

THE PSYCHOMETRIC CHARACTERISTICS OF THE TURKISH VERSION OF THE WORKPLACE BREASTFEEDING SUPPORT SCALE

ÇALIŞAN ANNELERDE İŞYERİ EMZİRME DESTEK ÖLÇEĞİ'NİN TÜRKÇE PSIKOMETRİK ÖZELLİKLERİ

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ABSTRACT

Aim: This study aims to assess the validity and reliability of the Turkish version of the Workplace Breastfeeding Support Scale.

Method: The study sample consisted of 250 working mothers who visited a pediatric polyclinic with their 3- to 12-month-old babies and agreed to participate in this study. Language, content, construct validity, reliability, time consistency, and internal consistency analyses were performed in the adaptation of this 12-item scale into Turkish.

Results: The Cronbach's alpha (α) reliability coefficient for the entire scale was .82. The Cronbach's alpha (α) values for its four subscales were .82, .75, .70 and .68. The item-total score analysis correlations ranged from .221 to .701 ($p < 0.05$). Exploratory factor analysis found that the scale accounted for 70.14% of the total variance. The factor loadings of the scale's items ranged from .673 to .853. Confirmatory factor analysis found that the scale's factor loadings ranged from .51 to .88. The fit indices (χ^2/SD , AGFI, GFI, NFI, RMSEA and SRMR) were 2.207, 0.890, 0.930, 0.940, 0.070 and 0.067, respectively, which indicated acceptable fit. The CFI and NNFI values were 0.970 and 0.960, which indicated a good fit. The data indicated a good fit, and the four-factor model was statistically significant and valid ($p < 0.05$).

Conclusion: The analyses found that the Workplace Breastfeeding Support Scale can be considered a valid and reliable scale for Turkish society. This study recommends that the Workplace Breastfeeding Support Scale should be used by midwives, health care professionals and social workers to assess workplace breastfeeding support because it may be useful for supporting and promoting breastfeeding.

Keywords: Breastfeeding, Breastfeeding Support, Reliability, Working Mothers, Validity.

ÖZET

Amaç: Bu çalışmanın amacı; çalışan annelerin emzirme durumlarını değerlendirmek için İşyeri Emzirme Destek Ölçeği'nin Türkçe formunun geçerlik ve güvenilirliğinin belirlenmesidir.

Yöntem: Çalışmanın örneklemini üç-on iki aylık bebeklerini çocuk sağlığı ve hastalıkları polikliniğine muayeneye getiren ve araştırmaya katılmayı kabul eden 250 çalışan anne oluşturmuştur. 12 maddelik ölçeğin Türkçeye adaptasyon çalışmalarında dil, içerik, yapı geçerliliği, güvenilirlik ve zaman tutarlılığı ile iç tutarlılık analizleri yapılmıştır.

Bulgular: Ölçek sorularının tamamının Cronbach alfa (α) güvenilirlik katsayı değeri .82; dört alt boyutunun Cronbach alfa (α) güvenilirlik katsayı değerleri .82;.75;.70;.68'dir. Madde-toplam puan analizi korelasyonları ise .221-.701 değerleri arasında yer almaktadırlar ($p < 0.05$). Açıklayıcı faktör analizi ölçeğin, toplam varyansın %70.14'ünü açıkladığını göstermektedir ve ölçeğe ait maddelerinin faktör yükleri .673 ile .853 arasında yer almaktadır. Doğrulamalı faktör analizinde ise ölçeğin faktör yükleri .51-.88 arasındadır. χ^2/sd , AGFI, GFI, NFI, RMSEA ve SRMR uyum ölçümleri sırasıyla 2.207, 0.890, 0.930, 0.940, 0.070 ve 0.067 olup, kabul edilebilir uyum göstermektedir. CFI ve NNFI uyum ölçümleri sırasıyla 0.970 ve 0.960 iyi uyum gösterdiği saptanmış, çalışma verilerinin iyi uyuma sahip olduğu ve dört faktörlü modelin $p < 0.05$ istatistiksel olarak anlamlı ve geçerli olduğunu göstermiştir.

