl (2009) used an existing work-life balance scale (Gröpel, 2006) designed for adults and instructed college students to treat academics as work. In this study, work-life balance was found to be associated with subjective well-being and life-satisfaction.

Despite limited findings on role balance in emerging adulthood, there is evidence that development during this period involves a process of compromise and a coordination

of demands related to the interdependence of multiple roles (Schulenberg & Schoon, 2012). For example, Sneed, Hamagami, McArdle, Cohen, and Chen (2007), found, based on 200 narrative interviews, that in emerging adulthood the domains of finance, romance, and residence are largely interdependent, with the assumption of greater responsibility in one domain generally associated with greater responsibility across other domains leading to a pattern of stable, balanced role development. Role imbalance, where role assumption in one domain far exceeded role assumption in another domain, was associated with less positive change across all domains. Heckhausen, Wrosch, & Schulz, (2010) have also argued that "the most adaptive development across the life course is achieved by maximizing primary control in the multiple major domains of functioning (e.g., work, family, health, leisure)" and by selecting and adjusting goals to current developmental tasks and transitions in each phase of life (p. 35). These authors further make the case that control capacity across domains peaks in young adulthood due to biological maturation and societal institutions making this a key period for achieving successful balance by investing effort and time across domains (Heckhausen, et al., 2010).

Researchers interested in development in the domains of work and love have found that both emerging adults' goals and experiences in these domains direct their life paths as well as influence domain-specific performance and well-being outcomes. For example, Ranta et al. (2014) found that most Finnish emerging adults focus primarily on career goals, while relationships are less central, but that prioritization of goals/concerns in either domain predicts life status (e.g. educational enrollment, employment, romantic relationship status) in that domain. Among Israeli emerging adults, Shulman, Laursen,

and Dickson (2014), found gender differences in negative spillover between romantic and work experiences and overall well-being longitudinally. Findings suggest that for males, higher levels of negative romantic experiences predicted increases in negative work experiences, while for females, higher levels of negative work experiences predicted negative romantic experiences. For both males and females, higher levels of negative work experiences predicted symptoms of anxiety and depression. In Argentina, Facio & Resett (2014) found that satisfaction in the romantic domain was a better predictor of both concurrent and longitudinal life satisfaction than satisfaction in the work domain. In contrast to Shulman et al.'s (2014) negative spillover findings, no cross-domain associations were found over time. Finally, Seiffge-Krenke & Luyckx (2014), examined self-efficacy among German emerging adults in managing conflicts between work and love domains and related health outcomes. They found that high levels of competence in handling work conflict with a romantic partnership predicted better health outcomes (e.g. fewer sick days, body complaints, and internalizing and externalizing symptoms) and well-being over time relative to moderate or low levels of competence.

Several of these studies on work and love in emerging adulthood indicate that emerging adults from different cultures prioritize work and love differently. For example, although Finnish emerging adults were shown to focus primarily on career goals rather than relationship goals (Ranta et al., 2014), romantic satisfaction was better predictor of overall life satisfaction than was work satisfaction for emerging adults in Argentina (Facio & Resett, 2014). Mayseless and Keren (2010) also contend that identity development in work and love within diverse cultures is dependent on the different levels

of importance ascribed and autonomy allowed in each domain in emerging adulthood and that either domain may be more or less salient as a source of meaning in life. These findings and perspectives on identity development across cultures underscore the importance of contextual and environmental factors associated with development during this period.

Other researchers in emerging adulthood have found evidence that suggests that mental health and well-being may be compromised on the basis of role and goal imbalances. In their review of at-risk adolescents and emerging adults in the upper-middle classes, Luthar, Barkin, and Crossman (2013) present data that suggest that these affluent youth (median household income $110,000-155,000), much like youth in poverty, are statistically more likely than national normative samples of youth in this age range to experience internalizing and externalizing problems as well as difficulties with drug and alcohol use. They further contend that the emphasis contemporary American culture places on maximizing personal status may be a threat to well-being and that mental health may be compromised among "privileged but pressured" adolescents and emerging adults with an intensive focus on individual goals and weak ties and low commitment to family and friends (Diener, 2000; Luthar et al., 2013; Myers & Diener, 1995). Schulenberg, Bryant, and O'Malley (2004) also provide support for the positive effects of role balance, finding that success in both achievement (education and work) and affiliative (romantic and peer involvement) domains is associated with greater predicted well-being over time than success in a single domain. Given recent trends indicating marked growth in mental health problems on college campuses (Astin, 2002;

Iarovici, 2014; Kadison & DiGeronimo, 2004), additional research is needed on role interdependence and balance during this developmental period (Ranta et al., 2015; Schulenberg & Schoon, 2012; Sneed, et al., 2007; van Dulmen et al., 2013).

Scale Development

The scale used in this study was developed based on a review of the literature on role balance and development in emerging adulthood and on findings from a small focus group study of emerging adults on the topic of balance (N = 40). The literature review provided a foundation and rationale for scale development and item construction, while the focus group study provided additional support for a reconceptualization of work-family balance more appropriate to emerging adulthood given the number and transience of roles emerging adults inhabit.

