

Ebelik Mesleğinin Yetkileri İle İlgili Algı Ölçeğinin Türkçe Uyarlaması: Geçerlilik ve Güvenirlilik Çalışması

Turkish Adaptation of Perceptions of Empowerment in Midwifery Scale: Validity and Reliability Study

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ABSTRACT

The aim of this study is to adapt the Perception of Empowerment in Midwifery Scale (PEMS), developed by Mathews and et al. in 2005, to Turkish.

The population of the research consists of 135 midwives who work in Amasya Public Health Directorate, Amasya District Hospitals and Eskişehir State Hospital Women's Birth Department and who have accepted to participate in the study. In the collection of the data, a questionnaire with professional and personal information and Perceptions Of Empowerment In Midwifery Scale were used. The obtained data were evaluated using the SPSS package program. Findings related to construct validity of the scale were made using exploratory factor analysis method.

The average age of the participants was 38.93 ± 6.94 and the average year they worked as a midwife was 18.64 ± 8.27 years. Reliability study of the Turkish form of the scale was made with Cronbach Alfa and the internal consistency value of the scale was found to be 0.823. In addition, the analyses show that Kaiser-Meyer-Olkin value of 0.763 and Bartlett Sphericity %60 the related scale are explained. The items with factor loads are between 0.4 and 0.84. The Turkish version of the relevant scale consists of 4 sub-dimensions according to the exploratory factor analysis.

The Perceptions of Empowerment in Midwifery Scale can be used by different researchers in Turkey.

Keywords: Midwifery, Profession, PEMS

ÖZET

Bu çalışmada amaç, Mathews ve ark. tarafından 2005 yılında geliştirilmiş olan Ebelik Mesleğinin Yetkileri ile İlgili Algı Ölçeğinin Türkçeye uyarlamasını yapmaktır.

Araştırmanın örneklemini Amasya Halk Sağlığı Müdürlüğünde, Amasya İlçe Hastanelerinde ve Eskişehir devlet hastanesi Kadın Doğum Bölümünde çalışan ve çalışmaya katılmayı kabul eden 135 ebe oluşturmaktadır. Verilerin toplanmasında mesleki ve kişisel bilgi içeren soru formu ile Ebelik Mesleğinin Yetkileri ile İlgili Algı Ölçeğinin Türkçe formu kullanılmıştır. Veriler SPSS paket program kullanılarak değerlendirilmiştir. Ölçeğin yapı geçerliliğine ilişkin bulgular açıklayıcı faktör analizi yöntemi kullanılarak yapılmıştır.

Katılımcıların yaş ortalaması 38,93±6,94 olup, ebe olarak çalıştıkları yıllar ortalama 18,64±8,27 yıldır. Ölçeğin Türkçe formunun güvenilirlik çalışması Cronbach alfa ile yapılmış ve ölçeğin iç tutarlılık değeri 0,823 olarak belirlenmiştir. Kaiser-Meyer-Olkin değeri 0,763 ve Bartlett Sphericity Testi p<0,001'tür. Temel Bileşenler Analizi (PCA) toplam varyansın %60'ını açıklamaktadır. Faktör yükleri 0,40 ile 0,84 arasındadır. İlgili ölçeğin Türkçe versiyonu, açıklayıcı faktör analizine göre 4 alt boyuttan oluşmaktadır.

Ebelik Mesleğinin Yetkileri ile İlgili Algı Ölçeği Türkiye'de farklı araştırmacılar tarafından da kullanılabilir.

Anahtar Kelimeler: Ebelik, Meslek, PEMS

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INTRODUCTION AND AIM

The relevant literature review suggests various definitions about the concept of profession. In this context, Yilmaz et al. (2015) define the concept of profession as a collection of activities that people pursue in order to earn their living, based on the knowledge and skills acquired through a specific education.¹ Şentürk (2013) expressed the profession as a service providing a certain profit, having an independent structure determined by law, knowledge, ethical principles, duties, powers and responsibilities based on research, experiment and application process that must be fulfilled in order to maintain the lives of the persons.²

Pavalko speaks about eight criteria in the model he has created to separate the profession from the work. These are; theory and intellectual knowledge, conformity with basic social values, duration of education, motivation, autonomy, sense of devotion, collective service, union consciousness and professional moral law.³ The midwifery profession includes these criteria that were set by Pavalko.

