

ORIGINAL RESEARCH ARTICLE

Adaptation of the perinatal bereavement care confidence scale into Turkish and examination of its psychometric features

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Abstract

The aim of the research is to adapt the Perinatal Bereavement Care Confidence Scale (PBCCS) into Turkish and to test whether it is a valid and reliable measurement tool in Türkiye by assessing its psychometric features. The sampling of this methodological research involved 462 Midwives and Nurses working in the Maternity Unit-Gynecology Services of hospitals in Türkiye. Data were collected through a Google form and a face-to-face survey, facilitated by sharing the online survey link on social media. Additionally, the "Socio-demographic Information Form" and the "Perinatal Bereavement Care Confidence Scale" were utilized. The construct validity of the scale was conducted by confirmatory factor analysis (CFA). The reliability of the scale was examined by calculating the Cronbach's α coefficient. In Turkish version, the 43-item PBCCS was reduced to 35 items: Bereavement Support Knowledge (10 items, three subscale), Bereavement Support Skills (9 items, two subscale), Self-awareness (6 items, two subscale) and Organizational Support (10 items, two subscale). Confirmatory factor analysis demonstrated that the four scales in PBCCS had acceptable fit indices. Cronbach's α of the scale was ranging 0.70–0.87. PBCCS was found to be a psychometrically safe measurement tool for evaluating midwives' and nurses' confidence in providing perinatal bereavement care in Türkiye. (*Afr J Reprod Health* 2025; 29 [10]: 50-61).

Keywords: Midwife; Nurse; Trust; Perinatal; Grief Care

Résumé

L'objectif de cette recherche est d'adapter l'Échelle de confiance en matière de soins périnataux en cas de deuil (PBCCS) en turc et de vérifier sa validité et sa fiabilité en Turquie en évaluant ses caractéristiques psychométriques. L'échantillon de cette recherche méthodologique a porté sur 462 sages-femmes et infirmières travaillant dans les maternités et les services de gynécologie d'hôpitaux turcs. Les données ont été collectées via un formulaire Google et une enquête en face à face, facilitée par le partage du lien de l'enquête en ligne sur les réseaux sociaux. Le formulaire d'informations sociodémographiques et l'Échelle de confiance en matière de soins périnataux en cas de deuil ont également été utilisés. La validité de l'échelle a été évaluée par analyse factorielle confirmatoire (AFC). La fiabilité de l'échelle a été évaluée par le calcul du coefficient α de Cronbach. Dans la version turque, le PBCCS, qui comptait 43 items, a été réduit à 35 : connaissances en matière d'accompagnement du deuil (10 items, trois sous-échelles), compétences en matière d'accompagnement du deuil (9 items, deux sous-échelles), conscience de soi (6 items, deux sous-échelles) et soutien organisationnel (10 items, deux sous-échelles). Une analyse factorielle confirmatoire a démontré que les quatre échelles du PBCCS présentaient des indices d'adéquation acceptables. Le coefficient de Cronbach de l'échelle était compris entre 0,70 et 0,87. Le PBCCS s'est avéré être un outil de mesure psychométriquement fiable pour évaluer la confiance des sages-femmes et des infirmières dans la prise en charge périnatale du deuil en Turquie. (*Afr J Reprod Health* 2025; 29 [10]: 50-61).

Mots-clés: Sage-femme; Infirmière; Confiance, Périnatalité; Soins du deuil

Introduction

The perinatal period covers the 21st week of pregnancy and one month postpartum. Regarding loss in the perinatal period, researchers adopt an explanation that covers the first 12 weeks after conception for early fetal loss and >20th weeks of

gestation for late fetal loss.¹ Perinatal losses that occur due to reasons i.e. involuntary miscarriage, stillbirth and neonatal death lead to emotional responses in the family i.e. trauma, mourning, depression and loss of plans and dreams regarding the baby.² In spite of the developments in medicine and obstetrics in the 21st century, miscarriages,

stillbirths and newborn losses in the first and second trimesters increase in the world. More parents are affected by this situation every year.³

While the global infant mortality rate was 25.5 per 1000 live births, Türkiye had an infant mortality rate of 6.8 per 1000 live births in 2018. This rate decreased by 0.2%, down to 6.6. The perinatal death rate per 1,000 births also declined by 0.4%, from 7.0 to 6.6.^{4,5} Despite the reduction in Türkiye's infant mortality rate, it remains a critical issue due to its physiological, psychological, and social impacts effects.

