

Development and Testing of Women's Perception for the Scale of Supportive Care Given During Labor

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■ ABSTRACT:

The aim of this study was to develop and validate women's perceptions of the supportive care received during labor. This study had a methodological design. A total of 360 women giving birth at two state hospitals in 2012 participated. Written permission was obtained from the Ethics Committee, the hospitals, and the participants. Data were collected via participant characteristics forms and the Scale of Women's Perception for Supportive Care Given During Labor. Content validity of the scale (0.94) was achieved with expert views. Three factors—comfortable behaviors, education, and disturbing behaviors—were exposed to exploratory factor analysis, and factor loading varied between 0.38 and 0.76. The factor structures were confirmed by confirmatory factor analysis. Cronbach's coefficient was 0.94 for the scale, 0.92 for comforting behaviors, 0.85 for education, and 0.87 for disturbing behaviors. The correlation coefficient between the first and second part of the scale was 0.80. Item-total point correlations of the scale varied between 0.42 and 0.77. The scale was valid and reliable for measuring women's perception of supportive care given during labor. It can be used to determine the care aspects that midwives/nurses should develop, to improve the quality of care, and to help women have more positive labor experiences and higher labor satisfaction. © 2015 by the American Society for Pain Management Nursing

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INTRODUCTION

Women want to have positive experiences during the birth process (Chen, Wang, & Chang, 2001), and proper nursing care is necessary for a positive labor experience (Adams & Bianchi, 2008). Nursing care in labor is divided into two areas: care requiring technical and clinical skills and supportive care (Chen, Wang, & Chang, 2001; Miltner, 2000; Tumblin & Simkin, 2001). Miltner (2000) stated that nursing care given during labor has a high supportive element.

Continuous support during the labor process by nurses is an important component of better management of labor (Association of Women's Health, Obstetric and Neonatal Nurses [AWHONN], 2011). Women who receive supportive care during labor have less fear and stress, and labor outcomes are positively affected when women are provided with comfort and relaxation (Abushaikha & Sheil, 2006; Hodnett, Gates, Hofmeyr, & Sakala, 2007). Supportive care shortens labor; decreases the use of analgesics and anesthetics, the numbers of interventions in vaginal or cesarean labors, and the need for oxytocin; and increases satisfaction with labor and breastfeeding (AWHONN, 2011; Ayers & Pickering, 2005; Kashanian, Javadi, & Haghighi, 2010).

Supportive care is very important during labor. Supportive care is very extensive and multifaceted; therefore, it is quite difficult to determine and measure. There have been three scales reported in the literature thus far to evaluate labor support. The first is the Labor Support Questionnaire developed by Sauls (2004). This scale was developed to evaluate labor support offered by healthcare workers. The remaining two scales to evaluate labor support are the Bryanton Adaptation of the Nursing Support in Labor Questionnaire (BANSILQ), which was developed by Bryanton et al. in 1994, and the Measurement of Maternal Perceptions of Support and Control in Birth (SCIB), which was developed by Ford et al. in 2009. Neither scale includes items related to privacy; in both scales, items related to communication between women and caregivers are insufficient. Furthermore, items related to the role of spouses and families in labor are invalid for spouses and families who were not taken into the delivery room.

Supportive care given during labor is very important for maternal and infant health. Only a scale specifically directed towards supportive care provided during labor can help to determine how women perceive the care they receive from nurses. By using such a scale, nurses can assess their caregiving skills and develop those areas in need of work. Furthermore, nurse educators can use this information to prepare curricula that focuses on those areas of supportive care that are most important to women during labor. The development of a scale that can measure all aspects of supportive care during labor can provide a significant contribution to evaluation of supportive care.

PURPOSE

The objective of the study was to develop a valid and reliable measurement tool to determine women's perception of supportive care given during labor.

METHODS

Sample

This is a methodological study. Data were collected at the Postnatal Clinic of Ege Maternity, Training, and Research Hospital and the Postnatal Clinic of İzmir Doktor Hayri Üstündağ Gynecology and Obstetrics Hospital between July and November 2012. The sample included 360 women and was based on the formula of multiplying the number of the items in the scale by 10 (Şencan, 2005). The sample was stratified according to educational status. Of 360 women, 90 were illiterate, 90 were primary school graduates, 90 were middle school graduates, and 90 were high school graduates. Inclusion criteria were volunteering to participate in the study, the ability to speak and understand Turkish, having a vaginal birth, and not having any complications during labor or in the first 24 hours after birth. Exclusion criteria were having a cesarean section, delivery requiring the use of forceps or a vacuum, and being admitted to the delivery room during the second stage of labor.

Instruments

Data were collected with two tools prepared by the researchers: a participant characteristics form and the Scale of Women's Perception for Supportive Care Given During Labor. The participant characteristics form was composed of six questions related to the women's name and surname, age, educational status, working status, and the number of births. The Scale of Women's Perception for Supportive Care Given During Labor consisted of items related to the supportive care given during labor. It is a four-point Likert scale ranging between 1 (corresponding to never) and 4 (corresponding to always).

Ethical Considerations

Approval was obtained from the Noninterventional Research Ethics Committees of Dokuz Eylül University. Permission was received from the institutions where data were collected and written informed consent was obtained from the women who agreed to participate in the study.

Pilot Study

The items that the women had difficulty in answering or that they left unanswered in the Scale of Women's Perception for Supportive Care Given During Labor were determined. It was decided that these items could be measured with other items in the scale, so they were removed.

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