



## Women's perceptions of social support during labour: Development, reliability and validity of the Birth Companion Support Questionnaire

Carmel L. Dunne, PhD (Masters of Nursing (Women's Health), Grad Dip Women's Health Lecturer – Midwifery)<sup>a,\*</sup>, Jennifer Fraser, RN, PhD (Associate Professor, Director of Research Students and Research Development)<sup>b</sup>, Glenn E. Gardner, PhD, MEdStudies, BAppScience (Advanced Practice Nursing) (Professor of Clinical Nursing)<sup>c</sup>

<sup>a</sup> Australian Catholic University, McAuley, Banyo Campus Brisbane, PO Box 456, Virginia, Queensland 4014, Australia

<sup>b</sup> M02 – Sydney Nursing School, University of Sydney, Sydney, NSW 2006, Australia

<sup>c</sup> Queensland University of Technology, Brisbane, Qld, Australia

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### ABSTRACT

**Objective:** to develop and test the reliability and validity of a research instrument to measure women's perceptions of social support provided during labour by at least one lay birth companion.

**Design:** a cross-sectional study was carried out from April 2009 to February 2010.

**Setting:** non-tertiary hospital in the outer western region of Brisbane, Australia.

**Participants:** six registered midwives and 10 postnatal women reviewed the instrument. The instrument was then completed by 293 inpatient women who had experienced a vaginal birth.

**Measurements and findings:** the Birth Companion Support Questionnaire (BCSQ) was developed and its reliability and validity were evaluated in this study. An exploratory factor analysis was performed on the final instrument using principal component analysis with an oblique (Promax) rotation. This process suggested two subscales: emotional support and tangible support. The questionnaire was found to be reliable and valid for use in midwifery research.

**Key conclusions:** the BCSQ is an appropriate instrument to measure women's perceptions of lay birth companion support during labour.

**Implications for practice:** this is the first rigorous study to develop and test a measure of social support in labour which is critical at a time when policy makers and health planners need to consider the needs of birthing women and their network of support friends and family.

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### Introduction

It is now an acceptable practice in most birthing facilities throughout Australia that labouring women will be accompanied to birth suite by one or more birth companions chosen from their intimate and social networks. Throughout history, women across the world birth in the presence of other women to help them cope with the stress of labour and birth (Brodsky, 2006; Fahy, 2006). A number of changes in many western countries saw this traditional practice decline. For example, with women birthing in hospital, they became isolated from the support of family and friends. In an attempt to secure a more supportive experience, women began to demand the presence of a supportive companion; namely their

partner. This event became the catalyst for a number of studies focusing on different types of support providers and their contribution to the idea of support during labour. This is evidenced by more than 40 studies that have been conducted over the last 35 years. The overall findings from these studies have revealed that a supportive human presence in the form of partner, female relative or doula enhances women's satisfaction with the birth experience, boosts emotional comfort and decreases anxiety (Sauls, 2002; Hodnett et al., 2003; Rosen, 2004). Despite the substantial amount of research on support during labour, little is known about the impact of non-professional and multiple support people.

Research to date has focussed on either mothers' or midwives' perspectives predominantly using qualitative approaches. Price et al. (2007) collected data using in-depth interviews with 16 women in the immediate postpartum period prior to discharge from hospital. Thirteen of the 16 women had additional support people; namely their mothers, female friends and a doula. When interviewed, women said they had chosen family members and

\* Corresponding author.

E-mail addresses: [lynne.dunne@acu.edu.au](mailto:lynne.dunne@acu.edu.au) (C.L. Dunne), [jfraser@sydney.edu.au](mailto:jfraser@sydney.edu.au) (J. Fraser), [ge.gardiner@qut.edu.au](mailto:ge.gardiner@qut.edu.au) (G.E. Gardner).

close friends. The researchers revealed these women chose individuals they felt connected to in day-to-day life, expressing their need for individualised support, comfort, control and family bonding (Price et al., 2007).

On the other hand, midwives and nurses have reported that multiple birth companions are a source of conflict for women in their care, rather than support. For example, Spear (2006) conducted a telephone survey of 154 obstetric nurse managers in the south-eastern hospital obstetric units of Alabama, Louisiana, Virginia, West Virginia, South Carolina, Kentucky, Mississippi, Florida, Georgia, and Tennessee. Findings from the survey revealed that some nurses exercised their own judgement about who could accompany women in labour, and turned a blind eye to a two person only policy. However some nurses reported actually attempting to limit the number of support people and would ask them to leave claiming it was detrimental to the health and welfare of the labouring woman (Spear, 2006). In another qualitative study, midwives talked about attempting to limit the number of companions with one midwife arguing that women accompanied by a large number of support people were actually unsupported and that the labour and birth process was treated as a 'viewing' (Maher, 2004, p. 277).

