Original Article

The Relationship between Supportive Care and Labor Pain and Satisfaction with Labor in Turkish Culture

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Abstract

Background; Labor pain has a negative impact on labor experience. Severe labor pain causes severe fear of labor, which may reduce satisfaction with labor. A decrease in labor pain and increases labor satisfaction. However ıt was stated in the studies that labor satisfaction and labor fear are affected by culture and education. The aim of the study was to determine the relationship between supportive care and pain and satisfaction with labor in Turkish culture.
Methodology: This was a descriptive study. Comprised of a total of 250 women who had vaginal birth at one state hospital. Written permission was obtained from of one university Non-Interventional Ethical Committee the hospital administrations and the participants. A general characteristics form, Visual Analog Scale (VAS), Satisfaction with Labor Subscale of Postpartum Self-Evaluation Scale and Women's Perception for Supportive Care Given during Labor Scale were used for data collection. Socio-demographic and obstetric characteristics were evaluated by percentages. The relationship between supportive care, labor pain and satisfaction with labor was evaluated with Pearson correlation coefficient.
Results: The average age of the women was 26.56 years. Ninety-three point six percent of the women were unemployed, 38% were primary school graduates. There was a very weak positive correlation between supportive care and satisfaction with labor. There was not a correlation between labor pain and supportive care and satisfaction with labor.
Conclusion: Education and socio-cultural status of women have an impact on their awareness of the quality of the care given, perceived labor pain and labor satisfaction.

Key Words: Supportive Care, Pain, Satisfaction, Labor, Turkish Culture

Introduction

Labor pain has a negative impact on labor experience. Severe labor pain causes severe fear of labor (Lally et al., 2008; Adams et al., 2012) which may reduce satisfaction with labor (Nieminen et al., 2009). A decrease in labor pain increases labor satisfaction (Hatem et al., 2009; Kashanian et al., 2010; Khresheh, 2010) .But ıt was stated in the studies that labor satisfaction and labor fear are affected by culture and education (Ibach et al., 2007; Whitburn et al., 2014; Kabakian-Khasholian et al., 2015; Van der Gucht & