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Women's Views of Birth Labor Satisfaction Questionnaire: Turkish Validity and Reliability Study

Kadınların Doğum Süreci Memnuniyeti Ölçeği: Türkçe Geçerlik ve Güvenirlik Çalışması

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ABSTRACT

Aim: *The purpose of this research was to evaluate the validity and reliability of the Turkish translation of the "Women's Views of Birth Labor Satisfaction Questionnaire (WVBLSQ)", a tool designed to gauge postpartum women's contentment with the birthing experience.*

Material and Method: *In this methodological study, 320 healthy women who gave birth spontaneously vaginally in the postnatal unit of a state hospital in the Central Anatolia Region of Türkiye participated. The study data were collected between April 2023 and April 2024. The WVBLSQ and the participant introduction form were utilized to gather data. The study's methods included language and content validity, item analysis, test-retest reliability, and exploratory internal consistency coefficients.*

Results: *The women's average age was 27.09±5.76 years. After the fifth and sixth sub-dimensions were removed from the 26-item version of the scale, Cronbach's alpha value was found to be 0.77 when the reliability of the scale and its seven sub-dimensions were evaluated separately. The sub-dimensions in the scale are 'Professional support in labour, home assessment at the beginning of labour, expectation of labour, spouse/partner support during labour, control, environment during labour and pain relief'. For each of the scale's sub-dimensions, the Cronbach's α value ranged from 0.26 to 0.75. The results of the test-retest used to assess the scale's temporal invariance revealed that there was a highly significant correlation between the measures.*

Conclusion: *The Turkish version of the scale proved to be suitable for assessing labor satisfaction in women who had normal spontaneous labor.*

Keywords*: Birth, satisfaction, validity, reliability*

ÖZET

Amaç: *Bu araştırmanın amacı, doğum sonrası kadınların doğum deneyiminden memnuniyetini ölçmek için tasarlanmış bir araç olan "Kadınların Doğum Eylemi Memnuniyet Anketi'nin (KDEMA) Türkçe çevirisinin geçerlilik ve güvenilirliğini değerlendirmektir.*

Gereç ve Yöntem*: Metodolojik tipteki bu çalışmaya Türkiye'nin İç Anadolu Bölgesinde bulunan bir devlet hastanesinin doğum sonrası ünitesinde spontan vajinal doğum yapan 320 sağlıklı kadın katılmıştır. Çalışma verileri Nisan 2023-Nisan 2024 tarihleri arasında toplanmıştır. Veri toplamak için KDEMA ve katılımcı tanıtım formu kullanılmıştır. Çalışmanın yöntemleri arasında dil ve içerik geçerliliği, madde analizi, test-tekrar test güvenilirliği ve açımlayıcı iç tutarlılık katsayıları yer almaktadır.*

Bulgular: *Kadınların yaş ortalaması 27,09±5,76'dır. Ölçeğin 26 maddelik versiyonundan beşinci ve altıncı alt boyutlar çıkarıldıktan sonra, çalışmada kullanılan ölçeğin ve yedi alt boyutun güvenilirliği ayrı ayrı değerlendirildiğinde Cronbach alfa değeri 0.77 olarak bulunmuştur. Ölçekte alt boyutlar "Doğumda profesyonel destek, doğum eyleminin başlangıcında evde değerlendirme, doğum beklentisi, doğum sürecinde eş/partner desteği, kontrol, doğum sürecinde ortam ve ağrının giderilmesi"dir. Ölçeğin her bir alt boyutu için Cronbach's α değeri 0,26 ile 0,75 arasında değişmektedir. Ölçeğin zamansal değişmezliğini değerlendirmek için kullanılan test-tekrar test sonuçları, ölçümler arasında oldukça anlamlı bir korelasyon olduğunu ortaya koymuştur.*

Sonuç: *Ölçeğin Türkçe versiyonunun normal spontan doğum yapan kadınlarda doğum memnuniyetini değerlendirmek için uygun olduğu kanıtlanmıştır.*