Sonuç: Yapılan analizler ve değerlendirmeler sonucunda Çalışan Annelerde İşyeri Emzirme Destek Ölçeği'nin Türk toplumu için geçerli ve güvenilir bir ölçek olduğu söylenebilir. Tüm sonuçlar ışığında psikometrik özellikleri saptanan ölçek ebeler, sağlık profesyonelleri ve sosyal çalışmacılar tarafından işyeri emzirme desteğini ölçmek için kullanılabilir, emzirmenin desteklenmesi ve teşviki için yarar sağlayabileceği önerilebilir.

Anahtar kelimeler: Çalışan Anne, Emzirme, Emzirme Desteği, Geçerlik, Güvenirlik.

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INTRODUCTION

Worldwide, breastfed babies have lower mortality and morbidity rates, breastfeeding is healthier than other nutrients for babies' growth and development, and breastfeeding also benefits nations economically (Ünsal et al., 2004).

Breast milk, which is an important issue for the public health, is a unique nutrient that protects mothers' health, helps babies grow and develop healthily, and meets babies' physiological and psychosocial requirements in their first six months of life (Özer et al., 2010; İnce et al., 2010; Uslu et al., 2010; Tanrikulu et al., 2012; Karaçam and Sağlık, 2018; Irmak, 2016).

Breastfeeding and child care are more difficult for working mothers. Mothers have to make a choice. They either continue to work, reducing the care and breast milk they can provide to their babies, or quit their jobs to look after their babies. The obstacles to breastfeeding for working mothers include insufficient rest periods and insufficient facilities for milking and storing breast milk (Bai et al., 2008). Working mothers breastfeed less often and for less time because of: the lack of policies that support pregnant and breastfeeding women; insufficient parental leave; lack of facilities for milking, storing breast milk, breastfeeding and breaks; mothers' lack of knowledge, and unsupportive work mates. These factors also cause formula feeding to be widespread (Özsoy et al., 2008; Tanrikulu et al., 2012; Ayhan, 2016; Ceylantekin, 2017; Karancı, 2011). Working full time negatively affects mothers' breastfeeding durations. Mothers should breastfeed their babies or regularly express their breast milk to breastfeed their babies. However, most workplaces consider mothers' milking and breastfeeding during work hours a loss of work hours (Murtagh and Moulton, 2011). There are few studies that evaluate working mothers' problems with breastfeeding. It is important to evaluate mothers' workplaces and to support their breastfeeding in them (Sökücü and Aslan, 2012).

It is important for breastfeeding consultancy to know and evaluate whether working mothers' workplace environment supports breastfeeding. The Workplace Breastfeeding Support Scale developed by Bai et al. to measure workplace breastfeeding support will be a useful tool for planning breastfeeding consultancy when its psychometric characteristics are determined in Turkish and for other languages and cultures.

There is no valid and reliable scale in Turkey that is used to evaluate working mothers' breastfeeding status. The Turkish version of the Workplace Breastfeeding Support Scale may help breastfeeding consultants to determine mothers' milk status, breastfeeding, and being supported by their work mates and employer in their workplace. This makes the adaptation of this scale into other languages and cultures a useful endeavor.

This study aims to assess the validity and reliability of the Turkish version of the Workplace Breastfeeding Support Scale.

MATERIALS AND METHODS

Type of Study

This is a psychometric, methodological, descriptive, and cross-sectional study that was done to determine the validity and reliability of the Workplace Breastfeeding Support Scale's (WBSS) Turkish version.

Sample

The rule of 100 stipulates that study samples should be at least five to ten times larger than the number of scale items (Tavşanlı, 2002). The Workplace Breastfeeding Support Scale has 12 items, so the aim was to reach a sample more than ten times larger than that. The sample consisted of 250 mothers in order to conduct the exploratory and confirmatory factor analyses under more favorable circumstances, and the test-retest was administered to 40 mothers.

Data Collection Tools

Two forms were used to collect the data:

- The Sociodemographic Information Form
- The Workplace Breastfeeding Support Scale (WBSS)

The Sociodemographic Information Form

This form was developed to determine the mothers' sociodemographic characteristics. It has 24 items, including items about their mode of delivery, breastfeeding status, supplementary feeding, occupations and returning to work.