A review of the literature on work-family balance in adulthood, and of extant measures of adult work-family balance in particular, made it clear that available balance measures are unsuitable for use with emerging adults given the rigidity of the work-family, or in some cases work-life, dichotomy. Work-family balance as defined in the literature on adulthood does not account for the larger number of both individual (e.g. student, employee, athlete, organization member) and relational (e.g. friend, family member, romantic partner) roles emerging adults inhabit during this developmental period. To address this, the work-family balance dichotomy was re-conceptualized for the current scale as role balance between individual and relational roles. This re-conceptualization was seen to have the potential to allow researchers to use the scale to addresses gaps in the literature on role balance and the interdependence of role

development in emerging adulthood. While the importance the domains of both work and love during this period was acknowledged, expanding the construct of role balance beyond work-family/life was supported by calls from other researchers to broaden the concept of work in emerging adulthood to include education, employment, and financial issues as part of an interrelated career path domain and to explore relationships beyond committed romantic partnerships (van Dulmen et al., 2013), as well as by previous research on development within broader achievement and affiliative domains (Schulenberg et al., 2004). Further, a need to better understand how emerging adults coordinate relational commitments and personal aspirations had been identified, with particular attention given to the fact that emerging adulthood is a critical period in terms of an individual's ongoing health and well-being (Schulenberg & Schoon, 2012; Shulman & Connolly, 2013).

While broadening the construct of balance to be more inclusive of the multiple and somewhat fluid individual and relational roles emerging adults inhabit was essential, it was determined that important elements of the work-family balance construct should be retained in order to better ground the new individual-relational role balance construct in theory based on the existing literature in adulthood. As a result, the individual-relational role balance construct was determined to be preferable to, for instance, more generally assessing time management or role stress across lesser-defined role types during in this period.

In addition to a review of the literature, a small focus group study of 40 undergraduate college students, divided into groups of 10 by gender and age, was

conducted in October 2014 at the University of Tennessee, Knoxville to gather data on how emerging adults understand the concept of balance, what types of roles emerging adults work to balance, and why balance might be important in the lives of emerging adults. These emerging adults described balance as "not getting overwhelmed" and "setting priorities" and listed multiple roles they work to balance including school, work, time with family or friends, time with a romantic partner, religious activities, and Greek life, among others. They also reported the benefits of balance might include health, independent living, lower stress, and the ability to meet goals or accomplish more. These findings support the use of cognitive appraisals and subjective evaluations of effectiveness against internal standards (Edwards & Rothbard, 1999; Hammer & Demsky, 2014) in the measurement of role balance and are consistent with the individual-relational role balance construct developed for the new scale as the roles described by participants can clearly be dichotomized into individual and relational domains. The fact that these emerging adults also understood balance of a means of meeting goals and moving toward independence suggests that balance may serve a development function.

Given that no measure is currently available to assess role balance between the individual and relational roles, items for the new scale, the Individual and Relational Role Balance Scale (IRRBS), were modeled after existing measures of work-family/work-life balance in adulthood that consider balance from a person-environment fit perspective with an emphasis on individuals' own actions and attitudes (Rantanen et al., 2011). Items were also written based on both the overall appraisal (Clark, 2000; Clarke et al., 2004; Greenhaus & Allen, 2011; Voydanoff, 2005) and components approaches to work-

family/work-life balance in adulthood in order capture the multidimensionality of the balance construct in the existing literature. Items assess global individual and relational role balance as well as balance on the basis of time, involvement, and satisfaction (Greenhaus et al., 2003). Items assessing role compatibility in two directions, individual role compatibility with relational roles and relational role compatibility with individual roles, were also included. Items explicitly addressing role conflict or role spillover/enrichment/enhancement/facilitation were not included, although items related to directional interference between individual and relational roles indicate lower perceived compatibility and balance across roles. As such, items on the IRRBS were collectively designed to measure each individual's subjective appraisal of global accord among individual and relational roles on the basis of time, involvement, and satisfaction across roles relative to internal standards.

The purpose of the current study was to validate the Individual and Relational Role Balance Scale (IRRBS) and its subscales using a college student sample to reliably assess role balance in emerging adulthood, as well as to report on the psychometric properties of the scale including the psychosocial correlates of the construct. In addition to reporting the inter-item reliability of the IRRBS and its subscales, the study presents findings on the relationship between individual and relational role balance and life satisfaction, well-being, and endorsement of mental health symptoms of anxiety and depression, as well as reported overall psychological distress, in order to validate the construct using a small nomological network of related psychosocial constructs. These constructs were selected based on the literature on work-family balance in adulthood and

because of the consequentialness of these outcomes in the lives of emerging adults. A priori hypotheses for scale validation included:

1) The full IRRBS and subscales will be sufficiently reliable.
2) The subscales of the IRRBS will be moderately and positively correlated.
3) There will be a moderate positive relationship between individual and relational role balance and life satisfaction and well-being.
4) There will be a moderate negative relationship between individual and relational role balance and endorsement of mental health symptoms of anxiety and depression, as well as reported overall psychological distress.

Chapter 2

Methods

Participants

A sample of 299 undergraduate students was recruited from introductory Psychology courses at the University of Tennessee, Knoxville, a large, public southeastern university, via SONA Systems, an online tool used to recruit research participants, to complete several online survey measures as part of a larger project on balance in emerging adulthood. A subset of data collected from this larger project was used for a preliminary scale validation study (N = 105) of the Individual and Relational Role Balance Scale (IRRBS). This validation study was then replicated with the full sample (N = 299) to reach a subject-to-item ratio greater than 10:1 (Nunnally, 1978). Sample demographics are presented in Table 1.

