



Construction and Validation of Urdu Rejection Sensitivity Scale for Accident Survivors

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ABSTRACT

The Purpose of the study was to construct and validate “Urdu Rejection Sensitivity Scale for Accident Survivors”. The scale was designed primarily as an assessment tool for measuring rejection sensitivity after accidents. The study aimed to address the gap in instruments available for the rejection sensitivity. A sample of 239 accident survivors was purposively selected from different areas of Khyber Pakhtunkhwa, having accident in the past 6 months. The tool was developed by identifying an item pool of 20 items. The five items were excluded after initial review and final draft of 15 items was administered. The data collected were analyzed to determine the validity and reliability of rejection sensitivity scale. The findings revealed that rejection sensitivity scale after accident has adequate face and content validities. The items are responded on a five-point frequency scale from not at all to all the times. Cronbach’s Alpha of the current scale is .842. The exploratory factor analysis revealed a single factor solution comprising of 15 items. The scale provided a novel measure to assess rejection sensitivity following accidental deformities that are visible in nature.

Keywords: Rejection Sensitivity, Accident Survivors, Scale Construction, Validation.

Introduction

Gao et al. (2017) defined rejection sensitivity as oversensitivity to social rejections. Rejection Sensitivity is the tendency of an individual to anxiously expect and perceive rejections and criticism from others and to overreact to these expectations and perceptions (Shin et al., 2024). Rejection sensitivity is cognitive-affective personality disposition in which individual anxiously expect the potential rejecting situations, and overreact accordingly (Ridley, 2022). Chesin et al. (2015) argued that individuals may express rejection sensitivity in any social settings such as workplace, friendship gathering. Individuals may experience higher level of fear of being rejected due to physical limitations. The rejection sensitivity may lead to avoidance of different social settings (see also, Garthe et al., 2020). Vagos et al. (2016) reported that rejection sensitivity is associated with increased mental health problems.

Webb et al. (2015) argued that individuals tend to compare themselves to uninjured individuals that can lead to feeling of inadequacy. The tendency may result in increased stressful reactions to the injury. Meehan et al. (2018) defined rejection sensitivity as interpretation of others’ reactions to one’s injuries. Zimmer et al. (2016) argued that individuals may feel rejection sensitivity due to failure or physical injuries. They further added that rejection sensitive directly affect the psychological and social adjustment. According to Zimmer and colleagues repeated rejections results in increased sensitivity of social rejection effecting individual both psychologically and physically.

Webb et al. (2015) listed different measures available to measure rejection sensitivity; the adolescent rejection

sensitivity scale, social rejection sensitivity and appearance-based rejection sensitivity scale. Adolescent rejection sensitivity scale is a 20 item which measures the level of rejection sensitivity only in an adolescent stage. Social rejection sensitivity scale measures fear of rejection at social situations. Appearance based rejection sensitivity scale (Park, 2013) measures the rejection sensitivity due to physical attractiveness. Andrews et al. (2022) developed Online and Offline Social Rejection Sensitivity Scale, an 18-items measure to assess the sensitivity to rejection as perceived by individuals both online and offline. Berenson et al. (2009) developed 9-items Adult Rejection Sensitivity Questionnaire that assess the rejection sensitivity and anxiety associated with rejection sensitivity. The available rejection sensitivity scales primarily focused on the relationship between rejection sensitivity and negative outcomes. According to Feinstein et al. (2017) rejection sensitivity is associated with interpersonal difficulties. They argued that individuals having high rejection sensitivity experience difficulties in forming and maintaining close relationships. The associated reactions to rejection sensitivity may include avoidance of social interactions and/ or becoming overly dependent on others. Feinstein and colleagues further added that rejection sensitivity may results in increasing emotional distress, anxiety and depression.

Zimmer et al. (2016) pointed out that over time periods the individuals become increasingly sensitive to the rejection, that in turn increase the reactivity to the perceived rejection. Increased rejection sensitivity may result in negative self-talk, increased social isolation and rumination over past rejection. Increased rejection sensitivity is also associated with persistent and negative focus on perceived failures. It is worth noting that increased rumination contributed to feelings of despair and hopelessness. Meehan, et al. (2018) found that rejection sensitivity is associated with impaired emotional health, decreased social and psychological wellbeing. Contrary to high rejection sensitivity, low rejection sensitivity is associated with decreased sensitivity to rejection and criticism by others. Individual have lower levels of rejection sensitivity have more optimistic outlook in relationships.