The Workplace Breastfeeding Support Scale (WBSS)

This seven-point likert-type scale was developed by Yeon Bai et al. to measure breastfeeding support. It has 12 items that are scored from 1: strongly disagree to 7: strongly agree. Higher total scores indicate higher breastfeeding support. The lowest possible scale score is 12, and the highest is 84. Higher scale scores indicate higher perception of breastfeeding support. The Cronbach's alpha coefficient was $\alpha=.77$ and $r=.86$ for this scale. The researchers say that they developed the WBSS because: "Today, there is no valid instrument to evaluate mothers' perceptions of breastfeeding support in workplaces. Therefore, it is important to develop psychometric characteristics of this kind of instrument and to establish the validity and reliability of the scale." The scale was developed in English, and its validity and reliability study was done in English (Bai et al., 2008). It has not yet been adapted into other languages.

The construct validity of the scale was tested using factor analysis. An acceptable factor analysis requires a Kaiser-Meyer-Olkin (KMO) value of more than .6. The KMO value for sampling adequacy was .71, indicating the data's suitability for factor analysis. The construct validity of the WBSS was established by extracting four factors that accounted for 62.1% of the scale's total variance. These four factors can be interpreted as the four dimensions of the WBSS: technical support, environmental support, facility support and co-worker support. The technical support subscale includes items 1, 2, and 3. The environmental support subscale includes items 4, 5 and 6. The facility support subscale includes items 7, 8 and 9, and co-worker support subscale includes items 10, 11 and 12.

Procedures

Translation of the Scale into Turkish

The language validity of the WBSS was established for its use in Turkey. It was translated into Turkish by a linguist who graduated from a department of English language and literature and two academics who had conducted studies of breastfeeding. Then, appropriate statements from the Turkish version of the scale were chosen and retranslated into English by a linguist with excellent Turkish and English comprehension. It was then revised into its final form.

Consulting Expert Opinion

Three experts were consulted to determine whether the original scale items and their Turkish versions were equivalent. After examining the original scale and its Turkish version, the experts rated the items from 1 to 4 according to the Davis' technique for evaluating their appropriateness. The items were rated: 1: not relevant, 2: somewhat relevant, 3: quite relevant and 4: highly relevant (Çapık et al., 2018). The content validity index of the scale was calculated by dividing the scores of either 3 or 4 by the total number of experts.

Pretest

In compliance with the opinions of experts, the final version of the scale was administered to 10 mothers who were not in the sample selected for the pretest, but had similar characteristics to them. The scale was deemed understandable and suitable for the pretest.

Data Collection

The data were collected using the survey method from working mothers who visited the Pediatric Polyclinic of the University of Health Sciences Ümraniye Training and Research Hospital and had 3- to 12-month-old babies. Prior to the study, the mothers were informed about the study and informed consent form was obtained from them. Filling out the scales took roughly 10 minutes. Of the 250 participants, 40 agreed to participate in the second test and were asked to complete the WBSS by telephone two weeks later.

Data Analysis

The data were analyzed using SPSS (Statistical Package for Social Science) 22.0 and LISREL 8.4 statistical software.

RESULTS

The introductory information of the participants are shown as numbers and percentages. These validity and reliability analyses of the Turkish version of the WBSS were performed: language validity (the translation of the scale into Turkish by the experts and retranslation), content validity (content validity index and Davis' technique), construct validity (Kaiser-Meyer-Olkin, Bartlett's test of sphericity, exploratory factor analysis and confirmatory factor analysis), time-dependent invariance: test-retest reliability (Pearson's product-moment correlation coefficient and intraclass correlation coefficient), internal consistency (Cronbach's alpha reliability coefficient, item-total score correlation and split-half reliability).

Table 1. Introductory Characteristics of Working Mothers

CHARACTERISTICS	N=250	%100
<u>Age</u>	20-44	30.12±4.65
<u>Marital Status</u>		
Single	1	0.4
Married	249	99.6
<u>Working Time In The Workplace</u>		
Less than 5 Years	151	60.4
5-10 Years	80	32
Over 10 Years	19	7.6
<u>Daily Working Hours</u>		
6 Hours and Under	94	37.6
8 hours	108	43.2
9 Hours and Over	48	19.2
<u>Time to Start Work After Birth</u>		
First 4 Months	133	53.2
5-7 Months	51	20.4
7 Months and Above	66	26.4
<u>The Baby's Only Breast Milk Feeding Period</u>		
None		
Birth-3 Months	10	4
3-6 Months	59	23.6
6-12 Months	154	61.6
	27	10.8
<u>Time to Start Complementary Foods (n=165)</u>		
First 6 Months		
6-9 Months	73	44.2
	92	55.8
<u>Reasons for Starting Complementary Food</u>		
Insufficient Milk		
My Baby or Me Being Sick	57	22.8
My Baby's Not Satisfying	11	4.4
Due to Working Conditions	36	14.4
My Baby Is Over 6 Months Old	28	11.2
	73	29.2
<u>Total</u>	250	100

Validity Analyses

Content Validity

Davis' technique was used to evaluate the experts' opinions. The item-level content validity index and the scale-level content validity index were both found to be 1.000.