Independent samples *t*-tests were conducted to determine any mean differences on the IRRBS on the basis of gender or current relationship status and no mean differences were found. Exploratory one-way analyses of variance (ANOVAs) were also conducted to determine any group differences on the IRRBS on the basis of age, racial/ethnic background, or employment status. Again, no mean differences were found.

Procedures

Participants who signed up for the study through SONA received instructions for participation including an informed consent form followed by a Qualtrics survey link. Qualtrics is a popular web-based data collection tool frequently used by social science researchers. Participants who provided informed consent for the study were

administered a demographic questionnaire, the IRRBS, and four established scales measuring the related constructs of life satisfaction, well-being, and mental health symptom endorsement, as well as several additional measures to be used as part of the larger study. These participants earned 2 online SONA research credits each to be used toward their course research requirement for completion of the study. All procedures were approved by the Institutional Review Board of the University of Tennessee, Knoxville.

Measures

Individual and Relational Role Balance Scale. Participants were administered the original Individual and Relational Role Balance Scale (IRRBS), a 19-item questionnaire rated on a 5-point Likert-style scale (1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree). Within the full scale, 3 subscales measuring Global Balance (7 items; e.g. "All in all, I feel successful in balancing my individual roles (e.g. as student, employee, athlete, organization member) and my relationships with others (e.g. with friends, family members, romantic partners)."), Individual Role Compatibility with Relational Roles (6 items; e.g. "The time I must devote to my individual responsibilities (e.g. as student, employee, athlete, organization member) keeps me from participating fully in my relationships with others (e.g. friends, family members, romantic partners)." R), and Relational Role Compatibility with Individual Roles (6 items; "I often feel guilty for spending time with others in my life (e.g. friends, family members, romantic partners) when I feel I should be concentrating on my

individual responsibilities (e.g. as student, employee, athlete, organization member).” R) were included.

After reverse coding negatively written items, a total IRRBS score was calculated, as were total subscale scores. High scores on the full scale indicated greater perceived balance between individual and relational roles on the dimensions of time, involvement, and satisfaction, while lower scores indicated lower perceived balance between individual and relational roles on the basis of role interference across roles. High scores on the Global Balance subscale indicated greater perceived balance between individual and relational roles overall, while high scores on the Individual Role Compatibility with Relational Roles and Relational Role Compatibility with Individual Roles subscales indicated greater perceived balance on the basis of role compatibility between roles in two directions. Low scores on all subscales indicated lower perceived balance or compatibility between individual and relational roles on the basis of role interference. See appendix for the original items of the IRRBS.

In addition to the IRRBS, participants were administered a 19-item demographic questionnaire developed for this project as well as two measures of life satisfaction, the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) and the Life Satisfaction Scale (LSS; Lounsbury, Saudargas, & Gibson, 2004), the Psychological Well-Being Scale (PWB; Ryff, 1989), and a measure of mental health symptom endorsement for common mental health disorders, the Patient Health Questionnaire (PHQ; Spitzer, Kroenke & Williams, 1999).

Satisfaction With Life Scale (SWLS). The SWLS (Diener, Emmons, Larsen, & Griffin, 1985; *M* = 4.72, *SD* = 1.45) is a 5-item measure of global life-satisfaction (e.g. "In most ways my life is close to my ideal."). The SWLS is rated on a 7-point Likert scale from Strongly Disagree to Strongly Agree. Cronbach's alpha (α = .91) indicated acceptable reliability of the SWLS with the full sample in this study.

Life Satisfaction Scale (LSS). The LSS (Lounsbury, Saudargas, Gibson & Leong, 2005; *M* = 4.79, *SD* = .96) is a 22-item measure which assesses General Life Satisfaction (15 items) as well as College Satisfaction (7 items). Satisfaction is rated on a 7-point Likert scale from Very Dissatisfied to Very Satisfied for items related to general life as well as college experiences (e.g. "The number and quality of your friendships." or "Your GPA."). Cronbach's alpha (α = .92) indicated acceptable reliability of the LSS with the full sample in this study. Reliability was also acceptable for the General Life Satisfaction and College Satisfaction subscales (α = .89 and α = .82 respectively).

Psychological Well-Being Scale (PWB). The PWB (Ryff, 1989; *M* = 4.12, *SD* = .69) is a 42-item self-report questionnaire that assesses different areas of life functioning on a 6-point Likert scale from Strongly Disagree to Strongly Agree (e.g. "I enjoy making plans for the future and working to make them a reality."). This scale measures multiple facets of well-being and includes 6 subscales. Cronbach's alpha (α = .93) indicated acceptable reliability of the PWB with the full sample in this study. Individual subscales of the PWB were less reliable than the full scale with this sample and were therefore not considered independently as part of the scale validation procedure.