Anahtar Kelimeler: *Doğum, memnuniyet, geçerlik, güvenirlik,*

INTRODUCTION

Satisfaction with childbirth is the totality of a woman's feelings, behaviours, and attitudes about the quality of health care she receives in childbirth. In the process of childbirth, which is one of the most important events in a woman's life, birth satisfaction varies according to the personal characteristics and birth expectancy of individual women (Göncü Serhatlıoğlu & Karahan, 2015; Pozo-Cano et al., 2020; Ängeby & Ternström, 2024). Although the birth experience is complex and multidimensional, it is important that satisfaction with childbirth is positive in terms of both maternal health, infant health and family relationships (Göncü Serhatlıoğlu & Karahan, 2015; Benyamini et al., 2024). Systematic review studies have reported that women's satisfaction with childbirth can vary across a wide spectrum from positive and encouraging to negative and post-traumatic stress disorder (Benyamini et al., 2024; McKelvin et al., 2021). A negative birth experience can lead to a delayed onset of early parenting behaviour (Ayvacı et. al., 2022), inadequate mother-infant bonding (Bell et al., 2018; Ponti et al., 2022), breastfeeding problems (Amanak et al., 2020), mental health problems and depression (Bell et al., 2018), increase in caesarean section rate (Çıtak Bilgin et al., 2018), increase in abortion rate, sexual dysfunction and neglect and abuse in the care of the baby (Göncü Serhatlıoğlu & Karahan, 2015; Çıtak Bilgin et al., 2018). For these reasons, it is important for all health professionals involved in intrapartum care to assess women's birth satisfaction in order to improve obstetric care and provide a positive experience for the mother and the newborn (Alfaro Blazquez et al., 2017; Göncü Serhatlıoğlu & Karahan, 2015). On the other hand, positive birth satisfaction helps to reduce costs and increase the quality of care provided in the healthcare facility (Göncü Serhatlıoğlu & Karahan, 2015; Redshaw et al., 2019).

The World Health Organisation's 2018 guideline on intrapartum care emphasises that all women should be offered a 'positive birth experience' in a safe environment where individual expectations and expectations are met and even exceeded (WHO, 2018). Identifying the basic dimensions of the birth experience can guide health professionals, managers and policy makers to provide knowledge for education and research on this topic and increase the positive birth experience of women and their families (Benyamini et al., 2024). The first step in increasing birth satisfaction is the assessment of the birth experience with personal characteristics and culturally sensitive scales by health professionals involved in intrapartum care (Alfaro Blazquez et al., 2017).

Scales with validity and reliability are of great importance for nurses and midwives to use in research, to evaluate the effectiveness of clinical practises and to improve the quality of services provided (Ratislavová et al., 2024). It has been reported that there are a moderate number of scales to measure maternal satisfaction with childbirth in the literature and that these should be improved by considering more specific populations (Alfaro Blazquez et al., 2017). It has been noted that there are a limited number of birth satisfaction scales in our country (Özdemir Gökmen et., al, 2022; Gungor & Beji, 2012). It was observed that the scales related to satisfaction in childbirth adapted to Turkish culture were more limited. The WVBLSQ, on the other hand, measures birth satisfaction in a comprehensive way by addressing the woman's expectation, partner support and environmental factors. In addition, a recent systematic review highlighted that there is still a great need for a comprehensive review of instruments to measure women's job satisfaction and their adaptation to cultural and social contexts (Ratislavová et al., 2024). The aim of this study was to test the Turkish validity and reliability of the Women's Satisfaction with the Birth Process Scale (WSBPS).

MATERIAL AND METHOD

Research Type

This validation study was conducted using a cross-sectional research design.

Study Population and Sample

This methodological investigation was carried out in the postpartum ward of a public hospital in a province of Turkey, with healthy women who had given birth vaginally spontaneously. A total of 2857 births—1104 spontaneous vaginal deliveries and 1753 caesarean sections—were carried out in the hospital where the study was done in 2022. It is advised to increase the number of items on the scale by a factor of 5–10 when calculating the sample size for scale research (Pereira et al., 2018). In the Turkish validity and reliability research of the 32-item CDSS, 320

women made up the sample. The women were in the first ten days after giving birth, between the ages of 18 and 50, had a spontaneous vaginal delivery at the time of delivery, could comprehend and speak Turkish, and gave their consent to take part in the study. Psychiatric disorders and cesarean delivery were excluded conditions. The women's satisfaction with the birth process scale and the participant introduction form were used to gather data.