Construct Validity

Exploratory factor analysis (EFA) was performed to test the validity and reliability of the scale. Principal component analysis and Varimax rotation were used for factor analysis. The KMO value of the scale was 0.846. The result of Bartlett's test ($\chi^2=1159.827$; $df=66$, $p=0.000$) was significant. The scale items were grouped in four factors as a result of the exploratory factor analysis (Varimax rotation). These four factors accounted for 70.14% of the total variance. Items 1 and 2 were in factor 4 (technical support); items 3, 4, 5 and 6 were in factor 1 (environmental support); items 7, 8, and 9 were in factor 3 (facility support), and items 10, 11, and 12 were in factor 2 (co-worker support). Table 2 shows that the factor loadings of the items ranged from 0.673 to 0.853.

Table 2. The Rotated Component Matrix of The Workplace Breastfeeding Support Scale

Scale Items	Loading Values of Items by Factor			
	Factor 1	Factor 2	Factor 3	Factor 4
	Environmental Support	Co-worker Support	Facility Support	Technical Support
Item 1	0.428	0.078	0.205	0.702
Item 2	0.208	0.175	0.105	0.832
Item 3	0.776	0.154	-0.057	0.372
Item 4	0.733	0.392	-0.041	0.194
Item 5	0.673	0.108	0.457	-0.012
Item 6	0.783	0.268	0.035	0.323
Item 7	-0.018	0.066	0.801	0.043
Item 8	0.111	-0.02	0.772	0.192
Item 9	0.027	-0.09	0.763	0.023
Item 10	0.184	0.733	0.006	0.244
Item 11	0.101	0.853	-0.063	0.028
Item 12	0.319	0.767	0.038	0.041

The construct validity of the WBSS was tested using exploratory factor analysis. Confirmatory factor analysis was performed to confirm that factors showed a good fit, and it determined that the factor loadings of the environmental support subscale ranged from .51 to .88; the factor loadings of the co-worker support subscale ranged from .66 to .78; the factor loadings of the facility support subscale ranged from .61 to .76; and the factor loadings of the technical support subscale ranged from .67 to .79. The measurements of fit indices of the WBSS (χ^2/SD , AGFI, GFI, NFI, RMSEA and SRMR) were 2.207, 0.890, 0.930, 0.940, 0.070 and 0.067, respectively. They indicated an acceptable fit. The CFI and NNFI values were 0.970 and 0.960 and indicated a good fit.

Reliability Analyses

The reliability analyses of the WBSS were performed using test-retest reliability for the scale's consistency, and Cronbach's alpha (α) reliability coefficient and item-total score analysis for the scale's internal consistency.

Internal Consistency Analysis

The Cronbach's alpha coefficient of the scale was 0.824. The environmental support subscale scores range from 1 to 7. Its mean score, median and Cronbach's alpha coefficient were 4.8 ± 1.74 , 5 and 0.823, respectively. The co-worker support subscale scores range from 1 to 7. Its mean score, median and Cronbach's alpha coefficient were 6.11 ± 1.33 , 7 and 0.756, respectively. The facility support subscale scores range from 1 to 7. Its mean score, median and Cronbach's alpha coefficient were 2.06 ± 1.67 , 1 and 0.703, respectively. The technical support subscale scores range from 1 to 7. Its mean score, median, and Cronbach's alpha coefficient were found 4.74 ± 2.11 , 5, and 0.687, respectively. Examination of the WBSS's 12 items and four-factor subscales determined that: the correlation values of the environmental support subscale ranged from 0.749 to 0.857, the correlation values of the co-worker support subscale ranged from 0.718 to 0.818, the correlation values of the facility support subscale ranged from 0.574 to 0.917, and the correlation values of the technical support subscale ranged from 0.859 to 0.890 ($p < 0.05$). The subscale score correlations were statistically significant. Table 3 shows that subscale score-total score correlation coefficients of the WBSS ranged from 0.527 to 0.867 ($p < 0.05$).