Patient Health Questionnaire (PHQ). The PHQ (Spitzer, Kroenke & Williams,

1999) is a 66-item self-administered screening and diagnostic tool for five common mental health disorders. Questions access frequency of symptoms to establish provisional diagnoses of mental health disorders based on Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria. For the purposes of this study, only the modules on anxiety (7 items; *M* = 1.72, *SD* = .46) and depression (10 items; *M* = 1.65, *SD* = .61) were be used. Mean endorsement of symptom frequency for each disorder was calculated rather than cut points for provisional diagnoses. The PHQ anxiety module is rated on a 3-point scale of symptom frequency from Not at all to Nearly Half the Days (e.g. "Feeling restless so that it is hard to sit still."). The depression module is rated on a 4-point scale of symptom frequency from Not at All to Nearly Every Day (e.g. "Trouble falling or staying asleep, or sleeping too much."). A single item ("If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?") was also be included as a measure of overall psychological distress. It is rated on a 4-point scale from Not Difficult at All to Extremely Difficult. Cronbach's alpha for the anxiety and depression module (α = .75 and α = .86 respectively) indicated acceptable reliability with the full sample in this study, although the anxiety module was slightly less reliable than other measures used.

Analytic Strategy

Using IBM SPSS Statistics 22, descriptive statistics on age, gender, ethnicity, relationship status, and employment status were examined to characterize the sample. Then, the IRRBS was evaluated to determine internal reliability of the scale and subscales. List-wise deletion was use to account for missing data. Based on reliability

analysis, scale items were removed to increase scale and subscale reliability in order to improve the measure. Average inter-item correlations of at least .30 and Cronbach's alpha of $\alpha > .70$ were considered acceptable for the full scale and subscales (George & Mallery, 2008; Kline, 1999). Correlations between subscales of the IRRBS were calculated.

To assess construct validity, correlations between the final full scale IRRBS and subscales and the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), the Life Satisfaction Scale (LSS; Lounsbury, Saudargas, & Gibson, 2004), the Psychological Well-Being Scale (PWB; Ryff, 1989), and the anxiety, depression, and overall distress modules/item on the Patient Health Questionnaire (PHQ; Spitzer, Kroenke & Williams, 1999) were calculated (Messick, 1989). These correlations were also corrected for attenuation to estimate the strength of the relationships among constructs if the measures used were fully reliable (Nunnally & Bernstein, 1994). For all correlations, pair-wise deletion was used to account for missing data.

Chapter 3

Results

Preliminary Study

A preliminary reliability and construct validation study was conducted with a subsample of participants (N = 105) early in data collection to provide researchers with initial feedback on scale reliability and construct validation. The full-scale of the IRRBS and subscales were found to be sufficiently reliable ($\alpha > .75$) with reliability improved ($\alpha > .80$) with the deletion of two items. Correlations between the IRRBS and the related constructs of life satisfaction, well-being, and mental health symptom endorsement were also found to be moderate and in the direction hypothesized. As such, reliability analysis and construct validation procedures were replicated with the full sample (N = 299).

Reliability Analysis

Cronbach's alpha was used to assess internal consistency for the full IRRBS and three subscales, Global Balance (M = 3.15, SD = .71), Individual Role Compatibility with Relational Roles (M = 3.01, SD = .74), and Relational Role Compatibility with Individual Roles (M = 3.09, SD = .73), with the full sample in this study. Results indicated acceptable internal consistency for the 19 items comprising the full scale IRRBS (α = .87) and all three subscales (Global Balance, α = .80, Individual Role Compatibility with Relational Roles, α = .80, Relational Role Compatibility with Individual Roles, α = .76). Though the full scale and subscales were sufficiently reliable, examination of the corrected item-total correlations suggested that reliability could be improved by removing

items 13 and 19. Total item statistics for the full scale and all subscales are reported in Tables 2, 3, 4, and 5.

Following the removal of items 13 and 19, internal consistency of the revised 17-item IRRBS full scale increased (α = .88), as did internal consistency for the Individual Role Compatibility with Relational Roles (α = .83) and Relational Role Compatibility with Individual Roles (α =.85) subscales. The reliability of the Global Balance subscale could not be improved (α = .80). An examination of the removed items, 13 ("My individual responsibilities (e.g. as student, employee, athlete, organization member) rarely interfere with my ability to meet demands in my relationships with others (e.g. friends, family members, romantic partners).") and 19 ("The demands of my relationship responsibilities (e.g., as a friend, family member, romantic partner) rarely make it difficult for me adequately attend to my individual responsibilities (e.g. as a student, employee, athlete, organization member)."), revealed that they were both negatively-worded relative to most scale items. Although negatively-worded items are often used to correct for acquiescence, they can confuse respondents and ultimately introduce error (Colossi, 2005).

Subscale Correlation

Following reliability analysis and item removal, correlations between the full 17-item IRRBS and subscales were calculated. While the full scale and all subscales were positively and significantly related, $r > .74$, $p > .01$ for all subscales, convergence between subscales was weaker than convergence between each subscale and the full scale. This indicates that while each subscale is strongly related to the full scale measure

of individual and relational role balance, there is some divergence between the facets of individual and relational role balance tapped by each subscale. For example, Global Balance was positively and significantly related to Individual Role Compatibility with Relational Roles and Relational Role Compatibility with Individual Roles, $r = .53$, $p > .01$ and $r = .45$, $p < .01$ respectively, while individual and relational role compatibility in either direction is positively and significantly related to a lesser degree at $r = .30$, $p < .01$. These results confirm hypotheses and indicate that while the subscales measure a common construct and are conceptually related, the construct, individual and relational role balance, is likely multi-dimensional.