Data Collection Tools

Participant Introduction Form: The form contains 16 questions about the socio-demographic characteristics of the participants. The form was prepared by the researchers based on the literature (Göncü Serhatlıoğlu & Karahan, 2015; Bell et al., 2018; Çıtak Bilgin et al., 2018; Ayvacı et al., 2022).

Women's Views of Birth Labor Satisfaction Questionnaire: Thirty-two Likert-type questions make up the Smith (2001) scale designed to measure how satisfied women were with the care they received during childbirth. These sub-dimensions include: pain relief during labor (3 questions), pain relief immediately following labor (3 questions), expectations of labor (4 questions), assessment at home at the start of labor (3 questions), first contact with the newborn (3 questions), support from husband/partner during labor (3 questions), continuity (2 questions), environment during labor (2 questions), and control (2 questions). Two questions make up the total satisfaction measurement. The total of the scores attained for every question—some of which have inverted scores—is the score for each dimension. The scale originally consists of 9 sub-dimensions and 32 items. Negatively worded questions in the scale are reverse scored. There is a minimum of 0 and a maximum of 100 potential points. Higher satisfaction levels indicate that women are happier. There is no cut-off score in the scale. The subscales' Cronbach's alpha values varied from 0.62 to 0.91, whereas the original scale's Cronbach's Alpha coefficient was 0.89 (Smith, 2001). A Cronbach's Alpha value of 0.778 was found in this investigation.

Data collection

Following institutional and ethics committee permission, the study was initiated between April 1, 2023, and April 1, 2024. Prior to data collection in the departments or clinics where they worked, participants were verbally informed about the study's aim. Following this, they were requested to freely engage in the study, and both verbal and written agreement were gained. The participants completed the data collecting forms, which took them, on average, fifteen minutes to complete.

Ethical Consideration

Prior to the study commencing, written approval was obtained from the provincial health directorate and the hospital where the study was to be conducted. The ethics committee approval (Date 03/03/2023 and Approvel Number: 2023/05-04) was obtained from the ethics committee of a university in the province where the study was conducted.

Data Analysis

The statistical package for social sciences for Windows 25.0 [SPSS] was used to analyze the data. The mean, standard deviation, and frequency were among the descriptive analysis techniques used to examine the quantitative data derived from the research data. "Exploratory Factor Analysis (EFA)", "Item-Total Score Correlation", and "Reliability Analysis" were used to examine the concept validity and reliability of the scale. It was expected that the value of statistical significance would be $p \leq 0.05$.

Translation and Intercultural Adaptation of The Scale Into Turkish

The scale's author granted the researchers permission via email to convert the scale's English version into Turkish. Two academics with excellent English skills translated the scale from its English form into Turkish. An expert in the English language translated the scale from Turkish back into English. After that, the researchers compared the original scale with the back-translated English scale to determine whether the translation had affected the meaning. It was discovered that no modifications were made that would have an impact on the scale's structure or meaning.

Linguistic and Content Validity

In the literature, it is reported that a content validity index (CVI) between 0.80-1 is sufficient (Gökdemir & Yılmaz, 2023; Yusoff, 2019). In this study, expert opinions was obtained from expert faculty members in the fields of women's health and nursing (n= 8) and midwifery (n= 4). The content validity index of each item of the scale was above 0.90. It was found that there were

no items that were not understood by the experts. The final version of the scale was evaluated through a pilot study with 10 women outside the sample. During the pilot study, the researchers interviewed the participants face-to-face and assessed whether there were any incomprehensible items in the scale items. As a result of the pilot study conducted by the researchers, the scale items were found to be understandable and clear.

RESULTS

Socio-Demographic Characteristics

The mean age of the women was 27.09 ± 5.76 (min-max: 28 - 45), the gravidity 2.42 ± 1.53 (min-max: 1 - 9), the partus 2.07 ± 1.13 (min-max: 1 - 9) and the gestational age 38.56 ± 1.91 (min-max: 30 - 42).