For a profession, to change in its own field, to carry out its management tasks and to contribute to social development in this way are possible by the existence of post-graduate education programs.⁴ The profession of midwifery, one of the earliest professions, has a 15-year history based on higher education including undergraduate study. The opening of doctoral programs in 2013 has accelerated this process.⁵

The tasks and empowerment in midwifery profession are described in a number of ways. There are some minor differences between the definitions of the Ministry of Health, the World Health Organization and the International Confederation of Midwives (ICM). However, there are some points that mainly overlap, which include prenatal, intranatal and postnatal practices, and providing care for women and new-borns. In recent years, ICM has set some standards for

competence and perfection to strengthen the midwifery profession.⁶

Occupational and task-related descriptions of the midwifery profession were made under the Regulation of the Job and Assignment Descriptions of the Health Professionals and Other Professionals Employed in Health Care Services in Turkey which was enacted in 2014. In this regulation, many tasks and empowerment such as sexual and reproductive health, vaginal delivery, breech delivery in obligatory cases, episiotomy implementation, pregnancy diagnosis and necessary examinations, follow-up of mother and new-born after delivery, breastfeeding training, taking part in family planning applications and watching children aged 0-6 are defined.⁷ However, there is no standard in practices related to the midwifery profession even though occupational and task-related descriptions are made in the Official Journal of Turkish Republic. There is confusion about the definition of midwives' occupations in Turkey. Studies about midwives' tasks, empowerment and responsibilities are not yet clear as the transition to the undergraduate period is yet very new.⁸

In our country, most of the midwives are becoming alienated to their independent roles as they work outside their professional field. For this reason, midwives must be aware of the importance of the national midwifery codes, be aware of the values of the profession, and should give importance and priority to both professional development and changes.⁹

In the study of Güner et al. in 2015, the obstacles against professionalization in an occupation were defined as; the existing legislation not meeting the requirements, the organization being not at the desired level, the existence of problems related to autonomy and the scientific researches not reaching the desired level yet.¹⁰ The basis for a professional occupation is generated by organising and professional commitment. Professional identity will only be created if a

profession has its own values, commitment, professional awareness, and improved members.¹¹ Reviewing of current practices and literature has shown that there is confusion due to the lack of understanding about professionalization in midwifery in Turkey. Therefore, there is a need for a study that will reveal the situation in which midwives are as a profession.¹²

The World Health Organization (WHO) also included this case in its 2016 report. WHO has mentioned in this report that

midwives are seen as nurse assistants or caregivers and that the laws are incomplete and inconsistent in this respect.¹³

In this context, a reviewing of relevant Turkish literature has also shown that no scale could be found with regard to the empowerment of the midwifery profession. The purpose of this study is to adapt the Perceptions of Empowerment in Midwifery Scale which was developed by Mathews et al. in 2005, into Turkish.¹

MATERIAL AND METHODS

The population of the research consists of 135 midwives working in Amasya Public Health Directorate, Amasya District Hospitals and Eskişehir State Hospital Department of Obstetrics and Gynaecology. A questionnaire was applied to those who accepted to participate in the study. 95% (88) of midwives working in Amasya, and 83,92% (47) of the ones working in Eskişehir agreed to participate in the study. It was stated that the number of participants was sufficient to perform factor analysis for 5 participants for each item in the scale.¹⁵ It was necessary to apply to at least 110 people because the scale consisted of 22 items.