Table 3. The Score Correlations of the Workplace Breastfeeding Support Scale

Subscales	Items	Item-Subscale Correlations		Subscale Score-Total Score Correlations	
		r	p	r	p
Environmental support	Item 3	0.826	0.000*	0.867	0.000*
	Item 4	0.783	0.000*		
	Item 5	0.749	0.000*		
	Item 6	0.857	0.000*		
Co-worker support	Item 10	0.786	0.000*	0.580	0.000*
	Item 11	0.718	0.000*		
	Item 12	0.818	0.000*		
Facility support	Item 7	0.705	0.000*	0.527	0.000*
	Item 8	0.917	0.000*		
	Item 9	0.574	0.000*		
Technical support	Item 1	0.890	0.000*	0.794	0.000*
	Item 2	0.859	0.000*		

Test-retest Reliability

The time-dependent invariance of the scale was tested with 40 mothers who agreed to participate in the second test by telephone two weeks after the first test. Test-retest reliability was measured using Pearson's product-moment correlation. The relationship between test results and retest results of the scale items was analyzed using ICC (intraclass correlation coefficient) on an item-by-item basis. The Pearson's product-moment correlation coefficients ranged from .442 to 1.000. A good fit was found between the test results and the retest results for almost all items ($p < 0.05$). No statistically significant differences were found between the test and retest subscale scores ($p > 0.05$). Analysis of the test and

retest scores determined that they had positive statistically significant relationships on the environmental support subscale at a level of 97.3%, on the co-worker support subscale at a level of 89.8%, on the facility support subscale at a level of 96.8% and on the technical support subscale at a level of 98.8% ($p < 0.05$).

DISCUSSION

The Validity of the Workplace Breastfeeding Support Scale

Content Validity

The content validity of the scale was determined by three experts using a four-point rating method based on Davis' technique. Davis' technique requires a minimum of three and a maximum of twenty expert opinions (Yurdugül, 2005; Çapık et al., 2018). The items were rated as 1: not relevant, 2: somewhat relevant, 3: quite relevant and 4: highly relevant.

The content validity index of the scale was calculated by dividing the scores of either 3 or 4 by the total number of experts. This value was not compared to a statistical measure. Instead, the acceptable rate of fit was determined to be above 0.80 (Yurdugül, 2005). The expert opinions indicated a good fit because the rate of fit was above 0.80.

The item-level and scale-level content validity indexes (CVI) were both 1.000. It was determined that the WBSS is appropriate in terms of language and content validity. Thus, all items of the 12-item scale were found to be appropriate and were not excluded from the scale. This scale is thus appropriate for Turkish culture, and it has content validity.

Construct Validity

Factor analysis is the most commonly used method for determining construct validity. This statistical method determines the sub-dimensions of scale items. The sub-dimensions are obtained by grouping the items showing a high-level fit with each other (Gözüm and Aksayan, 2002).

Prior to exploratory factor analysis of the WBSS, the KMO coefficient was calculated. KMO values are considered excellent from 0.90 to 1.00, very good from 0.80 to 0.89, good from 0.70 to 0.79, average from 0.60 to 0.69, poor from 0.50 to 0.59 and unacceptable below 0.50 (Ercan and Kan, 2004; Akgül, 2005). The KMO value of this scale was 0.846, which indicates very good sample size according to the literature. The results of Bartlett's test were $\chi^2 = 1159.827$; $df = 66$; $p < 0.001$. This shows that the data were appropriate for factor analysis.

Factors that are determined using exploratory factor analysis should account for two-thirds of the total variance in the variables (Büyüköztürk, 2002).

The scale items were grouped in four factors as a result of exploratory factor analysis (Varimax rotation). These four factors accounted for 70.14% of the total variance. The original version of the scale has four subscales as well and accounted for 62.1% of the total variance (Bai et al., 2008). The minimum total variance accounted for by the factor loadings is 40% in the literature. This study is above the lower limit with an acceptable variance value (Baloğlu and Karadağ, 2008).

The rotated component matrix was used to determine the items that had strong correlations. The factor loadings of the items ranged from 0.673 to 0.853.