Table 1. Results of Exploratory Factor Analysis

Factors	Explained variance (%)
1	20.43
2	12.41
3	5.89
4	4.95
5	4.79
6	4.42
7	3.88
8	3.85
9	3.38
Total explained variance	64.15
KMO=0.802; **Bartlett Sphericity test** x^2= 2706.218, p<0.001	

Table 2. Total Item Correlation of The Items in The Scale

Items	Total item correlation
1. My labour was completely normal.	0.63
2. My obstetrician/partner helped me understand what was going on during labour.	0.70
3. I was able to see my baby just in time after the birth.	0.66
4. The room I gave birth in was a normal hospital room with no special features	0.60
5. When I went into labour, I knew the medical staff taking care of me very well	0.74
6. More should have been done to ease my postpartum pain.	0.64
7. I was very well supported by all healthcare providers during labour.	0.68
8. I should have had a home assessment at the beginning of labour (when my pain was just starting).	0.48
9. More should have been done to ease my labour pain.	0.73
10. My baby was not given to me immediately after birth when I wanted it.	0.68
11. My labor was almost exactly as I expected it to be	0.64
12. The care I received during the birth could not have been better.	0.62
13. The medical staff always listened very carefully to what I said	0.69
15. When I thought I was going into labor, I wanted a doctor to come to my home to confirm that I was in labor.	0.60
16. Immediately after the birth, I had some pain.	0.51
17. The birth went almost exactly as I had expected.	0.73
18. I should have held my baby a little earlier.	0.63
19. There was medical staff constantly explaining to me the things that were being done during the birth.	0.54
20. I was given excellent pain medication for my contractions.	0.64
21. When I was born, everyone seemed to be telling me what to do.	0.67
22. My birth took place at a normal time.	0.62
23. My birth partner could not have been more supportive.	0.73
24. I knew the medical staff that was present at my baby's birth.	0.762
25. I am only satisfied with a few things about the care I received during my birth.	0.56
26. My birth would have been easier if I had taken more pain medication.	0.57
27. All the medical staff treated me in the kindest and nicest way.	0.69
28. It would have been very helpful to have been checked at home when I went into labor.	0.63
29. My partner/husband could have helped me a little more during the birth.	0.531
30. My birth process consisted of doing what the medical staff told me to do.	0.57
31. I did not need much pain medication after the birth.	0.63
32. The medical staff could not have helped me more.	0.71

Construct Validity

Exploratory Factor Analysis

The Kaiser-Meyer-Olkin (KMO) test (0.819) and the Bartlett Sphericity Test (x2= 2906.998, p<0.001) confirmed that the data were suitable for factor analysis (Table 1).

Principal component analysis, one of the factorization methods, was used in this study. Direct oblimin rotation, one of the oblique rotation methods, was used because the factors were not completely independent of each other and oblique rotation methods present the data more realistically (Goretzko et al., 2021; Watkins, 2018). The scale items were discovered to be categorized under nine factors, and they were responsible for 63.94% of the variance in the total. Item 14 was eliminated from the scale in the exploratory factor analysis due to its overlapping value. After item 14 was eliminated from the second EFA analysis, it was discovered that 31 items could be categorized into 9 factors, which together accounted for 64.151% of the variation. The result of the factor analysis was that the first factor "F1: Professional support during labour" explained 20.54% of the total variance, the second factor "F2: Assessment at home at the beginning of labour" explained 12.41%, the third factor "F3: Birth expectancy" explained 5.89%, the fourth factor "F4: Support from spouse/partner during labour" explained 4.95%, the fifth factor "Factor 5: First contact with the newborn" explained 4.79%, the sixth factor "F6: Continuity" explained 4.42%, the seventh factor "F7: Control" explained 3.88%, the eighth factor "F8: Environment during labour" explained 3.85% and the ninth factor "F9: Pain relief" explained 3.38%. The original form of the scale consists of nine factors. In the comparison with the Turkish-adapted scale, the sub-dimensions pain relief during labour and pain relief immediately after birth were combined into a single factor (F9: pain relief). It was found that the 12th and 25th sub-dimension F1: Professional support during labour, in which general satisfaction was assessed (Table 2).

