



## Turkish validity and reliability study of the “respectful maternity care” knowledge and practice scale of midwives<sup>☆</sup>

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### ABSTRACT

**Objective:** Increasing cesarean rates in Turkey show that respectful maternity care services should be given priority and importance. It is difficult to achieve sustainable development goals without adopting a respectful maternity care approach, and there is no Turkish measurement tool to evaluate the knowledge and practices of midwives on “respectful maternity care”. The aim of this study is to evaluate whether the “respectful maternity care knowledge and practice scale of midwives” is an appropriate measurement tool for Turkish women by conducting a Turkish validity and reliability study.

**Study design:** The methodological study was carried out by midwives working in three Public Hospitals. Data were collected face-to-face using the “introductory information form” and “the respectful maternity care knowledge and practice scale of midwives”.

**Results:** The scale consists of two sections knowledge and practice. Both sections have three sub-dimensions: “providing emotional support”, “providing safe care”, and “preventing abuse”. The cronbach alpha internal consistency coefficient value ranged between 0.76 and 0.95 for both sections.

This study has determined that this scale, which was adapted, consists of three sub-dimensions and 46 items (23 items each) in both knowledge and application sections, is a highly valid and reliable scale compatible with Turkish culture, as a result of the validity and reliability findings.

### Introduction

World Health Organization defines respectful maternity care as “care for all women organized and provided in such a way as to preserve their dignity, privacy and confidentiality, avoid harm and ill-treatment, make informed choices, and receive ongoing support during childbirth” [1]. Respectful maternity care, an essential component of maternity service standards, prevents morbidity and mortality and provides evidence-based care that aims to prioritize women’s autonomy, dignity, feelings, choices, and priorities [2–4].

Increasing cesarean rates in Turkey show that respectful maternity care services should be given priority and importance [5]. The increase

in cesarean rates reveals that providing quality maternity care requires adequate equipment and professional skills and awareness, knowledge, positive attitudes, and practices of health professionals to promote optimal interventions in maternity care [6]. Adverse pregnancy and maternity care experiences can result in severe and permanent damage for both women and their families, such as postpartum depression, deterioration in family relationships, adverse effects on the child, and post-traumatic stress disorder. Moreover, it can cause women to distrust health services and have a deterrent effect on their application for health care [7].

Although midwives are health professionals who have critical roles in the development of women’s health and can directly affect women’s

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pregnancy and birth experiences, their knowledge, competence, communication skills, and professional and personal development are essential for the implementation of quality birth care [8,9].

Respectful Maternity Care has been recognized as a key strategy for improving the quality and use of maternity care. There are qualitative studies on respectful maternity care in the field of midwifery in our country [10,11]. But, there is no measurement tool to evaluate the knowledge and practices of midwives in Turkey regarding respectful maternity care. Instead of developing a new measurement tool, adapting valid and reliable existing measurement tools may be more beneficial in terms of making cross-cultural comparisons. In light of this, this study aims to determine whether or not the scale developed to evaluate the respectful maternity care knowledge and practices of midwives is suitable for the midwife population in Turkey on the basis of The Turkish validity and reliability study. Our study, beyond bringing the Turkish version of the scale to the literature, is also important in that it deals with respectful maternity care, a subject that, as far as we know, has not been studied before in the Turkish literature, and that it is the first study that reflects the knowledge and practice of respectful maternity care of midwives.

## Materials and methods

### Type of the study

This research is a methodological study. This study aims to reveal the Turkish validity and reliability study of the Midwives' Practices on Respectful Maternity Care Scale.

### Population and sample of the study

Midwives working in the delivery rooms and maternity wards of three state hospitals in the south of Turkey has consisted of the population of the study. It is stated that in adapting a scale to another culture, the number of samples should reach at least 5–10 times the number of items in the scale [12]. There are 46 items in the Respectful Maternity Care Knowledge and Practice Scale of Midwives. Accordingly, the sample should be between 230 and 460 at least. No sample selection has been made, and 230 midwives who met the research criteria and agreed to participate in the study formed the sample of the study.

### Data collection tools

The Turkish form of the "Personal Information Form" and "Midwives' Respectful Maternity Care Knowledge and Practice Scale" created by the researchers were used to collect the data.

### Personal Information Form

The form has 10 questions that try to investigate sociodemographic and professional characteristics of midwives.