Construct Validation

The final revised 17-item version of the IRRBS was validated by measuring relationships between individual and relational role balance and the related constructs of life-satisfaction, well-being, and mental health symptom endorsement. The IRRBS correlated moderately and positively with two measures of life satisfaction (SWLS; Diener, Larsen, & Grifin, 1985, $r = .41$, $p < .01$ and LSS; Lounsbury, Saudargas, Gibson & Leong, 2005, $r = .48$, $p < .01$) and a measure psychological well-being (PWB, Ryff, 1989; $r = .35$, $p < .01$) and moderately and negatively correlated with measures of symptom endorsement of anxiety and depression and overall psychological distress (PHQ; Spitzer, Kroenke & Williams, 1999; $r = -.48$, $-.44$, and $-.30$, $p < .01$). Table 6 presents correlations between all scales and subscales used in the scale validation. These relationships suggest that these constructs are likely conceptually related as was hypothesized based on the literature on role balance in adulthood.

The construct validation procedure showed important differences in the relationships between the full scale IRRBS, IRRBS subscales, and established measures of life satisfaction well-being and mental health symptom endorsement of anxiety and depression and overall psychological distress. Across constructs, convergence between the full scale IRRBS and the Global Balance subscale and related constructs was higher than was convergence between the Individual Role Compatibility with Relational Roles and Relational Role Compatibility with Individual Roles subscales and related constructs. This suggests that directional role compatibility or interference may not be as related to life satisfaction, well-being, or mental health symptom endorsement/overall psychological distress as an assessment of overall balance across individual and relational roles. Differences between directional role compatibility subscales with respect to related constructs is also of note. Individual Role Compatibility with Relational Roles was more strongly associated with lower reported frequency of symptoms of anxiety and overall psychological distress, while Relational Role Compatibility with Individual Roles was more strongly associated with greater life satisfaction and well-being and lower reported frequency of symptoms of depression. No a priori hypotheses were made regarding relationships between subscales of the IRRBS and related constructs and additional research is needed to clarify dimensions of individual and relational role balance as measured by the scale.

Observed correlations and correlations corrected for attenuation between the full-scale IRRBS and measures used in the construct validation are presented in Table 7. When these correlations are corrected for attenuation, which indicates what the estimated

"true" correlation would be if there were no errors or measurement present in either measure (Nunnally & Bernstein, 1994), the magnitudes are in most cases moderately high, again indicating a moderate degree of convergence for all constructs as was hypothesized.

Chapter 4

Discussion

The development of the IRRBS introduces a new construct, individual and relational role balance, which expands the construct of work-family balance in adulthood to be more inclusive of the larger number and transience of individual and relational roles emerging adults inhabit. The IRRBS, which measures each individual's subjective appraisal of global accord among individual and relational roles on the basis of time, involvement, and satisfaction across roles relative to internal standards, provides researchers interested in emerging adulthood with a more appropriate measure of role balance during this developmental period. While the scale is innovative in its re-conceptualization of the balance dichotomy from work-family to individual-relational, it draws on existing definitions of balance which emphasize appraisals of global balance, as well as balance components (Greenhaus et al., 2003; Grzywacz & Carlson, 2007; Rantanen, et al, 2011), and subjective person-environment fit (Edwards & Rothbard, 1999; Guest, 2002; Hammer & Demsky, 2014). In using extant measures of work-family balance in adulthood as a foundation for the development of the new construct and to inform scale item creation, hypotheses about relationships between individual and relational role balance and related constructs were better grounded in theory based on findings on antecedents and consequences of balance for adults (Allen et al., 2000; Allen & Armstrong, 2006; Allen & Kiburz, 2012; Aryee et al., 2005; Byron, 2005; Frone, 2000; Frone et al., 1997; Grzywacz & Marks, 2000; Hammer & Demsky, 2014; Kinnunen, et

al., 2006; Kossek & Ozeki, 1998; LaMontague & Keegel, 2010; Neal & Hammer, 2007; Wayne et al., 2004).

Results of the reliability and construct validation procedures in this study confirmed all hypotheses. First, the full scale and all subscales of the IRRBS were found to be reliable with this college student sample. Second, the subscales of the IRRBS were found to be moderately and positively correlated, confirming that while these subscales measure the same construct, individual and relational role balance, and are conceptually related, the construct itself is multidimensional. Third, individual and relational role balance, as measured by the full scale and subscales of IRRBS, was found to be moderately and positively related to life satisfaction and well-being. This finding is consistent with findings on the relationship between balance and positive psychosocial functioning in adulthood (Kossek & Ozeki, 1998; Allen, Herst, Bruck, & Sutton, 2000). Finally, individual and relational role balance was found to be moderately and negatively related to frequency of symptoms of anxiety and depression and overall psychological distress. Again, this finding is consistent with findings from studies of role balance in adulthood which highlight the negative consequences of imbalance for physical and psychological health (Allen, et al., 2000; Frone, 2000; Hammer & Demsky, 2014; LaMontague & Keegel, 2010).