Table 3. Exploratory Factor Analysis and Reliability Coefficients of Factors

Items	F 1	F 2	F 3	F 4	F 5	F 6	F 7	F 8	F 9
7	0.77								
32	0.72								
13	0.69								
27	0.69								
25	-0.60								
19	0.56								
12	0.55								
28		0.68							
15		0.67							
8		0.49							
18					-0.52				
17			0.73						
31			0.68						
11			0.67						
22			0.60						
1			0.53						
23				0.86					
2				0.81					
29				-0.46					
3					0.74				
10					-0.70				
24						-0.85			
5						-0.80			
30							0.70		
21							0.47		
4								-0.71	
16								-0.60	
9									0.74
6									0.71
26									0.53
20									-0.48
Cronbach alpha	0.75	0.60	0.75	0.75	-	-	0.26	0.70	0.69

Upon conducting an individual evaluation of the reliabilities of the scale and its sub-dimensions utilized in the study, it was discovered that the reliability coefficients for the first dimension were (0.75), the second dimension was (0.60), the third dimension was (0.75) and the fourth dimension was (0.75). The fifth dimension was (0.11), the sixth dimension was (0.01), the seventh dimension was (0.27), the eighth dimension was (0.70), the ninth dimension was (0.69), and the total scale was (0.81). The fifth dimension (items: 3, 10, 18) and the sixth dimension (items: 5, 24) were eliminated from the scale items following the reliability analysis since they did not demonstrate adequate dependability. It was found to be 0.77 for the scale's 26-item version. The Cronbach α value of the sub-dimensions of the scale fluctuates between 0.27 and 0.76.

Table 3 shows the results of the exploratory factor analysis of the reconstructed scale, which consists of 31 items, and the Cronbach's α-value of the 26 items.

Test-Retest Analysis

A test-retest was conducted to assess the invariance of the scale over time. For the test-retest, 30 women who were randomly selected for the test-retest were called by telephone and completed the same scale 15 days later. As a reliability analysis to assess the invariance of the scale over time, the mean scores from the test and retest administered to 30 women were analysed using paired groups t-test and Pearson correlation analysis. It was found that there was no statistically significant difference between the mean scores from the first and second application ($p>0.05$) and there was a highly significant relationship between the measurements ($p=0.001$).

DISCUSSION

The aim of this study is to investigate the factorial structure and psychometric properties of the Turkish version of the WVBLSQ in a sample of Turkish women. In scale validity and reliability studies, the concept of validity refers to the ability of a measurement instrument to accurately and completely capture the trait it is intended to measure (Karaahmetoğlu & Alpar, 2017). The content validity results of this study show that the criterion of language and content validity has been completed by reaching a consensus among expert opinions. The content validity index of each item of the scale was found to be above 0.90. A content validity index value of over 0.80 is considered sufficient (Polit & Beck, 2012). For this reason, necessary revisions were made to the scale based on the expert opinions and no item was removed from the scale.

According to Güleç and Kavlak (2013), construct validity gauges how well a scale can measure an abstract idea or dimension that is difficult to measure and cannot be directly witnessed, but can be logically described. To investigate the construct validity of the scale, an exploratory factor analysis (EFA) was carried out in this investigation. Several analyses are performed to assess the suitability of the sample size before moving further with the factor analysis. The KMO test for sample adequacy was used in this investigation. Factor analysis can be used when the KMO test result is more than 0.50, according to Polit and Beck. Good sample adequacy is indicated by a KMO value between 0.80 and 0.90, whereas moderate sample adequacy is indicated by a value between 0.70 and 0.80. Perfect sample adequacy is shown by values greater than 0.90. To demonstrate that the scale items' correlation matrix is enough for factor analysis, Bartlett's test results—an additional sample adequacy study—are performed (Polit & Beck, 2012). The findings of Bartlett's test indicated that the items in this study had a suitable correlation matrix, and the KMO value of 0.819 indicated that the sample was adequate for factor analysis.