Necessary permission to adapt the scale into Turkish, was taken from the developer, Anne Mathews, by communicating via e-mail. The scale was translated into Turkish by three people who were fluent in both languages (Turkish and English) and was evaluated by three experts in the field. In terms of Turkish meaning and grammar, it has been examined by a teaching staff from

Turkish department. The form that was translated to Turkish has been translated back to English. After ensuring the language validity of the scale, it was finalised and verbal confirmations from the participants and written ones from their institutions were taken, and the scale was applied. At the same time, the Ethics Committee permission of the Science Ethics Committee of the University of Amasya was granted in 2015.

There is a 5-point likert-type rating of the Scale of Perceptions of the Empowerment of the Midwifery Profession that was developed in 2005 by Mathews and et al, consisting of 22 items (1 strongly disagree, 2 disagree, 3 disagree, 4 I agree, I strongly agree). The scale consists of 3 subgroups: Autonomy, Effective Management and Women-Centred Practices. The mean score of the scale is evaluated as 3-5 being too high, 6-8 high, 9 medium, 10-12 low and 13-15 being very low perception of empowerment.¹⁴ The total score of the scale is at least 22 and maximum 110 points.

RESULTS AND DISCUSSION

Midwives who participated in the study were between the ages of 25 and 55 and mean age was 38.93 ± 6.94 . Personal information about the midwives is given in Table 1. accordingly, when the educational status of the participants was evaluated, it was seen that 58.5% of them had bachelor's degrees.

Table 1. Personal Information about Midwives

		n	%
Educational Status	High school	9	6.7
	Associate Degree (two years at University)	44	32.6
	Bachelor's (four years at University) degree	79	58.5
	MSc	3	2.2
Age Group (years)	25-30	4	7.8
	31-35	3	9.6
	36-40	40	29.6
	41-45	31	23
	46 and more years old	27	20

The professional experience of the midwives participating in the study varied from 5 months (minimum) to 38 years (longest). In this context, participants' average duration of working was 18.64 ± 8.27 years. In addition, it was seen that the participants worked in their existing institutions for an average of 7.64 ± 6.66 years. There was a midwife working for 1 month and another working for 28 years in the same institution. 60% of midwives (89 people) were working in hospital while 40% (54 people) were working in various units in Community Health Centres and Primary Care Clinics affiliated to Public Health Institution. Table 2 lists the professional knowledge of midwives. 20% of the employees were in the delivery room, 18.5 were in the obstetrics services, 4.4% in the new-born intensive care unit, 3.7% in the maternity intensive care unit, 13.3% in the other service, %23 Family Health Center (Primary Care Clinics) and%12,6 Community Health Center. As seasons for choosing the job, as seen in Table 2, 11.9% of the participants stated that they have chosen their professions for necessity and being easy to find the job, 16.3% stated

that it was family advice, 35.6% stated that they liked offering help for babies, children and people, this question was left unanswered by 14.29%. While 14.80% (20 people) were members of an association related to their profession, 85.2% (115 people) were not members of any kind of association like that. In addition to all of these, almost all of the participants who participated in the study did not follow any publication about their profession (132 persons - 97.8%)

Table 2. Details of Professional Midwives

		n	%
Years of midwifery experience	0 - 5 years	15	11.1
	6-10 years	13	9.6
	11-15 years	16	11.9
	16-20 years	25	18.5
	21 -25 years	34	25.2
	26 and more	32	23.7
Current Working Experience at the Present Institute	0 - 5 years	63	46.7
	6-10 years	42	31.1
	11-15 years	12	8.9
	16 and more	18	13.3
Units	Obstetric Service	25	18.5
	Delivery room	27	20
	Family Health Center	31	23
	Community Health Center	17	12.6
	Public Health Institution	6	4.4
	Neonatal Intensive Care	6	4.4
	Maternity Intensive Care	5	3.7
	Other Services	18	13.3
Reasons for Choosing a Midwifery Profession	Unanswered	19	14.1
	Being easy to find the job	6	11.9
	Family advice	22	16.3
	I like to help	48	35.6
	Obligation	8	5.9
	Exam Score	3	2.2
	I do not want a health related area	5	3.7
	Other	14	10.4
	Professional Associations Membership	Yes	20
No	115	85.2	

Descriptive Analysis

Table 3 shows the midwives' responses for each item of the scale which was developed to measure their perception about their empowerment. Almost more than one-third of the midwives pointed out that they

were supported by administrators, that they had effective communication and that they were being appreciated. Almost all expressed that they had sufficient skills and training to carry out their duties.