Giovalias and Paschalidi (2022) argued that rejection sensitivity is characterized by fear of rejection and avoidance of the situations where the possibility of perceived rejection is high. They further added that rejection sensitivity is characterized with preoccupation with rejection including excessive worrying about being rejected. Individual high on rejection sensitivity constantly evaluates social situations for possible signs of rejection. Individuals’ overreaction to rejection may result in becoming angry, upset, and defensive. It is reported that there is strong association between rejection sensitivity and health outcome, maintaining relationship and life goals.

There was no such a scale which measures the rejection sensitivity after accident or visible physical injury. To fill up this gap, Urdu Rejection Sensitivity Scale for Accident Survivors was constructed. One of the research studies conducted by Webb indicated that high rejection sensitivity is associated with high likelihood to interpret difficult situations as negative. The individual may anticipate rejection in advance, and respond with high emotional distress or defensive behaviors. Those having rejection sensitivity may also avoid social interactions, discuss less personal information, and have lower self-esteem and life satisfaction (Webb et al., 2015).

Method

Objectives

The main objective of the study was to construct and validate rejection sensitivity scale for accident survivors. Specifically, the study determined the following:

1. Construction of rejection sensitivity scale for accident survivors.
2. Validity of the rejection sensitivity scale for accident survivors.
3. Reliability of the rejection sensitivity scale for accident survivors.

Research design

Presents study was based on cross sectional survey research design to gather and analyzed the data from accident survivors.

Sample of the study

The population of the study comprised of the accident survivors. The study sample consisted of purposively selected 239 accident survivors from Khyber Pakhtunkhwa.

Inclusion Criteria. The inclusion criteria for the sample were accidents survivors with a duration more than 6 months, and having visible and clear deformity following accident.

Exclusion Criteria. The exclusion criteria for the sample were accidents survivors having duration less than 6 months and no visible body deformities following accident.

Operational Definition

Rejection Sensitivity. The tendency to anxiously expect, perceive, and react to social rejection, measured using the Urdu Rejection Sensitivity Scale (URSS), where individuals rate their agreement with statements about their feelings and reactions to perceived rejection on a scale from 1 (not at all) to 5 (all the time).

Steps Involved in Scale Construction

The following steps were involved in scale construction.

Item Pool Generation

Items were generated to assess the rejection sensitivity based on interviews of the persons who have met the accident and also literature based. A 20-item pool was presented to 5 experts, for content and face validity of the scale. The experts included Three PhD Psychologist, One PhD Urdu Literature and One MPhil Scholar. The experts recommended a final 15-item version of the scale. The response categories were decided and instrument was pilot tested. No observations were made during pilot testing and individuals did not report any difficulty or ambiguity in the test items.

Data analysis

EFA was run on the data gathered from purposively selected 239 respondents who had accident. The respondents represented were those patients having visible injury and admitted in different orthopedic wards of different hospital of KP. The sample included 202 males (84.5%) and only 37 females (15.5%). Bartlett's test of sphericity and Kaiser-Meyer Olkin (KMO) was used to established appropriateness for conducting EFA (Table 1).

Table 1. Output for KMO and Barlett Tests

KMO and Bartlett's Test	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy	.890
Bartlett's Test of Sphericity	
Approx. Chi-Square	4812.61
df	105
Sig.	.000

The table 1 indicated the sampling adequacy for the construction of the scale. The value of Kaiser-Meyer-Olkin of .890 indicating that current sample is adequate to run factor analysis for the data. Bartlett's Test of Sphericity is also significant ($\chi^2 = 4812.61$, $p < .001$) indicate that the variables are not uncorrelated.

Table 2.

Communalities: Factor Extraction Using Principal Component Analysis.

