

# Adaptation and validation of a French version of the Situational Motivation Scale (SIMS) for skin-to-skin contact: Preliminary findings

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## INTRODUCTION

The Situational Motivation Scale (SIMS; Guay et al., 2000) is a self-report measure of motivation which comprises 4 dimensions: intrinsic regulation, identified regulation, external regulation, and amotivation. This scale is based on the self-determination theory of Ryan and Deci (2000). However, it only assesses 4 of the 6 motivational factors proposed by the theory. Therefore, the aim of this study is to adapt the original scale by adding the two factors that are not included into the SIMS (i.e., integrated, and introjected regulation) to investigate the role situational motivation for skin-to-skin contact (SSC) practice.

## METHOD

We developed 8 new items for assessing integrated and introjected motivation and adapted 4 existing SIMS items to create a 6-factor version. Mothers of preterm infants following Kangaroo Mother Care (KMC) program in 2 hospitals of Cameroon were invited to fill in the questionnaire three times on a weekly basis after their initiation of KMC. At each assessment, the duration of skin-to-skin practice and the baby's weight gain were also evaluated. We calculated the internal consistency of the theoretical subscales and the overall scale at each of the 3 weeks. We also conducted an Exploratory Factor Analysis (EFA) of the scale for each of the 3 weeks. For the week that the EFA demonstrated a 6-factor solution, we calculated the correlations of each of the subscales obtained with the duration of skin-to-skin practice and the baby's weight gain.

### L'échelle de motivation situationnelle adaptée (SIMS)

Consigne : Lisez chaque affirmation avec attention. Puis, cochez la case qui décrit le mieux à quel point vous êtes en accord avec chaque affirmation.

1 = Ne correspond pas du tout  
2 = Correspond très peu  
3 = Correspond un peu  
4 = Correspond moyennement  
5 = Correspond assez  
6 = Correspond beaucoup  
7 = Correspond exactement

Pourquoi faites-vous du peau-à-peau (kangourou) avec votre bébé ?

	1	2	3	4	5	6	7
1. Parce que le peau-à-peau est vraiment plaisant.							
2. Parce que faire du peau-à-peau est cohérent avec mes valeurs.							
3. Parce que j'ai choisi de le faire pour mon bien à moi et celui de mon bébé.							
4. Parce que je me sens coupable si je ne fais du peau-à-peau.							
5. Parce que je dois suivre les recommandations du médecin.							
6. Je ne sais pas pourquoi je le fais, je ne vois pas ce que cela me procure.							
7. Parce que je me sens bien en faisant du peau-à-peau.							
8. Parce que faire du peau-à-peau correspond à ma vision de la vie.							
9. Parce que je crois que le peau-à-peau est important pour mon bébé et pour moi.							
10. Parce que si je ne le fais pas, j'aurais honte de moi.							
11. Parce que certaines personnes me mettent la pression que je le fasse.							
12. Je fais du peau-à-peau, mais je ne suis pas sûre si cela en vaut la peine.							
13. Parce que je trouve le peau-à-peau intéressant.							
14. Parce que faire du peau-à-peau correspond bien à ce que je suis.							
15. Parce que je sens que mon bébé a besoin du peau-à-peau.							
16. Parce que je me sentrais mal si je ne faisais pas du peau-à-peau.							
17. Pour ne pas avoir à entendre les reproches de certaines personnes.							
18. Je fais du peau-à-peau, mais en me demandant si je dois le faire.							
19. Parce que je trouve le peau-à-peau agréable.							
20. Parce que faire du peau-à-peau fait partie du style de vie que j'ai choisi.							
21. Parce que je trouve que faire du peau-à-peau est bon pour mon bébé et pour moi.							
22. Parce que je dois le faire pour me sentir en paix avec moi-même.							
23. Parce que je sens que je n'ai pas d'autres choix que de le faire.							
24. Il y a peut-être de bonnes raisons pour faire du peau-à-peau, mais personnellement je n'en vois pas.							

## RESULTS

EFA (N=119) shows a 4 or 6 factor solution depending on the week of assessment. For the week 3, the eigenvalues for the first six factors are, respectively, 2.608, 2.314, 2.294, 1.704, 1.644, and 1.620. The six factors account for 10.9%, 9.6%, 9.6%, 7.1%, 6.8%, and 6.8% of the variance (51% cumulatively). Items 5 and 6 do not display satisfactory saturation. According to the results of week 3, correlation analyses show that *Amotivation* is associated to the baby's weight gain. In addition, *External regulation* is associated with the duration of skin-to-skin contact with the baby.

### 1. Internal Consistency (McDonald's $\omega$ )

	Week 1	Week 2	Week 3
Intrinsic	0.663	0.784	0.790
Integrated	0.811	0.832	0.843
Identified	0.663	0.774	0.623
Introjected	0.790	0.772	0.798
External	0.513	0.615	0.615
Amotivation	0.644	0.676	0.699
SIMS total	0.829	0.841	0.848

### 3. External validity (Pearson's Correlations based on Week 3 EFA)

	1	2	3	4	5	6	7
1. Weight gain	—						
2. SSC duration	0.158	—					
3. Intrinsic	-0.047	-0.072	—				
4. Integrated	-0.126	0.042	0.412***	—			
5. Identified	0.179	-0.156	0.265**	0.029	—		
6. Introjected	-0.104	0.133	0.392***	0.319***	0.172	—	
7. External	-0.085	<b>0.309**</b>	0.094	0.248**	0.095	0.453***	—
8. Amotivation	<b>-0.206*</b>	-0.109	0.007	0.246**	-0.096	0.085	0.248**

\* p < .05, \*\* p < .01, \*\*\* p < .001

### 2. Exploratory Factor Analysis (at Week 3)

Factors	1	2	3	4	5	6	Uniqueness
S1		0.610					0.559
S2	0.725						0.367
S3						0.591	0.479
S4			0.746				0.342
S5							<b>0.741</b>
S6							<b>0.793</b>
S7		0.578					0.394
S8	0.753						0.344
S9		0.435					0.629
S10			0.530				0.488
S11				0.601			0.554
S12					0.634		0.554
S13		0.643					0.535
S14	0.796						0.280
S15						0.637	0.509
S16			0.754				0.369
S17				0.747			0.338
S18					0.428		0.598
S19		0.694					0.337
S20	0.584						0.606
S21						0.618	0.541
S22			0.502				0.515
S23				0.408			0.597
S24					0.788		0.348

Note. Applied rotation method is equamax, only loadings above 0.4 are displayed.  
1=Integrated; 2=Intrinsic; 3=Introjected; 4=External; 5=Amotivation; 6=Identified

## CONCLUSION

Preliminary analyses show that the modified SIMS exhibits a satisfactory factorial structure. However, larger samples are needed to confirm the psychometric properties of the scale. The study also suggests that the modified SIMS is a relevant tool for assessing the mother's motivation to practice skin-to-skin contact with her preterm newborn. More interestingly, the present study has identified some types of motivation that are most likely to promote a better mother commitment in the practice of skin-to-skin contact with her preterm newborn.

## Perspectives

We are looking for partners who would like to participate in a validation study of this questionnaire in French with a larger sample of participants (see contact below).

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