Perinatal loss may result in a complex grief process in women. Complicated grief is the inability of the person to adapt to the place she lives in, the negative impact on other areas of life, and the inability to fulfill life activities even after six months following the loss.⁶ Besides the loss and grief reaction, women who have stillbirth may also experience problems such as social isolation, post-traumatic anxiety and depression subsequent to losing the baby.⁷ Discussing from a social perspective, the termination of pregnancy due to miscarriage or stillbirth is considered a prohibition and is generally associated with a label and taboo.^{8,9} Combining a sudden pregnancy loss is with broken attachment and internalized shame and guilt, the expectant mother might experience a loss of identity.¹⁰ Loss and reactions to the loss are individualistic and vary from person to person. Therefore, while providing care to a parent experiencing loss, it is substantial to assess the parent's adaptation to and reaction to the loss.²

Being aware of the family's experiences in the period following the loss is a significant indicator which reveals the quality of care provided by the health professional. Thus, parents and other members of the family experiencing loss require a midwife/nurse who is careful, conscious and tries to empathize. And the most importantly, the support, care and approach of midwives/nurses, who commonly care for patients, to the parents matter in this situation.²

Reviewing the international literature, it was observed that studies on perinatal grief care had been conducted, however, few scales had been developed for midwives and nurses. Perinatal Bereavement Care Confidence Scale (PBCCS) developed for Midwives and Nurses is one of these.¹¹ This scale has been adapted to Chinese and Korean population and as follows: The

psychometric features of the Chinese version of the Nursing Practice Perinatal Bereavement Care Confidence Scale (C-PBCCS)¹² and Development and Psychometric Validation of the Perinatal Bereavement Care Competence Scale for Midwives in Korea.¹³

Studies on Perinatal Bereavement Care in Türkiye are quite limited. In order to evaluate the perinatal mourning process, a research titled opinions of healthcare professionals working in gynecology clinics regarding perinatal loss and mourning was carried out by Palas Karaca, Kaya in 2020.¹⁴ PBCCS has come to the fore since it is more recent and involves the latest developments in the literature on perinatal grief. In the literature review, it was specified that there is no measurement tool in Türkiye which assesses the attitudes of midwives and nurses towards pregnant women had perinatal loss. In parallel to this knowledge, the objective of the research is to adapt the PBCCS into Turkish and to test whether it is a valid and reliable measurement tool in Türkiye by assessing its psychometric features.

Methods

Participants and recruitment

The sampling of this methodological study involves 462 midwives and nurses who work in the Maternity Unit-Gynecology Services of hospitals in Türkiye. In the data collection method, participants were recruited through social media. The inclusion criteria are as follows: Being literate in Turkish, volunteering to take part in the study, being healthy enough to complete the required forms (there should be no vision problems), responding the scale questions between the dates of October 24 and December 8, 2022, working as a nurse or midwife in maternity units and gynecology services in hospitals. In this research, the quantity of items within the original scale is 43.

Measures

Demographic variables

Participants were inquired regarding their age, gender, educational level, the unit they worked in, and whether they had undergone training in post-death care and perinatal grief support (Table 1).

Table 1: Socio-demographic characteristics of participants (n=462)

Age	n	%	Receiving training in post-mortem care	n	%
18 – 25 years old	157	34.2	Yes	192	41.6
26 – 35 years old	265	57.4	No	270	58.4
36 years and above	39	8.4			
Gender	n	%	Receiving any training on perinatal grief support	n	%
Women	451	97.6	Yes	165	35.7
Man	11	2.4	No	297	64.3
Education	n	%	If so, where did s/he get her/his education?	n	%
High school	32	6.9	School	148	32.0
Associate degree	10	2.2	Course	41	8.9
Undergraduate	371	80.3	I did not take	273	59.1
Master	49	10.6			
Job	n	%	Giving care to a mother who experienced perinatal loss in the unit where s/he works	n	%
Midwife	381	82.5	Yes	150	32.5
Nurse	81	17.5	No	312	67.5
Unit s/he works in	n	%	Caring for a mother who has previously experienced perinatal loss	n	%
Urgent	117	25.3	Yes	137	29.7
Delivery room	169	36.6	No	325	70.3
Gynecology services	176	38.1			
			Receive training on perinatal grief support	n	%
			Wants	424	91.8
			Doesn't want	38	8.2