Items	Statements	Initial	Extractio n
1	مجھے ایسا لگتا ہے کہ میرے جسمانی خدوخال میں خرابی کی وجہ سے لوگ مجھے کم توجہ دیتے ہیں۔	1.000	.700
2	مجھے اپنے جسمانی خدوخال میں خرابی کی وجہ سے لوگوں میں گھل مل جانے میں پریشانی کا سامنا کرنا پڑتا ہے۔	1.000	.660
3	کسی بھی طرح کی محفل میں، میں جسمانی خدوخال کو چھپانے کی کوشش کرتا/کرتی ہوں۔	1.000	.554
4	محفل میں میرا زیادہ تر وقت اپنے جسمانی خدوخال کے تقاضوں کو دیکھنے میں گزرتا ہے۔	1.000	.534
5	میں کوشش کرتا/کرتی ہوں کہ محفل میں لوگ میرے جسمانی خدوخال کو مخصوص انداز سے نہ دیکھ سکیں۔	1.000	.686
6	میرے جسمانی خدوخال محفل میں میرے لئے پریشانی کا باعث بنتے ہیں۔	1.000	.777
7	میں اپنے جسمانی خدوخال میں خرابی کی وجہ سے محفل میں جانے سے گریز کرتا/کرتی ہوں۔	1.000	.708
8	مجھے لگتا ہے لوگ میری پیٹھ پیچھے میرے جسمانی خدوخال کا مذاق اڑاتے ہیں۔	1.000	.854
9	میں اپنے جسمانی خدوخال یا پہلو پر آسانی کر سکتا ہوں۔	1.000	.849
10	میرے جسمانی خدوخال میں خرابی کی وجہ سے میرے خیالات اور عادات میں کوئی تبدیلی واقع نہیں ہوئی۔	1.000	.785
11	میں حادثے کے بعد اپنے جسمانی خدوخال میں ہونے والی تبدیلی یا خرابی کی وجوہات بیان کر سکتا ہوں۔	1.000	.772
12	میرے جسمانی خدوخال میں ہونے والی تبدیلی میری پیشہ ورانہ صلاحیتوں پر اثر انداز تھی۔	1.000	.777
13	میرے جسمانی خدوخال میں تبدیلی دوران سفر مختلف مسافروں سے میل جول میں رکاوٹ کا باعث ہے۔	1.000	.891
14	جسمانی خدوخال میں حادثے کے آنے والی تبدیلی میری روزمرہ زندگی پر اثر انداز ہوتی ہے۔	1.000	.836
15	جسمانی خدوخال میں غیر معمولی تبدیلی میرے معاشرتی یا ازدواجی تعلقات میں رکاوٹ کا باعث ہے۔	1.000	.556

Extraction Method: Principal Component Analysis.

Table 2 indicated the communality values of items of Urdu Rejection Sensitivity Scale. All the values are greater than .5, indicating that there is significant variance extracted by the factor solution. The factor loadings ranged from .541 to .926.

Table 3

Total Variance Explained.

Initial Eigen values	Total	% of variance	Cumulative (%)	Extraction total
1	10.090	64.597	64.597	10.090
2	.992	7.652	72.249	
3	.848	6.616	78.865	
4	.753	5.018	83.883	
5	.476	3.171	87.054	
6	.343	2.287	89.341	
7	.338	2.251	91.592	
8	.326	2.170	93.763	
9	.260	1.735	95.497	
10	.218	1.456	96.953	
11	.167	1.111	98.064	
12	.125	.830	98.894	
13	.109	.726	99.620	
14	.045	.299	99.918	
15	.012	.082	100.000	

Table 3, indicate 64.59% of variance is explained, indicating that the factorial model is adequate. Factor analysis was carried out using principal component analysis and varimax rotation with Kaiser normalization. Single factor solution emerged for the Scale.

Table 5.

Exploratory Factor Analysis: Factor Extraction with Varimax Rotation.

Items	Statements	Extraction
1	مجھے ایسا لگتا ہے کہ میرے جسمانی خدوخال میں خرابی کی وجہ سے لوگ مجھے کم توجہ دیتے ہیں۔	.835
2	مجھے اپنے جسمانی خدوخال میں خرابی کی وجہ سے لوگوں میں گھل مل جانے میں پریشانی کا سامنا کرنا پڑتا ہے۔	.805
3	کسی بھی طرح کی محفل میں، میں جسمانی خدوخال کو چھپانے کی کوشش کرتا/کرتی ہوں۔	.739
4	محفل میں میرا زیادہ تر وقت اپنے جسمانی خدوخال کے تقاضوں کو دیکھنے میں گزرتا ہے۔	.541
5	میں کوشش کرتا/کرتی ہوں کہ محفل میں لوگ میرے جسمانی خدوخال کو مخصوص انداز سے نہ دیکھ سکیں۔	.760
6	میرے جسمانی خدوخال محفل میں میرے لئے پریشانی کا باعث بنتے ہیں۔	.882