In the confirmatory factor analysis, the appropriateness of the model to the theory is determined by goodness of fit statistics: χ^2 , χ^2/sd , AGFI, RMR, RMSEA, GFI, SRMR (Toprak, 2018; Çapık, 2014). RMSEA values are considered normal if they are below 0.05, and acceptable if they are below 0.08 (Çapık, 2014). The RMSEA value was 0.070 in this study, which indicates an acceptable fit. SRMR values are considered normal if they are below 0.05, and acceptable if they are below 0.08 (Çapık, 2014). The SRMR value was 0.067 in this study, which indicates an acceptable fit. GFI values are considered normal if they are above 0.95 and acceptable if they are above 0.90 (Çapık, 2014). The GFI value was 0.930 in this study, which indicates an acceptable fit. CFI values are considered normal if they are above 0.95 and acceptable if they are above 0.90 (Çapık, 2014). The CFI value was 0.970 in this study, which indicates a good fit. Confirmatory factor analysis determined that the data had a good fit, and that the four-factor model was statistically significant and valid.

The Reliability of the Workplace Breastfeeding Support Scale

Internal Consistency Analysis

Internal consistency refers to the consistency and homogeneity between the scale items and is a good way to determine whether the scale items serve the intended purpose (Toprak, 2018). Cronbach's alpha reliability coefficient and item-total score correlation were used to evaluate the WBSS's internal

consistency. The literature stipulates that Cronbach's alpha values should be at least .70. Scales are considered unreliable when their Cronbach's alpha coefficient is below .40, are considered to have low reliability when their Cronbach's alpha coefficient is in the range from .40 to .59, are considered quite reliable when their Cronbach's alpha coefficient is in the range from .60 to .79, and are considered highly reliable when their Cronbach's alpha coefficient is in the range from .80 to 1.00 (Toprak, 2018). The Cronbach's alpha reliability coefficient of the WBSS was 0.824, which indicates that it is highly reliable. The Cronbach's alpha reliability coefficient of the subscales ranged from 0.687 to 0.823. The Cronbach's alpha coefficient ranged from 0.798 to 0.829 when items were excluded from the scale, which did not affect its reliability.

Item-total Score Analysis

Another method of internal consistency analysis is item-total score correlation. Item-total score correlation determines each item's contribution to the total scale score. Item-total score correlation values should be at least 0.20. However, the acceptable value is 0.25. Higher correlation coefficient values indicate higher item reliability (Toprak, 2018; Kabakçı, 2019).

Examination of the WBSS subscales determined that the correlation values of the environmental support subscale ranged from 0.749 to 0.857, the correlation values of the co-worker support subscale ranged from 0.718 to 0.818, the correlation values of the facility support subscale ranged from 0.574 to 0.917, and the correlation values of the technical support subscale ranged from 0.859 to 0.890 ($p < 0.000$; $p < 0.05$). The subscale score-total score correlation coefficients of the WBSS ranged from 0.527 to 0.867, so no items were excluded from the scale.

Test-retest Reliability

The test-retest reliability of scales is assessed to determine whether their test-retest results are consistent and time-invariant. The literature says that at least 30 participants are required to conduct retests (Toprak, 2018). The WBSS was re-administered to 40 mothers by telephone two weeks after the first test. Its test-retest reliability was measured using Pearson's product-moment correlation. According to the literature, test-retest correlation coefficients generally range from -1 to +1. Higher correlation coefficients indicate higher test-retest consistency. Correlation coefficients should be 0.70 or higher (Toprak, 2018). The WBSS was found to have positive statistically significant relationships between the test-retest scores on its four subscales ($r: 0.898-0.968$) ($p < 0.05$). This indicates that the WBSS is time-invariant. The WBSS is a valid and reliable scale for Turkish society.

CONCLUSION

The Workplace Breastfeeding Support Scale is a valid and reliable scale for evaluating the breastfeeding support of working mothers in Turkey. This study recommends that the Workplace Breastfeeding Support Scale should be used by midwives, health care professionals and social workers to assess workplace breastfeeding support because it may be useful for supporting and promoting breastfeeding.

Conflict of Interest

Authors declare no conflict of interest regarding to this article.

Author Contributions

Plan, design: EE, ECT; **Material, methods and data collection:** EE, ECT; **Data analysis and comments:** EE, ECT; **Writing and corrections:** EE, ECT

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