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Internal consistency, test-retest reliability and construct validity of the Frost Multidimensional Perfectionism Scale

Consistencia interna, confiabilidad test-retest y validez de constructo de la Escala Multidimensional de Perfeccionismo de Frost

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Abstract

The purpose of this research was to evaluate the internal consistency, the test-retest reliability and the construct validity of the Frost Multidimensional Perfectionism Scale (FMPS) in women. The total sample was made up of 325 university women, with an average age of 20.75 years ($SD = 2.81$). The scale was administered twice ($n = 189$) with an interval of one or two months between the first and second time of administration. Results showed that Cronbach's Alpha for the total score of instrument was .87 and for the factors ranged from .66 to .80. The one-month test-retest reliability was .80 and for the two-months was .67. People with symptomatology of eating disorders showed significantly higher scores than the control group in the total score of the FMPS and three of its factors, Concerns about Mistakes, Doubts about Actions and Parental Expectations. These findings provide favorable evidence for internal consistency, test-retest reliability and construct validity of the FMPS.

Resumen

El propósito de esta investigación fue evaluar la consistencia interna, la confiabilidad test-retest y la validez de constructo de la Frost Multidimensional Perfectionism Scale (FMPS) en mujeres. Se trabajó con una muestra de 325 mujeres universitarias, con una edad promedio de 20.75 años ($DE = 2.81$). Una muestra ($n = 189$) de participantes contestó la FMPS en dos ocasiones para el test-retest, con una diferencia de un mes o dos meses entre la primera y la segunda aplicación. Los resultados mostraron que el Alpha de Cronbach para el total del instrumento fue de .87 y para los factores el rango fue de .66 a .80. La confiabilidad test-retest a un mes fue de .80 y a dos meses fue de .67. Las personas con sintomatología de trastornos del comportamiento alimentario presentaron puntuaciones significativamente mayores que el grupo control en el total de la escala y tres de sus factores, Preocupación por los Errores, Indecisión de Acción y Expectativas Paternas. Se concluye que existe evidencia favorable sobre la consistencia interna, confiabilidad test retest y validez de constructo de la FMPS.

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Introducción

Research interest focused on perfectionism has grown over the last two decades in the clinical and personality areas, recognizing its potential negative effects, such as sense of failure, indecision, procrastination and shame (González, Ibañez, Rovella, López, & Padilla, 2013). Taking into account the effects of perfectionism on health, a dual conceptualization has been proposed throughout a number of early writings in the clinical literature. For example, Shafran, Cooper, and Fairburn (2002) classified perfectionism

as functional vs dysfunctional.

Functional perfectionism is associated with several features, such as the high personal expectation, self-esteem, order, organization, good performance, planning and facing tasks with a high intellectual level (Parker, 2000; Sastre-Riba, 2012), positive attachments (Bieling, Israeli, & Anthony, 2004), and life satisfaction (Bergman, Nyland, & Burns, 2007). Whereas, dysfunctional perfectionism is associated with negative affects like anxiety, depression, social anxiety (Stoeber & Otto, 2006), as well as, eating disorders (Franco-Paredes, Mancilla-Díaz, Vázquez-Arévalo, López-Aguilar, & Alvarez-Rayón, 2005; González et al., 2013).

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Scappatura, Arana, Elizathe, and Rutzstein (2011) stated that perfectionism has been associated with unrealistic expectations regarding physical appearance oriented toward extreme thinness, therefore, this construct is considered as an important risk factor and maintenance factor of eating disorders (Fairburn, Cooper, & Shafran, 2003; Franco-Paredes et al., 2005; Lilienfeld, Wonderlich, Riso, Crosby, & Mitchell, 2006; Rutzstein, Scappatura, & Murawski, 2014). In addition, a high level of perfectionism after recovery may be considered as an important element for relapse in eating disorders (Bardone-Cone, 2007). In this sense, perfectionism supposes a transdiagnostic process, as a common risk factor in the etiology and in the maintaining of eating disorders.

Given the importance of perfectionism within the psychology field, different instruments have been developed and used in several researches carried out in the last two decades, including the Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990). The FMPS includes 35 items that evaluate six dimensions of perfectionism: Personal Standards, Concerns over Mistakes, Organization, Doubts about Actions, Parental Expectations and Parental Criticism. The internal consistency of the FMPS have been assessed in adult population with Cronbach's Alpha coefficients ranging from .85 to .93 (Cheng, Chong, & Wong, 1999; Franco, Mancilla-Díaz, Vázquez, Álvarez, & López, 2010; Frost et al., 1990; Gelabert et al., 2011; Parker & Adkins, 1995; Stöber, 1998). Temporal one month stability was also evaluated, in two studies test-retest correlation ranged from .76 (Monteiro et al., 2013) to .82 (Gelabert et al., 2011).

Empirical evaluation of the factorial structure of the FMPS has confirmed the original six factor solution (Gelabert et al. 2011; Parker & Adkins 1995; Purdon, Antony, & Swinson, 1999; Rhéaume, Freeston, Dugas, Letarte, & Ladouceur, 1995; Stöber, 1998). However, three studies reported a five factor solution (Cox, Enns, & Clara, 2002; Cheng et al. 1999; Franco et al., 2010); and finally, four studies identified a four factor solution (Franco, Santoyo, Díaz, & Mancilla-Díaz, in press; Harvey, Pallant & Harvey 2004; Hawkins, Watt, & Sinclair, 2006; Khawaja, &

Armstrong, 2005; Stumpf, & Parker, 2000), which can be considered the most parsimonious structure taking into account the fit indexes.

The development and constant updating of questionnaires is an important task in any area of study and it is desirable to have the greater amount of evidence regarding the psychometric properties of this tools. The assessment of the psychometric properties of the questionnaires is a continuous process in which the evidences that confirm or complement existing findings are generated. The questionnaires have allowed the advance of knowledge about the effects of perfectionism on health and behavior. The majority of the studies have examined the psychometric properties of the FMPS in school-aged people, and only two studies have used clinical samples (Cox et al., 2002; Purdon et al., 1999). Also, the reliability has been assessed with Cronbach's Alpha method, and there is a few evidence about temporal stability of the FMPS (Gelabert et al., 2011; Monteiro et al., 2013). On the other hand, the two studies that have been carried out in Mexico to validate the FMPS revealing that internal consistency for the total score of the scale was adequate (Franco et al., 2010) and the four factors structure was the most parsimonious (Franco et al., in press). Because of this, the purpose of this research was to generate more evidence about psychometric properties of the FMPS, specifically regarding the test-retest reliability, the internal consistency and construct validity in women.

Method

Sample

The total sample consisted of 325 undergraduate women with an average age of 20.75 years ($SD = 2.81$), range 18-25 years old. The majority of the students were in their second year of undergraduate studies (61.3%), and 38.7% were third-year undergraduate students. The great majority of the students were single (96.62%). To analyze the temporal stability of the FMPS, 189 women answered the questionnaire at two different moments, separated by one ($n = 115$) and two months ($n = 74$).

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