



Sense of coherence among healthy Norwegian women in postnatal care: Dimensionality reliability and construct validity of the Orientation to Life Questionnaire

Ingvild Aune ^{a,*}, Unn Dahlberg ^b, Gørill Haugan ^c

^a Department of Nursing Science, Midwifery Education, Faculty of Health and Social Science, Norwegian University of Science and Technology, Mauritz Hansens gate 2, 7004 Trondheim, Norway

^b Department of Women's Health, St. Olavs University Hospital, Olav Kyrres gt. 17, 7006 Trondheim, Norway

^c Department of Nursing Science and Center for Health Promotion Research, Norwegian University of Science and Technology, Trondheim, Norway



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ABSTRACT

Objective: Salutogenesis focuses on identifying the causes of health rather than the causes of illness, and in this way offers a health promotion framework for maternity services. The application of salutogenesis theory in empirical studies of healthy women in maternity care appears to be rare, and mostly incomplete. The objective of this study is to examine the psychometric properties of the Orientation to Life Questionnaire (OLQ) assessing sense of coherence (SOC) in a population of healthy Norwegian women during the postnatal period.

Methods: Self-reported cross-sectional data were collected from 183 women six weeks into the postnatal period. The data were analysed by descriptive statistics and confirmative factor analysis.

Results: Discriminant validity was supported by significant negative correlations between SOC, meaningfulness, comprehensibility, manageability, anxiety and depression. Inter-item consistency with Cronbach's alpha (0.62–0.87) and composite reliability (0.60–0.92) revealed acceptable to good values approving the reliability. The original one-dimensional concept of sense of coherence was confirmed in this study. However, in accordance with previous research, some misspecifications in reference to correlated error variances between the items OLQ2 and OLQ3 were discovered.

Conclusion: This study lends support to the original one-dimensional construct of sense of coherence, and sheds more light upon the troublesome pair of items OLQ2–OLQ3. Further studies are required. However, based on our results, a rewording or deletion of one of these two items seems necessary in order to achieve a reliable and valid instrument measuring SOC among healthy postnatal women.

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Introduction

Childbirth is a major life event for women, representing a psychological transition as well as important life changes [1]. This powerful event may affect the woman positively or negatively, depending on her experience [2]. In the literature, there is broad agreement that professional care in the immediate hours, days and weeks following birth is an important support and a significant contribution to the long-term health and well-being of the mother and her baby. Postnatal care is considered vital for the well-being of families and subsequently an important component of health promotion and the public health services. Frequently, however, postnatal care

is given only minor priority in care related to women's childbearing process [3,4]. Nevertheless, the postnatal period involves several challenges for the parents of the newborn baby. Health promotion in the postnatal period therefore includes professional support to enhance the family's ability to cope in their new life situation. People's ability to develop and apply their own resources represents a key factor in promoting good health [5,6].

During the last few decades, the view of normal birth as a natural process has become more prominent, which is positive. However, as a consequence the duration of the postnatal stay in hospital for women with uncomplicated births has been substantially reduced [7]. In Norway, the length of postnatal hospital care after an uncomplicated vaginal birth is 2–3 days or less. This reduction of the postnatal stay in hospital is judged to increase maternal stress and uncertainty during the first days at home, influencing the breastfeeding and how women cope with the daily activities involving the newborn baby. As mothers have a strong desire to cope with motherhood they tend to put aside their own basic needs, such as eating,

* Corresponding author. Department of Nursing Science, Midwifery Education, Faculty of Health and Social Science, Norwegian University of Science and Technology, Mauritz Hansens gate 2, 7004 Trondheim, Norway. Tel.: +4790656714/+4773552996. E-mail address: Ingvild.aune@hist.no (I. Aune).

sleeping and endure pain. Most frequently, public health nurses provide the postnatal follow-up 1–2 weeks after birth through a home visit. The lack of follow-up shortly after birth may affect the family's health adversely [8].

Antonovsky's salutogenesis theory [9] described health as a continuous movement on an axis between poor health and good health. What keeps individuals healthy despite stress and critical life events is the core of salutogenesis, underlining that stress management is decisive in determining whether the outcome will be pathological, neutral or improved health. Antonovsky [10] states that health is a combination of many factors, including physiological, psychological, sociological, cultural, and spiritual factors. Moreover, he describes an individual's coping capacity as the Sense of Coherence (SOC), including the three components *meaningfulness*, *comprehensibility* and *manageability* [9,11]. According to Antonovsky, a pregnant woman with a strong SOC will be more likely to define stimuli as non-stressful (comprehensible), assuming that she is capable of adjusting to the actual demands of pregnancy and childbirth (manageable) and that these are challenges worthy of investment and engagement (meaningful). *Comprehensibility* indicates the ability to understand the challenges the woman encounters. Order, structure, consistency and clarity of information are crucial when responding to these challenges. *Manageability* denotes the woman's ability to make sufficient use of her own resources when facing challenges [11]. *Meaningfulness* is a central aspect of the SOC concept. Studies [11,12] have shown that in times of difficulties, as the individual identifies an inherent meaning in one's struggle, manageability and comprehensibility are strengthened. Furthermore, becoming parents is a major and demanding life event; a strong SOC is associated with more confidence in one's parenthood [13].