Perinatal bereavement care confidence scale (PBCCS)

Reviewing the literature, it was identified that there exists a measurement tool with its original name PBCCS developed by Agwu Kalu, Larkin and Coughlan.¹⁴ Examining this scale, it was found that it would be convenient to adapt it to the extent of the study and Turkish culture. This assessment instrument was developed to establish the confidence of midwives and nurses in grief care, who provide support to parents encountering perinatal loss. The scale is a 5-point Likert type scale. The original scale has 4 factors and 43 statements. It involves Bereavement Support Knowledge (10 items, three subscale), Bereavement Support Skills (9 items, two subscale), Self-awareness (6 items, two subscale) and Organizational Support (10 items, two subscale).

Cultural adaptation

Examination of psycholinguistic characteristics of the scale

In the process of translating the PBCCS into Turkish, permission was obtained from Dr. Kalu, the developer of the original PBCCS, and as recommended in the literature, translation procedures were conducted by 2 translators specialized in English Language and Literature and 3 translators specialized in health. The scale items translated by the translators were analyzed and compared with each other with regard to appropriateness and necessary corrections were made. To ensure semantic equivalence and accuracy, the back-translation method—a crucial step in translation validation—was carried out by two independent experts in English Language and Literature who had not participated in the initial translation.¹⁵ This process is vital for identifying

any semantic shifts or discrepancies between the translated and original versions. The back-translated version was then compared with the original scale, revealing no significant differences other than minor, insignificant variations. Subsequently, the back-translated form was sent to the original developers to confirm whether there were any semantic inconsistencies. The developers affirmed that the back-translated form and the original form were similar in meaning and understanding, indicating that the translation preserved the integrity of the original scale.

Examination of psychometric characteristics of the scale

Measurement of the content validity

The trial form, which was translated and validated linguistically, was transmitted to 8 experts, who were requested to evaluate its content validity. In the literature, it is stated that the minimum acceptable Content Validity Rate (CVR) for 8 experts is .75.¹⁶ In this research, the CVR value obtained for each item ranged from .75 to 1.0, indicating that all items met or exceeded the minimum threshold for validity. CVR is crucial as it assesses the relevance and clarity of each individual item in the questionnaire. Moreover, the overall validity of the form is represented by the Content Validity Index (CVI), which aggregates the CVR values across all items.

For this study, the calculated CVI values for each sub-dimension are as follows: the grief support knowledge component (.90), the grief support skill component (.89), the self-awareness component (.89), and the organizational support component (.84). These CVI values, which are greater than the minimum CVR threshold, demonstrate that the adapted form ensures robust content validity both at the item level and for the overall form. The high CVR and CVI values confirm that the form effectively captures the intended constructs and supports the reliability of the findings in this research. Subsequent to the completion of translation and expert opinion processes of the

scale, the 43-item trial form was given its first format. These items were rated and scored on a 5-point Likert type, similar to the original scale (“Strongly disagree” = 1, “Disagree” = 2, “Neither agree nor disagree” = 3, “Agree” = 4, and “Strongly agree” = 5). Items 7, 11 and 33 of the scale are scored reversely.

Pilot study administration

It is recommended that many characteristics of the group in the sample of the pilot study such as education level, age and gender should overlap with the target group of the original scale.¹⁷ A sample size of 30-50 people is considered sufficient for pilot studies in the literature.¹⁸ As a result, a sample group consisting of 30 people similar to the study group was applied to determine whether the pilot form, which was subjected to language and content validity, was correctly understood by the sample. The pilot application was conducted between 01.10.2022-22.10.2022. According to this evaluation, it was determined that midwives and nurses had no difficulty in responding to the statements and the items in the scale could be evaluated correctly by midwives and nurses.

Data analysis

During the analysis phase, data collected from sampling was examined using SPSS 26 for descriptive statistical analyses because of its comprehensive features and user-friendly interface. Meanwhile, LISREL 8.71 was employed for structural equation modeling to ensure accurate model fit evaluation. The construct validity of the scale was carried out by confirmatory factor analysis (CFA). The reliability of the scale was assessed by calculating the Cronbach's α coefficient.