### Midwives' Knowledge and Practice on Respectful Maternity Care Questionnaire (MKP-RMC)

It was developed by Moridi et al. [13]. The aim when developing this scale was to evaluate the knowledge and practices of midwives on Respectful Maternity Care. The scale consists of two parts, 23-item knowledge and 23-item application. The aforementioned sections have sub-dimensions, which are providing emotional support, providing safe care and preventing maltreatment. Items of the information section; "yes" answer is scored as 1, "no and I don't know" answer is scored as 0. The items of the application section consist of items evaluated using a five-point Likert scale and categorized as "always, often, sometimes, rarely and never" (scored from 5 to 1). Both parts of the scale have reverse scores (item 21, 22, 23). A composite score was formed by

summing the scores of the two sections. The highest scores on the knowledge and practice scales are 23 and 115, and the lowest scores are 0 and 23, respectively [13].

## Process

### Language validity

In the Turkish version of the scale, language validity has been performed. The original language of the scale is Persian. Accordingly, the translation of the scale from Persian to Turkish has been done by two independent expert linguists and two academicians in the field of midwifery. Having been created by choosing the most appropriate expressions from the Turkish translations of the scale items, the Turkish scale has been translated back into Persian by a native Turkish linguist who knows both languages and cultures well. The translation illustrated that the scale's original and the back-translation text were consistent.

### Content validity

After the translation was completed, the Respectful Maternity Care Knowledge and Practice Scale of Midwives was sent to the opinion of 10 experts in the field of midwifery for its content validity to be evaluated. Content validity rates (CVR) for each item were determined according to the Lawshe technique [14]. The minimum value of the content validity criterion (CSR) at the  $\alpha = 0.05$  significance level for 10 experts was defined as  $0.800^*$  by Veneziano and Hooper [15]. The scores given by the experts to the scale items and the results of the content validity rates of the scale are shown in Table 1. Upon the table's analysis, it was determined that the CVR value of the items in both parts of the scale was greater than and equal to the CVR value. Therefore, no item was removed from the scale. The content validity index (CGI) value of the scale items was calculated by taking the mean CVR values of the items and was determined as 0.982. The fact that the obtained CGI value is greater than or equal to the CGI value ( $CGI \geq KGS$ ) indicates that the content validity of the remaining items in the scale is statistically significant [14]. Accordingly, since the values obtained in the study were  $CGI (0.982) \geq CGI (0.800)$ , the content validity of the scale items was statistically significant. Necessary corrections were made in line with expert opinions and finally, the Turkish form of the scale with content validity was obtained.

### Pilot experiment

The pilot scheme of the scale, which was organized with the suggestion of experts, was carried out with 30 midwives. The pilot experiment's results were not included in the sample.

### Data collection

Data were collected by face-to-face interviews with midwives. The data were collected in the rest rooms of the hospital during break times with the midwives. Questionnaire filling time was approximately 10–15 min. For test-retest reliability, data were collected 2 weeks later with the same method with 30 midwives.

### Data analysis

The analysis of the data has been evaluated with appropriate statistical methods in IBM SPSS Statistics 22 (SPSS Inc., Chicago, IL) and AMOS 21.0 package program. In the study, first language and content validity have been ensured, then Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) and reliability analyzes (Kuder-Richardson 20 coefficient, Cronbach alpha coefficient and test-retest) have been performed for construct validity.

**Table 1**  
CVR and CGI values of the scale in line with expert evaluation.

Knowledge scale article	Appropriate	Needs correcting	Needs removing	CVR	Implementation scale article	Appropriate	Needs correcting	Needs removing	CVR
1	9	1	0	0.800	1	9	1	0	0.800
2	10	0	0	1.000	2	10	0	0	1.000
3	9	1	0	0.800	3	10	0	0	1.000
4	10	0	0	1.000	4	9	1	0	0.800
5	10	0	0	1.000	5	10	0	0	1.000
6	10	0	0	1.000	6	10	0	0	1.000
7	10	0	0	1.000	7	10	0	0	1.000
8	10	0	0	1.000	8	10	0	0	1.000
9	10	0	0	1.000	9	10	0	0	1.000
10	10	0	0	1.000	10	10	0	0	1.000
11	10	0	0	1.000	11	10	0	0	1.000
12	10	0	0	1.000	12	10	0	0	1.000
13	10	0	0	1.000	13	10	0	0	1.000
14	10	0	0	1.000	14	10	0	0	1.000
15	10	0	0	1.000	15	10	0	0	1.000
16	10	0	0	1.000	16	10	0	0	1.000
17	10	0	0	1.000	17	10	0	0	1.000
18	10	0	0	1.000	18	10	0	0	1.000
19	10	0	0	1.000	19	10	0	0	1.000
20	10	0	0	1.000	20	10	0	0	1.000
21	10	0	0	1.000	21	10	0	0	1.000
22	10	0	0	1.000	22	10	0	0	1.000
23	10	0	0	1.000	23	10	0	0	1.000
<b>Total Experts: 10</b>									
<b>Content Validity Rate (CVR): 0.800</b>									
<b>Content Validity Index (CGI): 0.982</b>									