7	میں اپنے جسمانی خدوخال میں خرابی کی وجہ سے محظوظ میں جانے سے گریز کرتا کرتی ہوں۔	.819
8	مجھے لگتا ہے لوگ میری پیچھے پیچھے میرے جسمانی خدوخال کا مذاق اڑاتے ہیں۔	.870
9	میں اپنے جسمانی خدوخال یا پہلو پر آسانی کر سکتا ہوں۔	.869
10	میرے جسمانی خدوخال میں خرابی کی وجہ سے میرے خیالات اور عادات میں کوئی تبدیلی واقع نہیں ہوئی۔	.840
11	میں حادثے کے بعد اپنے جسمانی خدوخال میں ہونے والی تبدیلی یا خرابی کی وجوہات بیان کر سکتا ہوں۔	.812
12	میرے جسمانی خدوخال میں ہونے والی تبدیلی میری پیشہ ورانہ صلاحیتوں پر اثر انداز تھی۔	.867
13	میرے جسمانی خدوخال میں تبدیلی دوران سفر مختلف مسافروں سے میل جول میں رکاوٹ کا باعث ہے۔	.924
14	جسمانی خدوخال میں حادثے کے آنے والی تبدیلی میری روزمرہ زندگی پر اثر انداز ہوئی ہے۔	.890
15	جسمانی خدوخال میں غیر معمولی تبدیلی میرے معاشرتی یا ازدواجی تعلقات میں رکاوٹ کا باعث ہے۔	.613

The results in above table indicate the single factor solution of the Urdu Rejection sensitivity scale. Each item loaded significantly on the single factor.

The results indicated that the newly developed scale i.e. rejection sensitivity scale after accident was well constructed, valid and reliable scale. This scale was applied for a sample of 239 in different hospital of Khyber Pakhtunkhwa. The scale consists 15 items ranging from 1 (Not at all), 2 (A little), 3 (Often), 4 (A lot) and 5 (All the time). This scale is made in Urdu language. Since the rejection sensitivity scale after accident was highly valid and reliable, it was recommended that it should always be used as an assessment tool for determining the rejection sensitivity after accident or physical injury. The Cronbach's Alpha of Urdu Rejection Sensitivity scale is .842.

Discussion

There are different scales of rejection sensitivity but here we construct a scale for rejection sensitivity named as Urdu rejection sensitivity scale after accident. This scale measured the fear of rejection or criticism after accident or physical injuries. This scale consists of 15 items and each item have five choices ranging from 1 (Not at all), 2 (A little), 3 (Often), 4 (A lot) and 5 (All the time). A sample 239 accident survivors were purposively selected from different hospitals of Khyber Pakhtunkhwa including Shahab Orthopedic Center Peshawar, Khyber Teaching Hospital Peshawar, Zia Medical complex Peshawar, Hayatabad Medical Complex Peshawar, Lady Reading Hospital Peshawar, Paraplegic center Peshawar, Ayub Teaching Hospital Abbottabad and King Abdullah Hospital Mansehra. The data collected were analyzed to determine the validity of the test, item validity through item analysis and reliability of Urdu rejection sensitivity scale for accident survivors. The findings revealed that Urdu rejection sensitivity scale for accident survivors has adequate face and content validities.

Since the rejection sensitivity scale after accident was highly valid and reliable, it was recommended that it should always be used as an assessment tool for determining the rejection sensitivity after accident or physical injury. Their value of Cronbach's Alpha is .842.

The items that made up the rejection sensitivity scale of accident were selected through the item analysis. The items of the scale are suitable and appropriate. The scale has a high degree of internal consistency with a low standard error of measurement. The present study aims to develop a reliable and valid scale for identifying and measuring rejection sensitivity after accident among accident survivors. The study used three-step approach, from item generation using expert consultations to build group consensus and finalize 15 items for scale construction using exploratory factor analysis with high reliability.

Conclusion

The study was carried out to construct and produce a valid and reliable Urdu rejection sensitivity scale after accident. The test should be used to assess the level or severity of rejection or fear of rejection after accident or physically deform or injured. Two research questions which centered on validity and reliability were drawn to guide the study. Theoretical and empirical literature related to the study were reviewed. Various samples were used to ensure that the test is valid and reliable. A sample of 239 accident survivors having different physical injuries was used to determine the face, content validity, and reliability of the instrument.

Limitations and Recommendation

The current study was carried out in Khyber Pakhtunkhwa only. Data from other areas of Pakistan might increase the generalizability of the scale. The replication of the scale to other geographical locations at Punjab, Sindh, Baluchistan, AJK and Gilgit Baltistan can provide a greater insight into the construct.

The scale is a self-reported measure to assess the rejection sensitivity on Individuals who visited hospitals. However, the individuals who did not seek treatment were not approached. Future research can be conducted on those individuals.

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