Table 3. Results of the Perception Scale Related to the Authorities of the Midwifery Occupation

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have the back-up of my manager.	5.2	15.6	33.3	30.4	15.5
I have effective communication with management.	3	19.3	33.3	31.9	12.6
I am valued by my manager.	8.9	22.2	25.1	31.9	11.9
I am able to say no when I see it as necessary.	1.5	9.5	23	46.7	19.3
I am recognised as a professional by the medical profession environment.	5.2	14.8	28.9	37.8	13.3
I am not informed about changes in my organisation that will affect my practice.	7.4	29.6	19.3	33.3	10.4
I have autonomy in my practice.	3.7	17	28.9	40	10.4
I am adequately educated to perform my role.	0.7	0	8.9	48.1	42.3
I have Access to adequate sources for birthing women under my care.	3.7	7.4	25.9	50.4	12.6
I am not paid attention by members of the multidisciplinary team.	4.4	13.3	33.3	39.3	9.7
I have the skills required to carry out my role.	1.5	2.2	9.6	52.6	34.1
I have control over my practice.	0.7	1.5	7.5	57	33.3
I do not have a supportive manager.	5.9	21.5	28.9	29.6	14.1
I empower birthing women through my practice.	1.5	1.5	6.7	55.6	34.8
I am accountable for my practice.	2.2	1.5	11.1	57.8	27.4
I am not recognised by my manager for my contribution to the care of birthing women.	5.2	18.5	33.3	32.6	10.4
I am not an advocate for birthing women.	22.2	35.6	25.1	14.1	3
I am involved in midwife-led practice.	7.4	24.4	21.5	40	6.7
I do not know what my scope of practice is.	8.1	13.3	16.4	38.5	23.7
I do not have access to adequate resources for staff education and training.	4.4	13.3	31.9	42.3	8.1
I get support of my colleagues.	1.5	5.2	19.3	54.7	19.3
I am recognised by the medical profession for my contribution to the care of birthing women.	5.9	12.6	34.8	40	6.7

Factor Analysis

The Kaiser-Meyer-Olkin and Barlett tests were applied to identify the suitability of the original scale for factor analysis at the beginning. Kaiser-Meyer-Olkin value was found as 0.783. This value was between 0.70 and 0.80, indicating that it was sufficient for the current measuring instrument.⁷ In addition, the Cronbach's alpha value was found to be 0.823 and the Bartlett Sphericity Test to be $\chi^2 = 982.132$ and these values were seen as significant ($p < 0.001$). Sufficiency of the Barlett Test and Cronbach

Alpha value showed that the scale was suitable for factor analysis.¹⁶

An exploratory factor analysis was performed to examine the construct validity of the scale. Analysis of the total variance has proved that there were six factors with an eigenvalue greater than 1 and it expressed 60.1% of the total variance. However, as some sub-dimensions were composed of one or two items and as the original scale consisted of three sub-dimensions, it was limited to three sub-dimensions. When the covariance values of the factors were

examined, these items were removed from the scale because the factor loadings of the items 3, 12 and 22 in the original were below 0.30. Factor analysis was updated after the removal of 3 items. According to the

variance explained by 3 sub-dimensions, it was 47.63%. Subgroups and items were listed in Table 4. Sub-groups were named as "Support and Management", "Skill" and "Resource".