The theory of salutogenesis recognizes the presence of pathology and disease. Nevertheless, the main salutogenic idea concerns factors that lead to healthiness and well-being [14]. Downe [15] refers to a large number of studies underscoring what could go wrong during the childbearing process. She emphasizes that the future health care needs a more specific salutogenic perspective and approach, with health as a contrast to disease and risk thinking. Salutogenesis focuses on identifying the causes of health rather than the causes of illness, and in this way offers a health promotion framework for maternity services. The focus on monitoring and risk during birth and pregnancy does little to boost the confidence of women who hope to achieve a normal birth [16]. It neither helps them to manage stressors linked to pregnancy or mobilize the resources required to prepare them for the changes that a new baby brings to their lives.

Based on the findings of a scoping review of Perez-Botella et al. [14], the application of salutogenesis theory in empirical studies of healthy women in maternity care appears to be rare, and mostly incomplete. There is a tendency to use elements of the salutogenic theory in studies which are still largely focused on risk and pathology. Nevertheless, some studies measuring SOC have been carried out, with a focus on the childbearing process. Findings from these studies have shown that women with a higher SOC tend to achieve better outcomes. The level of the SOC influences smoking behaviour [17], PTSD symptoms after pregnancy loss [18], predicts uncomplicated delivery [19] and the decision to use epidural analgesia during birth [20]. Moreover, a positive correlation between the childbearing women's levels of SOC and the levels of well-being has been established [21,22], along with the discovery that positive events related to the maternity experience may increase SOC levels [23]. A review by Ferguson et al. [16] identified that a strong SOC is associated with positive outcomes for childbearing women, including better emotional health, improved health behaviour, and increased normal birth choices and outcomes. Therefore, the SOC construct represents a valuable approach to maternity care.

SOC was originally thought of as a stable concept, but there is evidence that both education and therapy can strengthen the SOC [16]. Midwives may improve women's health through interventions aimed at strengthening a woman's SOC. The childbearing period is open to salutogenic interventions with a focus on health promoting strategies, like assisting the woman to manage stressors associated with pregnancy, build her confidence in achieving a normal birth, and mobilizing the resources necessary to prepare for the changes following birth [16]. The application of the salutogenesis theory to maternity care could help to replace the current paradigmatic norm of surveillance and risk aversion with a focus on well-being in maternity care services in the future. The salutogenesis theory has the power to switch the focus of health care from risk prevention and treatment of illness towards health promotion and maintenance. Since most of the women and babies are healthy at the outset of pregnancy and throughout the childbearing process, the key objective of maternity care should be to maintain and enhance this healthy state [14]. Midwifery with a stronger focus on individual needs and the coping experiences of the woman, which are important factors when empowering a new family, might be beneficial. However, in order to accomplish this, there is a need for a reliable and consistent measure of SOC for this specific population. To the authors' knowledge, no previous studies have assessed the dimensionality, reliability and validity of the OLQ among women in maternity care.

Objectives

The aim of the present study is to examine the psychometric properties of the Orientation to Life Questionnaire (OLQ) assessing SOC in a healthy population of postnatal women. Based on the theory of SOC and previous psychometric validations, the research question was two-fold: (a) How well does the original one-factor model and the hypothesized three-factor model of the OLQ fit the observed data? (b) Does the OLQ reveal good reliability and construct validity in a population of healthy women in postnatal care? In accordance with the Standards for Educational and Psychological Testing [24,25], the research questions addressed evidence related to the dimensionality, reliability and construct validity, all of which are considered interrelated measurement properties.

Dimensionality concerns the homogeneity of items included in a scale. A unidimensional factor structure is specified by: (1) Each indicator having a loading on a single factor, and (2) Error terms that are independent [26]. A multidimensional measurement consists of items that tap into more than a single dimension or factor, while its error term is assumed to cover that of another indicator [27].

Reliability encompasses the portion of measurement that is caused by permanent effects persisting from sample to sample. Items composing a scale (or subscale) should show high levels of internal consistency [27]. Accordingly, reliability concerns an instrument's consistence and relative lack of error. Cronbach's alpha (α) and composite reliability (ρ_c) represent reliability coefficients which reflect the internal consistency of the items used in this study. Subsequently, dimensionality and reliability are necessary, but still insufficient conditions for construct validity.

Construct validity refers to how well a measurement actually estimates what it is intended to measure, and is the ultimate goal and an ongoing process when developing an assessment instrument. Construct validity is among other things based on the construct's relationships with other variables (convergent and discriminant validity) and content validity [27]. Since SOC is expected to negatively correlate with anxiety and depression, these constructs were selected for assessing discriminant validity through correlational analyses. Content validity concerns the degree to which a scale has an appropriate and relevant sample of items to represent the

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