Evaluation of the Relationship Between Nurses and Midwives Self-Efficacy Perceptions and Infant Feeding Attitudes

Hemşire ve Ebelerin Öz-Yeterlilik Algılarının Bebek Beslenme Tutumları ile İlişkisinin Değerlendirilmesi

Araştırma
Research

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Abstract

Aim: This research was conducted to determine the relationship between self-sufficiency perceptions and infant nutrition attitudes of nurses and midwives working in a training and research hospital.

Material and Method: The research was descriptive and conducted between February and June 2021. It was conducted on 285 female nurses and midwifes in a hospital of eastern Turkey. "Socio-demographic Questionnaire Form", "General Self-Efficacy Scale" and "Lowa Infant Feeding Attitude Scale" were used in data collection. Number, percentage, mean, Mann Whitney U test, One-Way Anova, Kruskall Wallis and Spearman correlation test were used in data analysis.

Result: 33.7% of nurses and midwives were in age between 31-35, 58.6% had moderate income status, 62.1% were married, 84.9% were not pregnant and 46.3% did not have children. The scale average score of nurses and midwives self-sufficiency was 49.00±7.70. The scales of Initiative, Persistence and Effort sub-dimensions were 20.72±6.70, 16.04±2.71, and 11.32±2.35 respectively. The average score of the infant nutrition attitude scale was 72.68±7.87. It was found that there was a negative significant relationship between the genaral self-sufficiency scale and the scores of the Lowa Infant Feeding Attitude Scale ($r = -0.124$, $p < 0.05$).

Conclusion: An increase in self-sufficiency perceptions of nurses and midwives negatively affects the attitude of infant nutrition.

Key words: Breastfeeding, Nurse midwives, Self efficacy

Özet

Amaç: Bir eğitim ve araştırma hastanesinde çalışan hemşire ve ebelerin öz-yeterlilik algıları ile bebek beslenme tutumları arasındaki ilişkiyi belirlemek için yapılmıştır.

Gereç ve Yöntem: Araştırma tanımlayıcı türdedir ve Şubat-Haziran 2021 tarihleri arasında yapılmıştır. Türkiye'nin doğusunda bir hastanede çalışan 285 kadın hemşire ve ebe ile çalışılmıştır. Verilerin toplanmasında "Sosyo-demografik Bilgi Formu", "Genel Öz-Yeterlilik Ölçeği" ve ''Bebek Beslenmesi Tutum Ölçeği'' kullanılmıştır. Verilerin analizinde sayı, yüzde, ortalama, Mann Whitney U testi, tek yönlü varyans analizi, Kruskall Wallis ve Spearman korelasyon testi kullanılmıştır.

Bulgular: Hemşire ve ebelerin %33,7'sinin 31-35 yaş aralığında olduğu, %58,6'nın gelir durumunun orta düzeyde olduğu, %62,1'nin evli olduğu, %84,9'nun gebe olmadığı ve %46,3'ünün çocuk sahibi olmadığı görülmektedir. Hemşire ve ebelerin Öz-Yeterlilik Ölçeği puan ortalaması 48,99±7,70'dir. Ölçeğin alt boyut puan ortalamaları sırasıyla Başlama 20,71±6,70, Yılmama 16,03±2,71, Sürdürme Çabası 11,32±2,35'dir. Bebek Beslenmesi Tutum Ölçeği puan ortalaması 72,68±7,87'dir. Öz-Yeterlilik Ölçeği toplam puanı ve Başlama alt boyutu ile Bebek Beslenmesi Tutum Ölçeği puanları arasında negatif yönde anlamlı düzeyde bir ilişki olduğu saptanmıştır ($r = -0.124$, $p < 0.05$).

Sonuç: Hemşire ve ebelerin öz-yeterlilik algılarının artması bebek beslenmesi tutumunu olumsuz yönde etkilemektedir.