Ethical approval

The study was approved by the Health Science Faculty Ethics Committee of a University (Date:29.04.2022 and Number:818290502.903/54).

Nurses and Midwives who were ensured to participate in the study were able to continue the research following their consent to participate

Results

In Turkish version, the 43-item PBCCS was reduced to 35 items: Bereavement Support Knowledge (10 items, three subscale), Bereavement Support Skills (9 items, two subscale), Self-awareness (6 items, two subscale) and Organizational Support (10 items, two subscale). CFA revealed that the four scales in the PBCCS had acceptable fit indices. The Cronbach's α value of the scale ranges from 0.70 to 0.87, indicating an overall acceptable level of internal consistency. While a value of 0.70 is considered borderline for reliability, it is still deemed acceptable in health sciences, especially for newly adapted or exploratory scales, as it suggests that the items are sufficiently correlated and measure the intended construct. Higher α values, such as 0.87, further support the reliability of other subscales in the adapted version.

Construct validity

It is recommended to use CFA analyzes to test compliance with the original scale model in scale adaptation studies. While performing a scale validation research, researchers try to attain the most appropriate model that is similar to each other by comparing many different measurement models of a scale in accordance with these alternative model strategies.¹⁹ In this research, first-level CFA was adopted to test the validity of the measurement tools.

Despite the aforementioned properties in scale adaptation and development and testing of a structural model are not associated with strict limits, they are subjected to various measurements depending on the attitude of the researcher and the situation of the model that is investigated. On the other hand, it is expressed that there is no clear attitude regarding which fit values will be utilized in study.¹⁹

CFA findings on bereavement support knowledge scale (BSKC)

First-level CFA was implemented in order to test the structural validity of the 15-item Bereavement Support Knowledge factor, which is the initial factor of the original scale, and two individual

models were implemented in the first-level CFA. In the first model, the 15-item structure of the scale was tested and five statements from the F2 (Knowledge of the emotional needs of bereaved parents) sub-dimension were removed from the model as their t scores and standard factor loadings were insignificant. These statements are as follows:

“I know how to provide the specific bereavement support needs of grieving mothers” “I know the legal process associated with perinatal loss after 24 weeks gestation” “I do not know how to provide the specific bereavement support needs of grieving fathers” “I do not know the legal process associated with perinatal loss before 24 weeks gestation.” “I have been well prepared to provide perinatal bereavement support”.

The structural validity of the scale with the remaining ten statements was tested in the second model and the required goodness of fit values were obtained. CFA values for the measurement tool are shown in Table 4.

CFA findings on bereavement support skills scale (BSSS)

To provide the structural validity of the 9-item Bereavement Support Skills factor that is the second factor, first level CFA was implemented and said the scale was associated as two components, as in the original. In the first level CFA, a single model was applied and between items b5 and b9, without removing any statement from the model, subsequent to modification, adequate/acceptable goodness of fit values were attained. CFA values for the measurement tool are shown in Table 4.

CFA findings on the self-awareness scale (SAS)

To ensure the structural validity of the 8-item Self-awareness scale, which is the third factor of the scale, first-level CFA was implemented and aforementioned scale was addressed as two components, as in the original. In the first level CFA, two separate models were implemented, and two statements were removed. These are:

“I am aware of the needs of recently bereaved parents.” and “Being aware of my need for support in relation to providing care for bereaved parents encourages me to seek help.”.