Table 4. Sub-scales of the PEMS

Pattern Matrix	Sub-scales		
	1-Support and Management	2-Skill	3-Resource
% Variance explained by each factor	26.12	13.83%	7.68%
1 I am valued by my manager.	0.757		
5 I have the back-up of my manager.	0.745		
9 I have effective communication with management.	0.743		
20 I have autonomy in my practice	0.512		
2 I am not an advocate for birthing women.	0.476		
13 I am able to say no when I judge it to be necessary.	0.408		
11 I am adequately educated to perform my role.		0.840	
17 I have control over my practice.		0.795	
15 I am accountable for my practice.		0.715	
18 I empower birthing women through my practice.		0.686	
4 I have the skills required to carry out my role.		0.589	
16 I am recognised as a Professional by the medical profession.		0.544	
21 I am not listened to by members of the multidisciplinary team.			0.676
8 I do not have a supportive manager			0.638
14 I do not know what my scope of practice is.			0.622
19 I do not have Access to adequate resources for staff education and training.			0.620
6 I am not recognised for my contribution to the care of birthing women by my manager			0.565
10 I am not informed about changes in my organisation that will affect my practice.			0.459
7 I have access to adequate resources for birthing women in my care.			0.439
Mean (SD)	3.42±0.57	4.05±0.91	3.3±0.51
Cronbach's Alpha value	0.706	0.794	0.718

The first factor is named as "Support and Management" and consists of 6 items. In this factor, there are some items related to the manager of the midwife. The Cronbach's Alpha value of "Support and Management", which accounts for 26.12% of the total variance, is 0.706.

The second factor, named as "Skill", consists of 6 items and accounts for 13.83% of the total variance. The Cronbach's Alpha value of this factor is 0.794. In this factor, there are expressions about knowledge and skills related to tasks and responsibilities.

The third factor consists of 7 items and is named as "Resource". This factor accounts for 7.68% of the total variance and the Cronbach's Alpha value is 0.718. In this sub-group, there are items related to accessing

resources and providing sufficient resources (Table 4).

Discussion

The Perceptions Empowerment in Midwifery Scale is composed of three sub-dimensions as "Support and Management", "Skill" and "Resource". The original scale consisting of 22 original items has been degraded to 19 items after adaptation into Turkish and each sub-dimension has had different number of items.

The scale that was originally developed in Ireland was later adapted for New Zealand and Norway. In Ireland, it was first developed by Mathews et al. in 2006. The scale consists of three sub-dimensions as Autonomy, Management and Women-Centred Practices. Sub-dimensions are statistically similar, but there are differences

in terms of item expressions. In the studies carried out, it was seen that the item expressions of the Management sub-dimensions were generally the same. For example, expressions like "My manager supports me", "I have an effective communication with management" were also placed in Support and Management sub-dimension in this study as they were in the original form.

The adaptation study of Pallant et al. in New Zealand in 2015 consisted of 4 sub-dimensions including autonomy, support, professional identification, skills and resources.¹⁷ Some similar results were obtained between this adaptation study and our adaptation study. For example, "I am valued by my manager", "My manager supports me", "I have an effective communication with the management" are in

the Support and Management sub-dimension as it is in this study.

In the study of Lukasse and Pajalic done in Norway in 2016, the scale consisted of three sub-dimensions as; Support and Management, Autonomy and Professional Role, Being Equipped for Implementation. Just as in Mathews' study, the expressions "My manager supports me" and "I have an effective communication with the management" are in the same sub-group here, too.¹⁸

The items extracted while sub-dimensions were being evaluated and the items in the sub-dimension show no similarities among any one. This situation is thought to have emerged as a result of working and educational conditions and cultural differences in the country.

CONCLUSION AND RECOMMENDATIONS

The Perceptions of Empowerment Midwifery Scale can be used in Turkey. Some items were removed from the scale. However, it was still approached according to three sub-dimensions. The total score of the scale is at least 19 and maximum 95 points. There is confusion on the authority of

the midwifery profession. We believe that by means of the scale, midwife's perceptions about her professions will be determined and contribute to making the profession's authority more prominent. In this sense, we propose that more work be done in our country.

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