Anahtar sözcükler: Emzirme, Hemşire ebeler, Öz yeterlilik

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Introduction

The perception of self-efficacy is a feature that increases or decreases the motivations for the behaviors that determine how the individual will cope, feel, think, and act with the problems he will face in the future. It enables the individual to evaluate his own abilities and capacity more objectively (1-3). Individuals with high self-efficacy have the perception that they can achieve a task and show high performance. However, this may not always reflect the truth, and there may be different levels of self-efficacy in different situations. On the other hand, it is suspected that this perception is higher than the actual situation (4,5). Self-efficacy is important for success in all professions and is closely related to nurses who are personally interested in human health. Nurses with high self-efficacy levels can improve their professional practices, achieve academic success and increase the quality of patient care (6,8). The willingness of individuals with high self-efficacy to perform a behavior will be sufficient to meet the needs of the baby positively by increasing the motivation of the individual for an activity (5). Beside there are many demographic, biological, psychological and social determinants that affect the continuation of breastfeeding, it is reported that the mother's attitude towards breastfeeding has a significant effect on the feeding behavior of her baby (9,10). There are many individual and cultural reasons of the decrease in breastfeeding rates. These factors include women's education, working status, socio-cultural characteristics, concerns about body image, psychological condition, birth pattern, interventions at birth, mother's decision to breastfeed, family willingness, social support, partner support, motivation of mother, and support from health professionals (11,12).

Study Aim

The present study aimed to assess the relation between nurses and midwives self-efficacy perceptions and infant feeding attitudes.

Research Questions

1. What is the level of self-efficacy perceptions of nurses and midwives?
2. What is the level of infant feeding attitudes perceptions of nurses and midwives?
3. Do nurses and midwives perceptions of self-efficacy affect infant feeding?

Material and Methods

Study Design

The research was conducted in descriptive and cross-sectional type.

Study Sample

The population of the study was consisted of 1058 female nurses and midwives working in a training and research hospital. The sample size was calculated with an effect size of 50% a margin of error of 0.5% and a 95% confidence interval in known sample size of the universe. As a result of the minimum sample consisted of 283 participants. The sample of current study calculated as 285 nurses and midwives who could be reached and agreed to participate in the study, filled out the distributed forms completely.

Data Collection Tools

Socio-demographic Questionnaire Form

It was prepared by the researchers in line with the literature and included the socio-demographic characteristics of individuals and consisted of 8 questions (2,4,5,9).

General Self-Efficacy Scale (GSES)

The scale was developed by Sherer et al. (13) and was adapted into Turkish by Yıldırım and İlhan in 2010 (14). The scale has a 5-point Likert structure, consists of 17 items and 3 sub-dimensions. The scale consists of 3 subdimensions including Iniative the Scale (2nd, 4th, 5th, 6th, 7th, 10th, 11th, 12th, and 17th questions in total, nine items), persistence (3rd, 13th, 14th, 15th questions), effort (a total of three items consisting of 1st, 8th and 9th questions). The total score of the scale can vary between 17 and 85, and an increase in the score indicates an increase in self-efficacy belief. Cronbach Alpha coefficient of the scale was found as 0.69. In this study, the Cronbach Alpha value of the scale was 0.69.

The Iowa Infant Feeding Attitude Scale (LIFAS)

The Infant Feeding Attitude Scale developed by De La Mora and Russell was designed to evaluate women's attitudes towards breastfeeding and to predict the duration of breastfeeding as well as the choice of infant feeding method (15). The scale consists of 17 items in a 5-point Likert structure. 9 items in the scale contain negative statements about breast milk feeding and 8 items contain positive statements about formula

feeding. Formula feeding items are scored in reverse (1=5, 2=4, 4=2 and 5=1). The total attitude score ranges from 17 (reflecting a positive attitude in bottle feeding) to 85 points (reflecting a positive attitude in breastfeeding). The Turkish version of the scale was prepared by Ekşioğlu et al. and Cronbach Alpha coefficient was found to be 0.71 (10). In this study, the Cronbach Alpha value of the scale was 0.72.