Table 2: Exploratory factor analysis

Statements	Factors				Item correlation	total
	F1: Bereavement Support Knowledge	F2: Bereavement Support Skills	F3: awareness	Self- F4: Organizational Support		
a1 (M1)	0.52				.795	
a2 (M2)	0.72				.808	
a3 (M3)	0.95				.858	
a4 (M4)	0.93				1.145	
a5 (M5)	0.58				1.210	
a6 (M6)	0.02				1.227	
a7 (M7)	0.18				1.032	
a8 (M8)	0.92				1.110	
a9 (M9)	0.74				.705	
a10 (M10)	0.02				.694	
a11 (M11)	0.31				1.075	
a12 (M12)	0.54				1.046	
a13 (M13)	0.02				1.025	
a14 (M14)	0.76				1.106	
a15 (M15)	0.75				1.116	
b1 (M16)		0.49			.922	
b2 (M17)		-0.78			1.012	
b3 (M18)		-.076			1.045	
b4 (M19)		-0.73			1.114	
b5 (M20)		0.72			1.027	
b6 (M21)		0.52			1.282	
b7 (M22)		0.81			1.056	
b8 (M23)		0.87			1.078	
b9 (M24)		0.71			1.071	
c1 (M25)			0.86		.973	
c2 (M26)			0.67		.900	
c3 (M27)			0.57		1.152	
c4 (M28)			0.61		1.080	
c5 (M29)			0.63		.949	
c6 (M30)			0.42		1.149	
c7 (M31)			0.60		1.085	
c8 (M32)			0.04		1.041	
d1 (M33)				0.65	1.071	
d2 (M34)				0.58	1.110	
d3 (M35)				0.68	1.142	
d4 (M36)				0.61		
d5 (M37)				0.63		
d6 (M38)				0.67		
d7 (M39)				0.66		
d8 (M40)				0.24		
d9 (M41)				0.03		
d10 (M42)				0.56		
d11 (M43)				0.66		
Reliability (Cronbach's alpha)	.70	.87	.78		.84	

Table 3: Model goodness of fit results regarding the dimensions of the measurement tool

Factor	χ^2 / df	SRMR	GFI	CFI	NFI	RMSEA
Bereavement Support Knowledge (5 statements removed)	64.14/31	0.045	0.97	0.98	0.97	0.048
Bereavement Support Skills (No statement removed)	60.88/25	0.031	0.97	0.98	0.97	0.056
Self-awareness' (2 statements removed)	14.75/5	0.034	0.99	0.99	0.98	0.065
Organizational Support (1 statement removed)	125.97/33	0.053	0.95	0.97	0.96	0.078

Table 4: Item analysis results

Factors	Statements	\bar{x}	Standard deviation	Standard Factor Load	T score
F1: Bereavement Support Knowledge					
	a1 (M1)	1.66	.795	0.52	9.73
	a2 (M2)	1.72	.882	0.72	13.36
	a3 (M3)	1.77	.855	0.95	11.13
	a4 (M4)	2.74	1,145	0.93	25.82
	a5 (M5)	2.93	1,089	0.58	1.41
	a6 (M6)	2.83	1,074	0.02	0.45
	a7 (M7)	3.09	1,188	0.18	0.86
	a8 (M8)	2.72	1,210	0.92	25.34
	a9 (M9)	2.94	1,227	0.74	18.30
	a10 (M10)	3.26	1,086	0.02	0.48
	a11 (M11)	3.65	1,032	0.31	6.64
	a12 (M12)	3.39	1,110	0.54	12.12
	a13 (M13)	3.13	1,151	0.02	0.50
	a14 (M14)	1.66	.795	0.76	10.88
	a15 (M15)	1.48	.705	0.75	10.84
F2: Bereavement Support Skills					
	b1 (M16)	2.48	1,075	0.49	10.24
	b2 (M17)	3.16	1,046	-0.78	-18.22
	b3 (M18)	2.98	1,025	-0.76	-17.46
	b4 (M19)	3.33	1,106	-0.73	-16.63
	b5 (M20)	2.83	1,116	0.72	16.98
	b6 (M21)	2.21	.922	0.52	11.43
	b7 (M22)	3.05	1,012	0.81	19.92
	b8 (M23)	3.04	1,045	0.87	22.26
	b9 (M24)	2.82	1,144	0.71	16.46
F3: Self-awareness					
	c1 (M25)	2.64	1,027	0.86	18.27
	c2 (M26)	3.08	1,281	0.67	13.60
	c3 (M27)	2.37	1,056	0.57	13.42
	c4 (M28)	2.00	.922	0.61	9.27
	c5 (M29)	2.71	1,028	0.63	14.34
	c6 (M30)	3.58	1,079	0.42	8.33
	c7 (M31)	2.41	.973	0.60	8.23
	c8 (M32)	1.70	.871	0.04	-0.03
F4: Organizational Support					
	d1 (M33)	3.79	.900	0.65	14.33
	d2 (M34)	3.68	1,152	0.58	12.82
	d3 (M35)	3.79	1,080	0.68	15.22
	d4 (M36)	4.01	.949	0.61	14.86
	d5 (M37)	3.35	1,149	0.63	13.92
	d6 (M38)	3.69	1,085	0.67	14.82
	d7 (M39)	3.72	1,041	0.66	16.39
	d8 (M40)	3.91	1,071	0.24	11.03
	d9 (M41)	3.62	1,125	0.03	1.68
	d10 (M42)	3.80	1,110	0.56	11.91
	d11 (M43)	3.51	1,142	0.66	13.49