Advantages and disadvantages of having multiple birth companions in hospital units are not well understood although there does seem to be conflict between women and hospital staff (Maher, 2004; Kettlei and Perkins, 2006; Spear, 2006; Price et al., 2007). What we do know is that more research is needed to identify women's perceptions and experiences. This is imperative as there is an expectation for women to be accompanied by their friends and families in most maternity services today. The purpose of the study presented herein was to develop and test the Birth Companion Support Questionnaire (BCSQ) as a self-report measure of women's perceptions of support provided during labour and birth by one or more people from their intimate and social networks.

## Methods

### Study design

This cross sectional design aimed to adapt an existing instrument that measured social support in labour, for use in measuring maternal perception of at least one lay birth support person during labour. The Sauls' (2004) Labor Support Questionnaire (LSQ) was used primarily as it had been generated from the theoretical literature relating to labour support and from other tools that measured elements of labour support. Additional items from Saks' (1998) measure of social support were tested but found to be inconsistent for use in measuring perception of non-professional support persons. Specifically, items from the existing measures that measured functional and supportive behaviour of birth companions were adapted as presented in Table 1.

The LSQ (Sauls, 2004) was designed to measure nurses' perceptions of professional labour support. Guided by Lazarus and Folkman (1984), Sauls (2004, p. 125) defined labour support as (i) emotional support—the ability to subjectively participate and share in the labouring woman's feelings, (ii) tangible—the carrying out of tasks to meet the physical needs of the woman, (iii) informational—the practice of exchanging information to meet the labouring woman's knowledge needs and (iv) advocacy—a process of acting on the labouring woman's behalf to ensure she remains at the centre of the decision making. Permission was sought and gained by the author to adapt items from the LSQ in the development and testing of the BCSQ.

The LSQ was designed for self-administration by nurses. It contained 27 items across the four subscales previously mentioned using a six-point Likert-type scale response format.

The items used from Saks' (1998) study related to behaviours of support people that she considered were of questionable benefit and included behaviours that distracted the woman from the effort of labour and those that intimidated that her labour was taking too long.

The final version of the BCSQ contains 17 items designed to measure support with a four-point Likert-type ordinal response format with anchors of 0 (not at all), 1 (a little), 2 (most of the time) and 3 (all of the time). Lozano et al. (2008) maintained that the fundamental psychometric properties of a scale—reliability and validity—are enhanced when four to seven response categories are used. A four-point response format was chosen, rather than the six-point response format used in the LSQ, to allow for more discrimination in responses. The Likert-type scale with an even number of response points used in the BCSQ did not allow for a neutral category, which often results in the modal response (Annett, 2002), but required the participants to have a negative or positive judgement/opinion about the support (Totten et al., 1999; Netemeyer et al., 2003).

The BCSQ was designed to allow women to rate how frequently supportive behaviours were provided by each support person present during labour. The women were asked to identify in the space provided on the questionnaire their relationship to each of their support people; for example, partner, mother or sister. The women with multiple support people nominated who support person one, two, three or four were when completing the questionnaire. At the conclusion of the questionnaire, the women with more than one support person were asked to indicate, by ticking the appropriate box, which support person provided them with the most support. The scores were summed to give a total range from 0 to 51; higher scores representing more social support.

### Content validity testing

The 17-item BCSQ initially underwent review by an expert panel of six midwives who received (a) a letter outlining the study, (b) review criteria, and (c) a copy of Sauls' (2004) published article on the development and psychometric analysis of the LSQ. The midwives were invited to evaluate the items using a 4-point Likert-type scale ranging from (1) not relevant, to (4) relevant and concise. The midwives were also asked to propose ways in which items could be reworded to enhance relevance and to suggest any items that should be included. Items that required rewording were changed. On the basis of these results the resulting 17-item questionnaire was then pilot tested to examine reliability prior to administering the questionnaire to a larger sample.

### Face validity and test–retest reliability evaluation

Face validity which is an assessment of how the potential participants view the instrument (Waltz et al., 2010) was conducted with a convenience sample of 10 postnatal women from a hospital postnatal ward in Queensland, Australia. At the time of gaining consent, the researcher checked the participants' willingness to be telephoned to complete the questionnaire again.

The women were asked to give feedback on readability, clarity of the questions, the time involved in completing the questionnaire and ease of filling it out. The questionnaires were completed by women in the hospital room. At the time of collection they were invited to provide verbal feedback. The combined results of content validity and face validity were used to make minor wording changes to two items prior to testing in the main study.

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