Data Collection

Information about the research was given by face-to-face interviews with the working nurses and midwives, and after obtaining written consent, the forms were distributed and collected during the day or the next day. This process filled out between February 2021 and June 2021.

Data Analysis

SPSS for Windows (Statistical Package for the Social Science for Windows, Version 24.0) was used to evaluate the data. In the analysis of the data, descriptive statistics such as frequency, percentage, arithmetic mean, standard deviation, minimum and maximum were used. The normal distribution analysis of the data was assessed with the Shapiro-Wilk test. In comparisons between groups, One-way Analysis of Variance (ANOVA) is used for groups with normal distribution and Kruskall Wallis for variables with non-normal disributions. For comparisons of two groups; the Mann Whitney U test were used, for variables with non-normal disributions. Spearman Correlation analysis was used for correlation of variables. For sample number of the study, the decision was made as a result of statistical analysis with a 5% margin of error and 95% confidence interval.

Ethical Consideration

Ethics committee approval was obtained from Van Education and Research Hospital Ethics Committee for the research (Decision Number: 2021/04), and individual written consent was obtained from each participant along with the research permission. This study was conducted in accordance with the principles of the Declaration of Helsinki.

Results

Some sociodemographic characteristics of the nurses and midwives participating in the study were given in Table 1. When the sociodemographic characteristics of nurses and midwives were examined; it was seen that 33.7% of them were between the ages of 31-35, 58.6% had a medium income, 62.1% was married, 84.9% was not pregnant and 46.3% had no children. It was determined that 35.1% of the nurses and midwives participating in the study had been working for 7-10 years, 76.8% had a bachelor's degree or higher education, and 60.7% had sufficient knowledge about breastfeeding (Table 1).

Table 1. Distribution of nurses and midwives according to socio-demographic characteristics (n=285)

	n	%
Age		
20-25 years	60	21.1
26-30 years	95	33.3
31-35 years	96	33.7
36 and above	34	11.9
Income rate		
Low	118	41.4
Middle	167	58.6
High	0	0.0
Marital status		
Married	177	62.1
Single	108	37.9
Pregnancy status		
No	242	84.9
Primiparous	26	9.1
Multiparous	17	6.0
Number of children		
0	132	46.3
1	79	27.7
2-3 children	74	26.0
Occupational Status		
1-3 years	69	24.2
4-6 years	55	19.3
7-10 years	100	35.1
11 years and above	61	21.4
Education level		
High school	21	7.4
Associate degree	45	15.8
University and Above	219	76.8
State of knowledge about breastfeeding		
Enough	173	60.7
Partially enough	76	26.7
İnadequate	36	12.6

The Self-Efficacy Scale (GSES) and sub-dimension mean scores of the nurses and midwives in the study, and the Lowa Infant Feeding Attitude Scale (LIFAS) mean were shown in Table 2. The mean value of GSES was 49.00±7.70 and 20.72±6.70, 16.04±2.71, 11.32±2.35 for the sub-dimensions as initiative, persistence, effort respectively. The mean value for LIFAS was 72.68±7.87(Table 2).

Table 2. Scale total and sub-dimension median scores of nurses and midwives

	Values taken in the research		
	Min.	**Max.**	**Mean±SD**
GSES_Total	26	81	49.00±7.70
*Initiative	9	42	20.72±6.70
*Persistence	6	25	16.04±2.71
*Effort	3	15	11.32±2.35
LIFAS_Total	42	85	72.68±7.87

IIFAS: Infant Feeding Attitude Scale, GSES: General Self-Efficacy Scale,* Sub-dimensions of the general self-efficacy scale