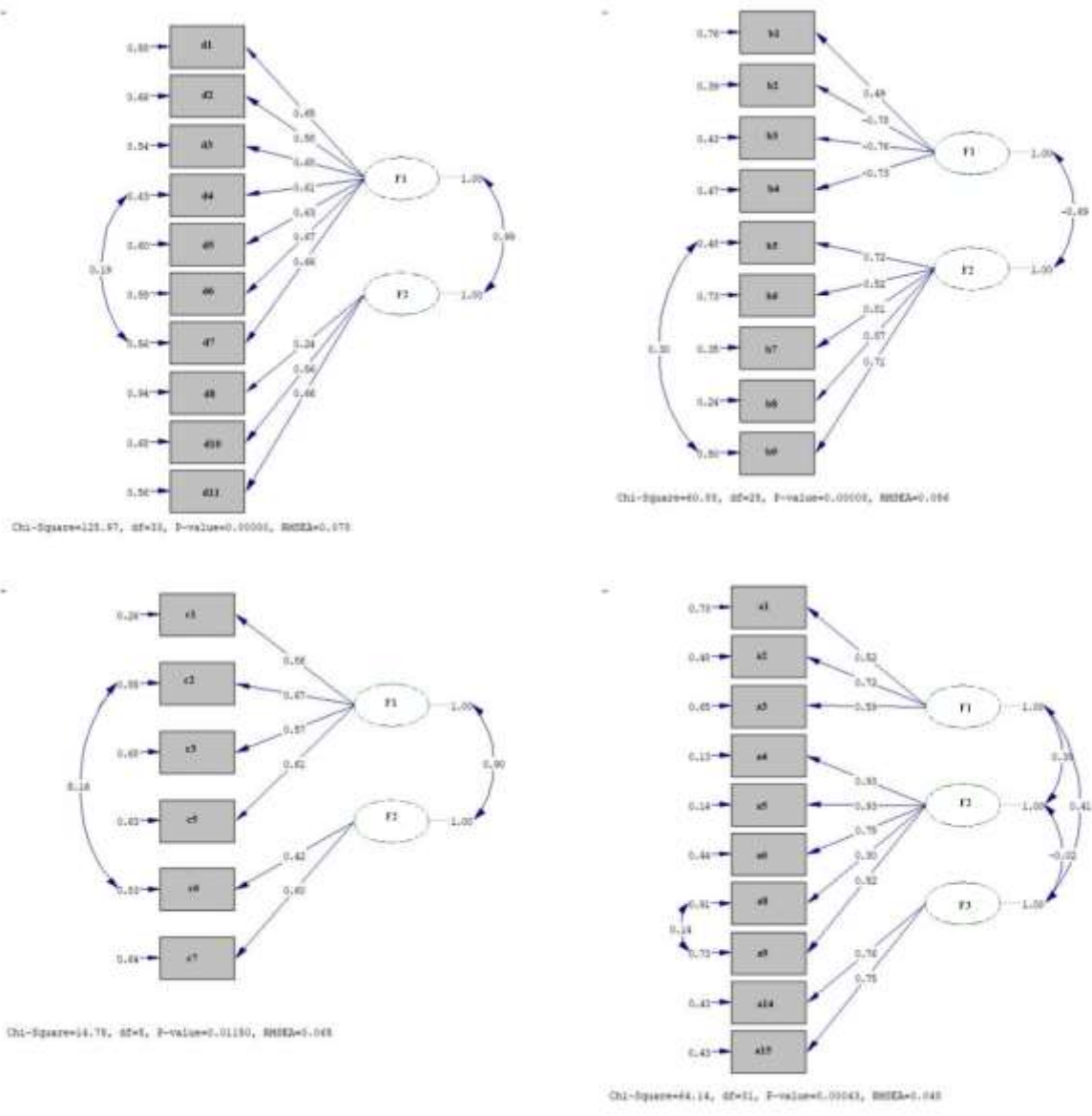


Figure 1: First Level CFA Final Model Perinatal Bereavement Care Confidence Scale Factor

The validity of the measurement tool was provided with the remaining six statements in the second model. CFA values for the measurement tool are shown in Table 4.