Beyond the hypothesized relationships, findings indicating differences in the relationships between the subscales of the IRRBS and related constructs suggest that different aspects of balance may have different implications for psychosocial functioning. For example, while global assessments of accord among individual and relational roles

across one's life situation were most strongly related to life satisfaction, well-being, and lower frequency of symptoms of anxiety, depression, or psychological distress, differences in directional compatibility or interference between individual and relational roles and relationships with indicators of psychosocial function suggest that balance or imbalance may be experienced differently among emerging adults. In one direction, findings suggest that individuals reporting that their individual roles are largely compatible with their relationship roles (i.e. individual roles allow time and resources for relational roles to the degree the individual deems appropriate) experience lower frequency of symptoms of anxiety and lower psychological distress. These results provide further evidence that maximizing personal status at the expense of close relationships may be a threat to well-being and mental health (Diener, 2000; Luthar et al., 2013; Myers & Diener, 1995). In the other direction, individuals reporting that their relational roles are largely compatible with their individual roles (i.e. relational roles allow time and resources for achievement in individual domains to the degree the individual deems appropriate) seem to experience greater life satisfaction and well-being and lower frequency of symptoms of depression relative to others. These findings highlight the importance of success in achievement as well as in affiliative domains (Schulenberg, et al., O'Malley, 2004). It may be the case that there are different subtypes of balance or imbalance in emerging adulthood based on how individual and relational roles are prioritized and on the salience of each domain given an individual's current life situation or environmental context (Mayseless and Keren, 2010). Further understanding

of individual differences in directional role compatibility would allow for a better understanding of role balance as part of identity development in emerging adulthood.

Collectively, findings from this preliminary scale validation study suggest that while role balance in emerging adulthood needs to be more broadly defined to account for the number and transience of roles during this developmental period, the relationship between role balance and psychosocial functioning is similar in emerging adulthood and adulthood. What is less understood is the degree to which role balance changes over time, the influence of environmental and contextual factors on role balance (Mayseless and Keren, 2010), and how role balance might serve a developmental function (Heckhausen, et al., 2010; Schulenberg & Schoon, 2012; Sneed et al., 2007). Expanding the construct of role balance to emerging adulthood provides a basis for exploring role balance across the life-span, including in childhood and adolescence (Petrie, 2014).

Limitations

Results of this study should be interpreted in light of several limitations. First, the sample was limited to undergraduate college students at a single university. While college students are a population of interest in the study of emerging adulthood, college students are not representative of all emerging adults, nor are students on one campus representative of all college students. This sample of college students included a large percentage of younger, White emerging adults with 69.5% of respondents' age 18-19 years and 72.3% Caucasian. Replication of the reliability analysis and construct validation of the IRRBS and subscales with a more diverse sample of both college and non-college emerging adults is needed. Replication across contexts is particularly

important given findings from research on development in emerging adulthood which indicate differences across cultures in the way individual (primarily work) and relational (primarily love) roles are prioritized and the impact experiences in each domain have on psychosocial outcomes (Facio & Resett, 2014; Mayseless & Keren, 2010; Ranta et al., 2014).

A second limitation of the study is that all data was collected at a single point in time via self-report. Future studies might benefit from the collection of longitudinal data as well as additional objective, performance, or diagnostic data. Further, additional qualitative data collection procedures might be useful in understanding the relationships among constructs.

Finally, the scale validation was limited in scope in terms of the constructs (i.e. life satisfaction, well-being, mental health symptom endorsement and overall psychological distress) selected to test validity. While construct selection was based on findings from studies of work-family balance in adulthood and on their consequentialness in the lives of emerging adults, the nomological network of individual and relational role balance will ideally need to be extended by investigating relationships between role balance and other related constructs (e.g. personality traits, relationship satisfaction, symptoms of other mental health disorders including eating and substance use disorders, physical health, academic variables such as college major, GPA, credits carried, and intention to withdraw from college, and others). It would also be helpful to assess for group differences in balance on the basis of additional demographic variables such as sexual orientation, living situation, or religious preference.

Implications

The IRRBS's reliability and construct validity, as established by findings on the relationships between individual and relational role balance and the related constructs of life satisfaction, well-being, and mental health symptom endorsement and overall psychological distress, encourage further exploration of individual and relational role balance in emerging adulthood. As stated, continued scale development efforts are needed to expand and clarify the nomological network of individual and relational role balance in emerging adulthood for use in future research on balance outcomes (e.g. life/college/relationship satisfaction, well-being, physical health, mental health, college adjustment, academic performance, and others) as well as individual characteristics and related outcomes that may be mediated or moderated by balance (e.g. personality traits, self-compassion, coping strategies). Future studies using the scale might also benefit from a multi-method design that incorporates additional qualitative data to inform a process model of balance in emerging adulthood. As stated previously, it will be important to determine how balance might differ across contexts (i.e. college versus non-college or cross-culturally) and time (i.e. short or long-term longitudinal studies with an emphasis on role transitions and development). Finally, behavioral correlates of perceived individual and relational role balance might be considered in addition to possible interventions to improve individual and relational role balance among emerging adults.

In addition to implications for research on balance in emerging adulthood, findings presented here may also be relevant for mental health or college counseling

professionals in applied settings. The IRRBS could potentially be used by these professionals to better understand adjustment issues for emerging adults striving to pursue individual goals, maintain social commitments, and balance these roles. Significant relationships between individual and relational role balance and life satisfaction, well-being, and mental health increase the applied utility of the scale in settings that aim to promote the psychosocial health of emerging adults. Additional research on balance interventions could further benefit emerging adults and those working to improve quality of life for individuals during this period.