The comparison of the sociodemographic variables of the nurses and midwives participating in the study with the total scores of GSES and LIFAS and their sub-dimensions were given in Table 3. The GSES and sub-dimensions scores in the research were examined according to the age; the score of the initiative and effort sub-dimensions of Initiation is 23-10 in the 20-25 age, 19-12 in the 26-30 age, 22-11 in the 31-35 age and 16-13 in the 36 and above age, respectively. It was determined that the scores between the groups made a statistically significant difference ($p<0.05$, Table 3). The scores of persistance sub-dimensions were examined according to the income status of nurses and midwives; the difference between nurses and midwives with medium income and low income levels was found to be statistically significant ($p<0.05$, Table 3). Considering the scores in the research according to the marital status variable, the scores of the persistence and effort sub-dimensions of GSES were 16-12 in the married population and 15-11 in the single population and the differences were significant ($p<0.05$, Table 3). In the study, when the scores of GSES and sub-dimensions were examined according to the time they worked. The differences between the groups were found to be statistically significant ($p<0.05$, Table 3). The GSES and sub-dimensions scores of participating in the research are examined according to the occupational status; initiative, persistence and effort sub-dimensions was found to be statistically significant ($p<0.05$, Table 3). When evaluating GSES and lower dimensions and LIFAS scores based on the levels of breastfeeding information of nurses and midwives involved in the study; The LIFAS score was significantly higher in the sufficient knowledge about breastfeeding in the partially sufficient or insufficient knowledge ($p=0.025$). Initiative and effort sub-dimensions were found to be statistically significant ($p<0.05$, Table 3).

In the correlation analysis to determine the relationship between the total and sub-dimensions of GSES and the total scores of LIFAS; a statistically negative and weak correlation was found between GSES and LIFAS ($r=-0.124$, $p<0.05$, Table 4).

Table 3. Analyzes of scale total and sub-dimension mean scores and medians according to the sociodemographic characteristics of nurses and midwives.(n=285)

Features		GSES			
	LIFAS Total	***** Initiative**	***** Persistence**	***** Effort**	**Total**
	Mean±SD	**Mean±SD**	**Mean±SD)**	**Mean±SD**	**Mean±SD**
Age					
20-25(A^1)	71.68±8.87	23.00±6.25	16.02±2.63	10.30±2.56	50.37±6.66
26-30(A^2)	71.98±7.52	19.81±5.91	15.77±2.40	11.55±2.13	47.95±6.90
31-35(A^3)	73.76±7.19	21.54±7.30	16.04±2.91	11.33±2.25	49.91±8.94
36 years and older(A^4)	73.38±8.64	16.88±5.93	16.79±3.08	12.47±2.27	46.94±7.16
Statistical analysis	KW=4.501	KW=21.237	KW=4.118	KW=20.096	KW=6.383
	p=0.212	**p<0.001**	p=0.249	**p<0.001**	p=0.094
		*Difference: A^1-A^2, A^1-A^4, A^3-A^3		*Difference: A^1-A^2, A^1-A^4, A^3-A^4	
Income rate					
Low	72.36±8.24	21.24±6.70	15.49±2.66	11.31±2.44	49.08±7.57
Middle	72.91±7.60	20.35±6.70	16.42±2.70	11.34±2.30	48.94±7.81
Statistical analysis	U=9552.0	U=9042.0	U=7945.5	U=9784.5	U=9616.0
	p=0.660	p=0.236	**p=0.005**	p=0.920	p=0.729
Marital status					
Married	73.17±7.36	20.20±6.88	16.38±2.65	11.71±2.26	49.11±7.84
Single	71.89±8.60	21.56±6.34	15.46±2.74	10.69±2.38	48.81±7.49
Statistical analysis	U=9002.5	U=8357.0	U=7691.0	U=7134.0	U=9557.5
	p=0.410	p=0.075	**p=0.005**	**p<0.001**	p=0.999
Occupational Status					
1-3 years(A^1)	71.81±8.71	21.81 ± 6.41	15.49±2.83	10.86±2.42	49.20±7.48
4-6 years(A^2)	72.78±7.79	22.49 ±6.12	16.05±2.49	10.84±2.05	50.35±6.91
7-10 years(A^3)	72.67±7.52	19.96 ±6.43	15.91±2.55	11.44±2.45	48.17±7.29
11 years and above(A^4)	73.61±7.55	19.11 ±7.51	16.84±2.91	12.10±2.21	48.90±9.13
Statistical analysis	KW=1.565	F=3.572	KW=8.560	KW=12.413	KW=3.901
	p=0.667	**p=0.015**	**p=0.036**	**p=0.006**	p=0.272
		**Difference: A^1-A4, A^2-A^4	*Difference: A^1-A^4	*Difference: A^2-A^4	
State of knowledge about breastfeeding					
Enough(A^1)	73.64±7.53	19.81±6.84	16.36±2.59	11.79±2.10	48.69±8.01
Partially Enough(A^2)	71.39±8.29	22.16±6.30	15.42±2.79	10.32±2.69	49.16±7.43
Inadequate(A^3)	70.83±8.03	22.03±6.30	15.75±2.95	11.22±2.12	50.11±6.70
Statistical analysis	KW=7.335	KW=9.050	KW=5.674	KW=15.983	KW=2.231
	P=0.025	**p=0.011**	p=0.059	**p<0.001**	p=0.231
	*Difference: A^1-A^3	*Difference: A^1-A^3		*Difference: A^1-A^2	