### Ethical aspect of the research

Ethics committee approval of the research has been obtained from the Non-Interventional Clinical Research Ethics Committee of a state university (Approval Date: 4 February 2022 and Decision no.: 119/57). Permission was obtained from the hospitals to collect the data (Approval Date: 22 March 2022 and Decision no.: E-96172664-050.06.04). It was ensured that the participants were voluntarily and willingly, and it was explained that they were free to participate in the research.

### Findings

The mean age in the study was  $36.79 \pm 5.8$  (min:23 and :50), and their approximate characteristics are given in Table 2.

### Construct validity

Before determining the factor structure of the Respectful Maternity Care Knowledge and Practice Scale of Midwives, Kaiser-Meyer-Olkin (KMO) was used to examine the size of the sample group, and the Bartlett test was used to understand whether the factor analysis was appropriate and whether it was different from zero. The KMO sample fit

**Table 2**  
Defining features of the participants.

Variables		n	%
Level of education	Health Vocational High School	23	10.0
	College	58	25.2
	Undergraduate	134	58.3
	Postgraduate	15	6.5
Marital status	Married	165	71.7
	Single	65	28.3
The number of children	Childless	64	27.8
	1 Child	75	32.6
	2 Children	72	31.3
	3 + Children	19	8.2
Level of income	Income less than expenses	86	37.4
	Income equal to expenses	125	54.3
	Income more than expenses	19	8.3

coefficient of the Knowledge scale and the Barlett sphericity test were found to be  $\chi^2(253) = 2709.453, p < .001$ . The KMO sample fit coefficient of the application scale was 0.91 and the Barlett sphericity test  $\chi^2(253) = 4597.852, p < .001$ . The results show that the sample size is sufficient and suitable for factor analysis.

### Exploratory factor analysis

Exploratory factor analysis was performed after KMO and Barlett's tests. In order to test the construct validity of the Knowledge Scale, exploratory factor analysis was conducted using the unweighted least squares method using varimax axis rotation. It was determined that the factor load values of the knowledge scale items were between 0.51 and 0.85, explaining 56.53 % of the total variance. In order to test the construct validity of the Implementation Scale, exploratory factor analysis using the principal components method using varimax axis rotation was carried out. It was determined that the factor load values of the application scale items were between 0.58 and 0.93, explaining 70.57 % of the total variance (Table 3 and Table 4). Factor loads of a small number of items were accepted as up to 0.30 [16]. In the study, no item was removed from the scale because the factor loads of all items were appropriate. In the Turkish version of the scale, which has a three-dimensional structure in its original language, it was determined that it consisted of three factors with a factor eigenvalue greater than 1.

### Confirmatory factor analysis

Confirmatory factor analysis (CFA) study has been performed to provide evidence for the validity of the structure obtained as a result of exploratory factor analysis (EFA). Knowledge scale confirmatory factor analysis results show that the data fit well with the model ( $\chi^2/df = 1.77$ , NFI = 0.86, IFI = 0.93, TLI = 0.92, CFI = 0.93, RMSEA = 0.06). The confirmatory factor analysis results for the application scale also show that the data fit well with the model ( $\chi^2/df = 2.20$ , NFI = 0.90, IFI = 0.94, TLI = 0.93, CFI = 0.94, RMSEA = 0.07).