CFA findings on the organizational support scale (OSS)

To ensure the structural validity of the 11-Item Organizational Support Factor, which is the fourth factor of the scale, first-level CFA was implemented, and the said scale was associated as two components, as in the original. In the first level

CFA, a single model was applied and the term “My workload hinders effective bereavement support.” was removed from the F2 component of the model. Furthermore, the standardized solution value of item EW11 was lower than 0.30, and modifications had to be made between items d4 and d7. CFA values for the measurement tool are shown in Table 4. The CFA results of the measurement tool used within the scope of the research were detected to be statistically satisfactory. Structural validity was provided with the first-level CFA results implemented to each dimension of the measurement tool. Even though modifications were made to some

models in order to attain the required goodness of fit values for the obtained models, the findings are shown in Table 3. The goodness of fit values obtained provide significant evidence that the scale is validated in Turkish Culture.

Reliability

α reliability coefficient was calculated in order to test the reliability of the scale. In order to test the reliability of the structure obtained in this study, the Cronbach's α reliability coefficient was calculated. In the four-factor structure obtained, the reliability coefficient for the "Bereavement support knowledge factor" was .70, the "Bereavement support skills factor" was .87, the "Self-awareness factor" was .78 and the "Organizational support factor" was .84. The Cronbach's α reliability coefficient calculated for the factors is within the reliability limits. (Table 2).

Discussion

In this research, the validity and reliability of the Perinatal Bereavement Care Confidence Scale (PBCCS) were examined in the Turkish sampling. In our country, studies on perinatal grief care are limited. Even though the significance of this situation is highlighted, the absence of a tool that is able to assess the grief care confidence of midwives and nurses who provide assistance for parents encountering perinatal loss is a major deficiency.¹³ Accordingly, this study was conducted to study the validity and reliability of the " Perinatal Bereavement Care Confidence Scale " developed by Agwu Kalu, Larkin and Coughlan in Turkish culture. The most powerful aspect of this study is that it represents one of the limited number of studies performed on this issue in Türkiye.

In the procedure of adaptation of the Perinatal Bereavement Care Confidence Scale, first the translation and back-translation processes were completed, and in the next phase, the content validity of the questionnaire was investigated. For content validity, content validity ratio and content validity index were calculated. Therefore, expert opinion was consulted and the evaluations from 8 experts were considered. In the literature, it is stated that the minimum content validity rate calculated for 8 experts should be .75.²¹

In this research, the CVR value attained for each item ranged .75-1.0. Based on these findings, the CVR ratios of all items in the form were noted to be at the desired level. CVR is calculated for the validity of each statement in the questionnaire, whereas the value calculated for the entire form is the CVI value. The calculated values for each sub-dimension in the tables are: the calculated CVI value of the grief support skill component is .90, the CVI value of the grief support skill component is .89, the calculated CVI value for the self-awareness component is .89, and the calculated CVI value for the organizational support component is .84. These calculated CVI values are greater than CVR values. Consequently, it has been observed that this adapted form ensures content validity in relation to each statement and the entire form. CFA was implemented to test the construct validity of the "Perinatal Bereavement Care Confidence Scale" used within the scope of the research. Reviewing the standardized factor loadings of each statement, it was noted that the factor loadings varied .42-.72. These obtained values were assessed as suggesting that all items were convenient for factor analysis.²²

The CFA findings of the measurement tool used within the scope of the research presented statistically satisfactory findings. Structural validity was ensured with the first-level CFA results applied to each dimension of the measurement tool. Despite modifications were performed to some models in order to acquire the necessary fit indices values for the obtained models, the findings are presented in Table 7. Fit indices values obtained proposes important evidence that the scale is validated in Turkish Culture.