*Dunn's procedure **Tukey, GSES: General Self-Efficacy Scale LIFAS: Infant Feeding Attitude Scale
KW: Kruskal-Wallis U:Mann-Whitney U, F:One-way Anova,
*** Sub-dimensions of the general self-efficacy scale

Table 4. Correlation between nurses and midwives' mean scores of LIFAS and GSES (n=285)				
	1.	2.	3.	4.
1.Iniative				
2.Persistence	0.070			
3.Effort	-0.309**	0.348**		
4.GSES	0.881**	0.433**	0.013	
5.LIFAS	-0.148*	00.018	0.060	-0.124*
**p< 0.01 *p< 0.05				

Discussion

The findings obtained from the research conducted in order to determine the relationship between infant feeding attitudes of the self-efficacy perceptions of nurses and midwives working in a training and research hospital and to examine self-efficacy and infant feeding attitudes according to some factors were discussed below in line with the literature. Nurses with high self-efficacy levels could improve their professional practices, achieve academic success and increase the quality of patient care (7,8). Although there were many factors affecting the continuation of breastfeeding, it was reported that the mother's attitude towards breastfeeding had a significant effect on the feeding behavior of her baby (9,10). The median of total score of the nurses and midwives in the study (49.00±7.70), when compared with the lowest-highest (26-81) score that could be obtained from the scale and it could be evaluated that there was a moderate level of self-efficacy belief. In a study, it was stated that the mean score of self-efficacy (70.4±7.67) was high (16). When we searched other studies conducted in the literature, the mean value was 59.49±8.46 in the study reported by Yenal et al. (5); 57.16±6.92 in the study of İnce et al. (17), 54.75±10.59 in the study of Aydin et al (4). When the literature was examined, it has been observed that studies investigating self-efficacy were conducted with mothers or nursing students in the general population. For this reason, this study was the first example in terms of being conducted with nurses and midwives, and it is thought that the reason for the difference in results was due to the study group. In the study, it was determined that nurses and midwives were more affected by the self-efficacy start sub-dimension (Table 2). This showed that nurses and midwives had enough belief in themselves to start a job or behavior. In a study, starting behaviors subgroup of self-efficacy levels of nursing students were higher (18). The current study supported the results of this research.

In this study, when the total mean score of LIFAS of nurses and midwives (72.68±7.87) was compared with the lowest-highest (42-85) points that could be obtained from the scale, it could be said that the breastfeeding attitude was positive and at a high level. Ergin et al. (19) stated in their study that infant feeding attitude was at a high level. The stated study supported the results of this research.