**Table 3**  
Exploratory factor analysis results of the knowledge scale.

Item	F1	F2	F3
11. Respecting the beliefs and culture of the woman giving birth and her companions	0.851		
7. Providing a safe and sincere space to ask questions	0.819		
1. Greeting the woman warmly upon her entrance to the maternity unit	0.811		
4. Encouraging and calming the woman who is to give birth	0.761		
2. Giving a tour of the maternity unit	0.751		
5. Addressing the woman who is to give birth with her name if she prefers	0.750		
3. Establishment of a sincere communication	0.729		
6. Providing accurate and clear information about the progress of the delivery, the care and interventions received	0.727		
12. Creating an appropriate space for the companions	0.719		
8. Providing a comfortable and calming environment	0.708		
10. Allowing a companion to be with the woman who is give birth if necessary	0.597		
9. Giving freedom to choose birth position	0.512		
19. Paying attention to safety in maintenance and interventions		0.814	
18. Alleviating the pain		0.801	
16. Equal care for all women regardless of their socio-economic status, ethnic origin and similar characteristics		0.779	
15. Obtaining informed consent before performing any examination or intervention		0.756	
17. Providing evidence-based and up-to-date maternity care		0.731	
13. Constantly or timely accompanying the woman who is to give birth		0.673	
14. Confidentiality of medical records, analysis and consultation results		0.661	
20. Giving accurate information to the companions about the progress of the birth		0.646	
23. Shouting at the woman giving birth in the event that she does not cooperate			0.823
21. Involvement of unnecessary persons in the process			0.810
22. Physical violence in the absence of cooperation			0.766
<b>Total Variance Unveiled</b>	29.973	48.640	56.530
<b>Eigenvalue</b>	6.894	4.293	1.815
<b>Cronbach Alpha</b>	0.92	0.87	0.76

### Reliability

The reliability of the scale was evaluated with Kuder-Richardson 20 coefficient, Cronbach alpha coefficient and test-retest. In a scale, Kuder-Richardson is 20 and Cronbach's alpha coefficient is above 0.80, which is considered high for test reliability [17]. In the study, the Kuder-Richardson 20 coefficient for the Knowledge scale was calculated as 0.92 for the emotional support sub-dimension, 0.87 for the safe care sub-dimension, and 0.76 for the prevention of maltreatment sub-dimension. The Kuder-Richardson 20 coefficient value calculated for the whole scale is 0.87. The Cronbach Alpha coefficient for the implementation scale was calculated as 0.92 for the emotional support sub-dimension, 0.87 for the safe care sub-dimension, and 0.76 for the prevention of maltreatment sub-dimension. The Cronbach Alpha coefficient calculated for the whole scale is 0.87.

As a result of the Pearson correlation analysis conducted to examine the test-retest reliability of the scale, it has been found that the correlation values between the first and second applications of the knowledge and application scales varied between 0.74 and 0.93, respectively. This result shows that the consistency of the scale over time is high.

**Table 4**  
Exploratory factor analysis results of the implementation scale.

Item	F1	F2	F3
3. I give the woman who came to give birth a tour of the maternity unit	0.901		
5. I support the woman giving birth with encouraging and calming touches	0.896		
4. I form a sincere and appropriate relationship with the woman giving birth	0.893		
7. I support the woman who constantly gives birth or have given birth before	0.885		
6. I address the woman giving birth with her name if she wants me to do so	0.881		
8. I give accurate and clear information to the woman giving birth about maternity care, interventions and its course	0.848		
9. I form a sincere relationship with the woman giving birth in which she can ask her questions without hesitating	0.779		
2. I introduce myself to the woman giving birth	0.751		
1. I welcome the woman coming for child delivery with warmly	0.744		
10. I provide a comfortable environment to the woman giving birth	0.731		
11. I support the woman giving birth to be in the desired birth position	0.588		
17. I provide evidence-based and up-to-date maternity care		0.879	
14. I make all interventions with the informed consent of the woman giving birth		0.875	
12. I keep medical records, examination and consultation results confidential		0.858	
16. I support the woman in her taking care of herself and her baby		0.852	
18. I pay attention to the safety of the woman giving birth during examinations		0.839	
13. I cover the woman's body with a cloth during examination		0.823	
19. I respect the beliefs and culture of the woman who's giving birth and her companions		0.819	
15. I provide equal care to all women regardless of their socio-economic status, ethnicity, etc.		0.792	
20. I provide true and clear information to the woman's companions about the		0.758	
22. I can hit the woman in the event that she does not cooperate			0.936
23. I can shout at the woman in the event that she does not cooperate			0.932
21. I do not allow the woman giving birth to have a companion in the maternity unit			0.762
<b>Total Variance Unveiled.</b>	38.229	60.373	70.568
<b>Eigenvalue</b>	8.793	5.093	2.345
<b>Cronbach Alpha</b>	0.95	0.95	0.82

### Discussion

This study has analyzed the status of reliability and validity of the scale, which was developed to evaluate the knowledge and practices of respectful maternity care of midwives for the Turkish adaptation. It is aimed to provide a scale that will provide accurate, consistent and valid data collection to be used in the evaluation of the quality of intrapartum services. Scales that have been adapted to different cultures are crucial in providing intercultural information exchange, comparison, and international cooperation.