Following the construct validity of the " Perinatal Bereavement Care Confidence Scale" was ensured, the reliability findings were investigated. Reliability can be defined as the measurement tool's ability to accurately reveal the phenomenon regarding the conceptual structure and to generate comparable outcomes when applied in various cultures.²² In this research, Cronbach's α was calculated in order to determine reliability. Cronbach's α values for the sub-dimensions of the Turkish measurement tool varied .70-.87. There is no total score of the scale,

and each factor was calculated independently. The average scores of the items vary 1.48-4.01. The reliability coefficient for the "Grief support knowledge factor" was .70, the "Grief support skills factor" was .87, the "Self-awareness factor" was .78, and the "Organizational support factor" was .84. In the original scale, it was noted that the Cronbach's α coefficients of the scale subdimensions in midwives and nurses varied .79-.85, and in this study, the Cronbach's α coefficients were comparable to the original version results. Moreover, Cronbach's α coefficient varies .83-.90 (40 items) in the Chinese version and varies .77-.88 (25 statements) in the Korean version.^{11,12} In the light of this outcome, the Cronbach's α coefficient calculated for the scale sub-dimensions is within the reliability limits. This scale offers a valuable tool for assessing the confidence levels of midwives and nurses in providing perinatal bereavement care, which is a vital part of maternal health services. By focusing on specific areas such as Bereavement Support Knowledge, Skills, Self-awareness, and Organizational Support, the PBCCS helps health professionals identify their strengths and areas that need improvement. The scale's use extends to enhancing training programs, guiding professional growth, and improving the quality of perinatal bereavement care. For healthcare organizations, it provides a framework for evaluating and addressing gaps in organizational support. Ultimately, the PBCCS supports fostering a compassionate and effective approach to assisting families through perinatal loss, enhancing the ability of healthcare providers to deliver comprehensive and empathetic care.

It is predicted that this scale might be utilized safely in future studies on perinatal grief to evaluate the competencies of midwives and nurses in the Turkish society in the management of mothers who have experienced loss with the perinatal bereavement care confidence scale. Nevertheless, since some items in the original scale were eliminated, careful consideration should be given to the scores attained from the scale when cross-cultural research is performed. As midwives and nurses serve in the caregiving group throughout the perinatal mourning period; the knowledge of health professionals regarding perinatal grief care/support and their approach to women matters.¹³

Future directions and clinical implications

Being aware of the family's experiences in the period following the loss is a significant indicator which reveals the quality of care provided by the health professional. Thus, parents and other members of the family experiencing loss require a midwife/nurse who is careful, conscious and tries to empathize. And the most importantly, the support, care and approach of midwives/nurses, who commonly care for patients, to the parents matter in this situation. Based on the data gathered in this study, it was concluded that the Perinatal Bereavement Care Confidence Scale is reliable and valid in Türkiye..

Conclusion

Perinatal Bereavement Care Confidence Scale consists of 4 sub-dimensions and each factor consists of its sub-dimensions. The 43-item structure of the original scale was subjected to first-level multi-factor CFA and some expressions in the original structure of the scale were excluded from the scale as they did not prove to be adequately validated in Turkish culture, and the model goodness of fit values of the new models with some modifications were noted to be at the desired level. Hence, the finalized scale comprised 35 items. Nevertheless, relying on the Cronbach's α reliability coefficient and findings, it was determined that the framework of the scale was sufficiently reliable. With the data obtained from this research, it was concluded that the Perinatal Bereavement Care Confidence Scale is reliable and valid in Türkiye. Based on the findings of this study, the Perinatal Bereavement Care Confidence Scale is a valid and reliable tool for assessing the confidence of midwives and nurses in Turkey in providing perinatal bereavement care. The scale can be confidently used in future studies and professional evaluations to enhance the quality of care provided to bereaved families.

Limitations

The crucial limitation of this research is that participants were reached via digital platforms within a specific period and were based on participants' self-report. Nonetheless, the most

powerful aspect of our research is the adaptation of a standard scale to Turkish Culture to establish the confidence of midwives and nurses who care for parents experiencing perinatal grief loss. In this context, since most of the participants, 91.8%, desire to receive training on perinatal grief care, it is recommended that future studies be scheduled to cover these requirements of midwives and nurses, the subject of grief care should be included in undergraduate and graduate education, and these studies should be conducted on non-online platforms.

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Conceptualization: Both authors

Methodology: Both authors

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