Considering the self-efficacy according to the age variable; it was determined that those aged 20-25 got higher scores in the initiative sub-dimension compared to the others, and those aged 36 and over got higher scores in the sustaining sub-dimension compared to the others. The reason why nurses and midwives aged 20-25 in the study had more self-belief to start a job or behavior reflected the energy brought by young age. In the study, it is thought that the reason why nurses and midwives aged 36 and over had more self-belief to start a job or behavior is a result of they were more determined to solve problems with increasing experience compared to younger individuals. Yılmaz Koçak and Büyükyılmaz showed in a study conducted on nurses that it was found that age affects self-efficacy and the difference was statistically significant (2). The stated study is consistent with the results of this study.

In the study of Göger and Çevirme, the good economic level of individuals increases the self-efficacy score, furthermore it shows that their living standards are good (20). In the study, it was determined that the persistence sub-dimension of self-efficacy perceptions of nurses and midwives who stated their income level as

medium or low was equal. No similar results were encountered in the literature. However, there were no nurses and midwives who stated that the income level was high in the study. In the research, even though the income level of nurses and midwives was not sufficient and they worked in difficult conditions, they had a job, It could be said that they did not give up easily. It was thought that the spiritual dimension of the professions of nurses and midwives might also affect this situation. The general self-efficacy total score of the nurses and midwives included in the study was not statistically significant according to marital status. The study of Parlar and Yazıcı supported the study (18). However, the study found a sub-dimensions score mean of persistence and effort was high in those who were married. In the literature, similar results were not found in the research. In the research, it could be said that the increasing responsibilities of married individuals improve their problem solving skills and lead them not to be pessimistic in the face of problems and to make an effort. In the study, a significant relationship was found between the working time of the individuals and the mean scores of the general self-efficacy sub-dimensions.

In the study of Koçak and Büyükyılmaz, it was stated that the self-efficacy levels of the individuals increase by the increasing of the working year (2). It is thought that as the professional experience of nurses and midwives increases, their self-efficacy perceptions reach a better level. In this study, it was found that the knowledge of nurses and midwives about breastfeeding affected infant feeding attitudes and the difference between the groups was statistically significant. Ergin et al. determined that having sufficient knowledge and skills about breastfeeding affects infant feeding in their study (19). The mentioned study showed parallelism with the results of this study. In research statistically significant results were found between the level of knowledge about breastfeeding and the mean score of initiative and effort from the sub-dimensions of the self-efficacy scale. Similar results were not found in the literature.

This study showed that individuals with sufficient knowledge about breastfeeding create a positive perception on their self-efficacy. Nurses and midwives in the study was found a weak negative correlation between the initiation sub-dimension of self-efficacy belief and infant feeding attitude. It has been concluded that as the beliefs of nurses and midwives about starting a job or behavior increase, their attitudes towards infant feeding decrease. Feeding a baby is a responsible job. The starting dimension, which was the first step of the self-efficacy belief of the nurses and midwives participating in the study, reflected the desire in work and behavior. The increase in employees belief in starting might have led individuals to think again about taking this responsibility. It was thought that this situation affects the nutritional attitude negatively.

Conclusion

The initiative sub-dimension of the self-efficacy of the nurses and midwives participating in the research; age, working time, knowledge about breastfeeding, persistance sub-dimensions; income level, marital status, working time and effort sub-dimensions; age, marital status, working time, and knowledge about breastfeeding were detected as significantly different. State of knowledge about breastfeeding affected the infant feeding attitudes in the current study. It has been concluded that as the beliefs of nurses and midwives about starting a job or behavior increase, their attitudes towards infant feeding decrease.

The suggestions given in line with these results are as follows:

1.In the steps to be developed regarding breastfeeding, training materials should be prepared training to improve the knowledge and attitudes of nurses and midwives and the information of nurses and midwives should be constantly updated.

2.Nurses and midwives in service training should be carried out to increase self-efficacy.

3.Nurses and midwives economic situation should be improved in order to increase their self-efficacy.

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