Overall, the preliminary scale validation of the IRRBS provides a foundation for exploring individual and relational role balance in emerging adulthood. The importance of advancing understanding of this new construct is emphasized by its relationship to important indicators of psychosocial functioning and well-being during this period. Significant potential exists for future research on role balance utilizing the IRRBS and this research may carry important implications for both theory and practice.

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Appendix

Table 1

Demographic Characteristics of Sample

	Sample distribution % (N)
Sex	
Male	58.8 (153)
Female	40.4 (105)
Age	
18-19	69.5 (182)
20-21	19.8 (52)
22-25	9.5 (25)
> 25	1.1 (3)
Race	
White/Caucasian	72.3 (188)
Black/African American	12.7 (33)
Hispanic/Latino/a	3.5 (9)
Asian/Asian American	3.5 (9)
Biracial/Multicultural	5.0 (13)
Other	1.9 (5)
Relationship Status	
Current romantic partner	34.4 (103)
No current romantic partner	49.5 (149)
Employment Status	
Employed part-time	37.5 (98)
Employed full-time	2.7 (7)
Unemployed, not looking for work	34.9 (91)
Unemployed, looking for work	1.6 (42)
Unable to work	3.1 (8)

Note: n=299

Table 2

Original Full IRRBS Item-Total Statistics

Item	Corrected Item-Total Correlation	Alpha if Item Deleted
1	.44	.86
2	.64	.86
3	.62	.86
4	.63	.86
5	.63	.86
6	.40	.86
7	.33	.87
8	.57	.86
9	.44	.86
10	.44	.86
11	.57	.86
12	.56	.86
13	.24	.87
14	.56	.86
15	.45	.86
16	.50	.86
17	.43	.86
18	.50	.86
19	.02	.88

Note. n=299, α = .87

Table 3

Original IRRBS Global Balance Subscale Item-Total Statistics

Item	Corrected Item-Total Correlation	Alpha if Item Deleted
1	.54	.77
2	.59	.76
3	.56	.77
4	.52	.78
5	.54	.77
6	.49	.77
7	.48	.77

Note. n=299, α = .80

Table 4

Original IRRBS Individual Role Compatibility with Relational Roles Subscale Item-Total Statistics

Item	Corrected Item-Total Correlation	Alpha if Item Deleted
8	.68	.75
9	.61	.76
10	.65	.75
11	.57	.77
12	.59	.77
13	.28	.83

Note. n=299, α = .80

Table 5

Original Relational Role Compatibility with Individual Roles Subscale Item-Total Statistics

Item	Corrected Item-Total Correlation	Alpha if Item Deleted
14	.68	.68
15	.59	.70
16	.57	.71
17	.67	.68
18	.63	.69
19	-.08	.85

Note. n=299, α = .76

Table 6

Correlations Between the IRRBS and Subscales and Related Constructs

	1	2	3	4	5	6	7	8	9	10	11	12
1. IRRBS												
2. Global Balance	.86**											
3. Indiv to Rel Role Compat	.76**	.53**										
4. Rel to Indiv Role Compat	.74**	.45**	.30**									
5. SWLS	.41**	.47**	.19**	.27**								
6. LSS	.48**	.55**	.26**	.30**	.67**							
7. General Life Sat	.46**	.55**	.26**	.26**	.72**	.95**						
8. College Sat	.38**	.40**	.18**	.29**	.40**	.82**	.60**					
9. PWB	.35**	.47**	.06	.26**	.63**	.67**	.68**	.47**				
10. PHQ, Anxiety	-.38**	-.50**	-.21**	-.11	-.38**	-.47**	-.46**	-.33**	-.45**			
11. PHQ, Depress	-.44**	-.52**	-.24**	-.26**	-.49**	-.52**	-.51**	-.51**	-.46**	.75**		

Table 6. Continued.

	1	2	3	4	5	6	7	8	9	10	11	12
12. PHQ, Distress	-.30**	-.41**	-.18**	-.10	-.32**	-.35**	-.35**	-.32**	-.24**	.36**	.46**	

*Note. n=299; ** = p < .01, * = p < .05; Individual and Relational Role Balance Scale (IRRBS), Satisfaction With Life Scale (SWLS; Diener, Larsen, & Grifin, 1985), the Life Satisfaction Scale and Subscales (LSS; Lounsbury, Saudargas, Gibson & Leong, 2005), Psychological Well-being Scale (PWB; Ryff, 1989), and the Patient Health Questionnaire, Anxiety and Depression (PHQ; Spitzer, Kroenke & Williams, 1999)*

Table 7

Observed and Corrected for Attenuation Correlations between the IRRBS and Related Constructs

	Observed Correlation	Correlation Corrected for Attenuation[1]
SWLS	.41**	.46**
LSS	.48**	.54**
PWB	.35**	.39**
PHQ, Anxiety	-.38**	-.48**
PHQ, Depress	-.44**	-.51**