Rotation is used in exploratory factor analysis to make independence and interpretation more clear. One of the most popular rotation methods was employed in this study: oblique rotation. The analysis's conclusion was that the scale's factor structure was stronger the greater the overall variation explained by the components. For single-factor studies, at least 30% of the total variation should be explained; however, for multi-factor structures, this percentage should be higher (Ayre & Scally, 2014). The component structure can be deemed suitable since, after item 14 was eliminated from the second EFA analysis, 31 items were found to be classified under 9 factors, which explained 64.151% of the total variance. In this study and the Spanish validity and reliability analysis, it was noted that the sub-dimensions of pain alleviation throughout labor and in the first few hours following delivery were consolidated into a single factor, despite the scale's initial ten factors (Marín-Morales et al., 2013).

In order to determine the internal consistency of the measured values obtained from the scale,

Cronbach's alpha was calculated, which is widely used for Likert-type scales in particular. If the alpha coefficient, which indicates the internal consistency of the measurements, is below 0.40, it means that the scale is unreliable; if the scale is between 0.40 and 0.59, it has low reliability; if the scale is between 0.60 and 0.79, it is reliable; if it is between 0.80 and 1.00, it means that the scale has high reliability (Cortina, 1993). The total scale and the seventh sub-dimension proved to be reliable. The seventh sub-dimension is the "control' sub-dimension and shows a strong correlation with women's satisfaction and their birth experiences. It has been pointed out in the literature that perceived control increases satisfaction with childbirth (Lally et al., 2014; Snowden et al., 2011). However, in this study, this dimension explained the lowest proportion of satisfaction, similar to Smith and Floris et al. (Smith, 2001; Floris et al., 2010). This finding suggests that while the introduction of maternity-friendly hospital programmes in recent years has encouraged women and families to take control and responsibility for their own health, it has not been fully effective. Since women's empowerment and involvement in healthcare decision-making during childbirth are important, the control factor ought to be included in the satisfaction with childbirth questionnaire. The sub-dimensions' Cronbach's alpha values varied from 0.62 to 0.91, while the original scale's Cronbach's alpha coefficient was 0.89 (Smith, 2001). In a reliability and validity research conducted in France (Floris et al., 2010), in a study conducted in Spain in 2013 (Marín-Morales et al., 2013), and in a validity study conducted in Spain in 2020 (Pozo-Cano et al., 2020), the Cronbach's alpha coefficient was determined to be 0.85. It was discovered in this study that the reliability values (total scale value: 0.77) produced outcomes that were comparable to those of previous research and the scale's original version.

Limitations of The Study

The results of the study cannot be extrapolated to other samples because the data were only gathered in one institution. As the results of the study were obtained on the basis of self-report, they are limited to the participants' statements.

CONCLUSİON

The scale on women's satisfaction with the birth process measures the degree of satisfaction of women who have recently given birth with the birth care in seven sub-dimensions. Some of the results obtained with the scale differed from the original version and the results of validity and reliability studies in other countries. It is assumed that this is due to cultural differences and differences in the provision of healthcare services. By removing the fifth and sixth sub-dimension from the scale and combining the sub-dimensions "pain relief during labour" and "pain relief immediately after birth" into a single factor, the scale was found to be suitable for use in clinical practise to measure the degree of satisfaction with childbirth in Turkish-speaking women. Consisting of 26 items, the scale has seven sub-dimensions: “Professional support in labour, home assessment at the beginning of labour, birth expectancy, spouse/partner support during labour, control, environment during labour and pain relief”.

Ethics Committe Approval

Ethics committee approval was received for this study from the Niğde Ömer Halisdemir University Health Sciences Non-Interventional Research Ethics Committee (Date: 03/03/2023, Approval Number: 2023/05-04).

Author Contributions

Idea/Concept: B.A., R.A., M.K., Ü.O.; Design: B.A., M.K.; Supervision/Consulting: M.K., Ü.O.; Analysis and/or Interpretation: M.K.; Literature Search: B.A.; R.A., Writing the Article: B.A., R.A., M.K., Ü.O.; Critical Review: M.K., Ü.O.

Peer-review

Externally peer-reviewed.

Conflict of Interest

The authors have no conflict of interest to declare.

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