In order for the scale to be adapted to Turkish culture, the first has been to complete the translation stage, followed by verifying content validity in light of expert opinions. In the next step, which is factor analysis done in order to establish the construct validity of the scale, sample size is an essential factor. In the Kaiser-Meyer-Olkin (KMO) test performed to determine the adequacy of the data obtained from the sample, the kaiser value is considered excellent at 0.90, very good at 0.80, mediocre at 0.70 and 0.60, and bad at 0.50 [18,19]. In our study, the KMO value was found to be 0.87 and 0.91 for the knowledge and

practice scales, respectively, and it was concluded that this value was quite high for the factor analysis of the sample size. Bartlett test results showing the correlation between the variables ( $\chi^2(253) = 2709.453, p < .001$ ;  $\chi^2(253) = 4597.852, p < .001$ ) were found to be significant and there was a correlation between the variables. These results show that the correlation matrix of the items in the scale is suitable for factor analysis.

In the exploratory factor analysis for construct validity, which is defined as the scale's ability to measure the entirety of the relevant concept and conceptual structure, knowledge scale factor load values were found between 0.51 and 0.85, and application scale factor load values were between 0.58 and 0.93. In the exploratory factor analysis, the lower limit for the factor load value explaining the relationship between the item and the factor was specified as 0.30 [20]. Since there was no item in the scale with a factor load of less than 0.30, no item was removed from the scale. It was determined that the scale was gathered under three factors in the Turkish version, as in the original, and that the knowledge scale explained 56.53 % of the total variance, and the application scale explained 70.57 % of the total variance. In factor analysis, it is essential to explain the highest variance with the least possible number of factors, and it is an important criterion of factor analysis that the explained variance exceeds 50 % over the total variance [21]. Considering the values obtained for the CFA model, which is the second step of the construct validity phase, it was seen that the fit was good and the construct validity of both the knowledge and the application scale was ensured.

The Kuder-Richardson 20 (KR-20) coefficient and the Cronbach's alpha coefficient are methods used to determine reliability and measure internal consistency, and a high value indicates that the items are consistent with each other [22,23]. It is stated that the coefficient is unreliable if it is below  $< 0.39$ , low reliability between 0.4 and 0.59, reliable between 0.6 and 0.79, and high reliability between 0.8 and 1.00 [24]. The Cronbach Alpha internal consistency coefficient was found to be 0.87 for each of the Knowledge and Practice scales in the study. In the original of the scale, the reliability coefficients of  $K' - 20$  and  $\alpha$  ranged between 0.72 and 0.95, respectively [13].

Constancy, which is a must-have feature for a reliable measurement tool, expresses the power of the measurement tool to give consistent results from application to application and to show invariance over time [17]. The second application for this method should be done at least 10–14 days after the first application [25]. For the test-retest, the Respectful Maternity Care Knowledge and Practice Scale of Midwives was applied again to 30 people from the same sample group, 2 weeks after the first application. As a result of the Pearson correlation analysis carried out to examine the test-retest reliability of the scale, the correlation values between the subscales were found to vary between 0.74 and 0.93. This result shows that the consistency of the scale over time is high. In the original of the scale, it was reported that the correlation values between the subscales ranged between 0.79 and 0.92, respectively [13].

In conclusion, this study has determined that this scale, which was adapted, consists of three sub-dimensions and 46 items (23 items each) in both knowledge and application sections, is a highly valid and reliable scale compatible with Turkish culture, as a result of the validity and reliability findings. This measurement tool can be used in settings that aim to assess and improve intrapartum quality of care and contribute to the development of educational interventions for behavior change.

### Ethics approval

Ethics approval was obtained from the Çukurova University Medical Faculty Ethics Committee (Approval Date: 4 February 2022 and Decision no.: 119/57).

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### CRedit authorship contribution statement

**Elif Dağlı:** Conceptualization, Methodology, Data curation, Resources, Software, Supervision, Validation, Visualization, Formal analysis, Writing – original draft, Writing – review & editing. **Feyza Aktaş Reyhan:** Methodology, Data curation, Visualization, Writing – original draft, Writing – review & editing. **Fatma Nilüfer Topkara:** Methodology, Data curation, Visualization, Writing – original draft, Writing – review & editing. **Maryam Moridi:** Methodology, Data curation, Visualization, Writing – original draft, Writing – review & editing.

### Declaration of Competing Interest

The authors report no actual or potential conflicts of interest.

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