*Note. n=299; ** = p < .01, * = p < .05; Satisfaction With Life Scale (SWLS; Diener, Larsen, & Grifin, 1985), the Life Satisfaction Scale (LSS; Lounsbury, Saudargas, Gibson & Leong, 2005), Psychological Well-being Scale (PWB; Ryff, 1989), and the Patient Health Questionnaire, Anxiety and Depression (PHQ; Spitzer, Kroenke & Williams, 1999); [1] To correct for attenuation, the observed correlation was divided by the square root of the reliability of the IRRBS multiplied by the reliability of the related measure.*

Original Individual and Relational Role Balance Scale (IRRBS) Items

Directions: The following items are statements a person might make about his/her life as a college student. Most college students find themselves not only in the role of student, but also in the roles of friend, family member, boyfriend/girlfriend, employee, student athlete, and many more. **Some roles are more independent where performance is based on individual achievement (e.g. in the classroom, on the job, on the playing field) where other roles are more interdependent and are based on relationships with others (e.g. friends, family members, romantic partners).** Think about the many roles you simultaneously inhabit as you read the statements below. Indicate your personal feelings by marking how much you agree or disagree with each statement.

1 = **Strongly Disagree** – you strongly disagree with the statement; it really does not describe you.
2 = **Disagree** – you disagree with the statement; it does not describe you.
3 = **Neutral** – you are not sure whether you agree or disagree with this statement; you are undecided.
4 = **Agree** – you agree with this statement; it describes you.
5 = **Strongly Agree** – you strongly agree with the sentence; it really describes you.

1. All in all, I feel successful in balancing my individual roles (e.g. as a student, employee, athlete, organization member) and my relationships with others (e.g. with friends, family members, romantic partners).
2. I often feel overwhelmed by my individual (e.g. as a student, employee, athlete, organization member) and relationship (e.g. as a friend, family member, romantic partner) commitments. R
3. It has often been difficult for me to find time to combine my individual roles (e.g. as a student, employee, athlete, organization member) and my relationships with others (e.g. with friends, family members, romantic partners). R
4. I rarely have enough time to fulfill both my individual (e.g. as a student, employee, athlete, organization member) and relationship (e.g. as a friend, family member, romantic partner) responsibilities. R
5. I often feel conflict between trying to meet the demands of my individual roles (e.g. as a student, employee, athlete, organization member) and devoting time to developing relationships with others (e.g. friends, family members, romantic partners). R
6. I generally feel as though I give adequate attention to both my independent roles (e.g. as a student, employee, athlete, organization member) and to my relationships with others (e.g. with friends, family members, romantic partners).
7. I am generally satisfied with my roles as an individual (e.g. as a student, employee, athlete, organization member) and in the context of my relationships with others (e.g., friends, family members, romantic partner).
8. The time I must devote to my individual responsibilities (e.g. as a student, employee, athlete, organization member) keeps me from participating fully in my relationships with others (e.g. friends, family members, romantic partners). R
9. I often can't spend as much time as I would like with others in my life (e.g., friends, family members, romantic partners) because of my individual responsibilities (e.g. in school, at work, in the athletic arena, within my organization). R
10. I often have to miss social activities (e.g. with friends, family members, romantic partners) due to the amount of time I spend on individual responsibilities (e.g. in school,

at work, in the athletic arena, within my organization). R

11. When I really commit to being successful in individual domains (e.g. academics, employment, athletics, organizations), the effort I'm able to put into my relationships with others (e.g. friends, family members, romantic partners) necessarily suffers. R
12. The demands of my individual responsibilities (e.g. as a student, employee, athlete, organization member) often make it difficult for me maintain the kind of relationships I would like with others in my life (e.g. friends, family members, romantic partners). R
13. My individual responsibilities (e.g. as student, employee, athlete, organization member) rarely interfere with my ability to meet demands in my relationships with others (e.g. friends, family members, romantic partners).*
14. The time I spend with others in my life (e.g. friends, family members, romantic partners) often interferes with my individual responsibilities (e.g. as a student, employee, athlete, organization member). R
15. The time I must devote to my relationship responsibilities (e.g. as a friend, family member, romantic partner) keeps me from being more fully involved in my individual roles (e.g. as a student, employee, athlete, organization member). R
16. I often feel guilty for spending time with others in my life (e.g. friends, family members, romantic partners) when I feel I should be concentrating on my individual responsibilities (e.g. as a student, employee, athlete, organization member). R
17. I often feel like I'm giving too much priority to my relationship responsibilities (e.g., as a friend, family member, romantic partner) when I should be giving more priority to my individual responsibilities (e.g. as a student, employee, athlete, organization member). R
18. My relationship responsibilities (e.g., as a friend, family member, romantic partner) prevent me from committing fully to my individual responsibilities (e.g. as a student, employee, athlete, organization member). R
19. The demands of my relationship responsibilities (e.g., as a friend, family member, romantic partner) rarely make it difficult for me adequately attend to my individual responsibilities (e.g. as a student, employee, athlete, organization member).*

*Note: n=299, *=removed from final scale*

Vita

Jennifer L. Bishop was born and raised in Central Florida. She earned a Bachelor of Arts degree in Political Science and a Bachelor of Sciences degree in Public Relations from the University of Florida. She also earned a Masters of Arts degree in Social Science Education from the University of South Florida. In 2014, she began her doctoral training in Clinical Psychology at the University of Tennessee. Her research interests include role development and psychological well-being in emerging adulthood.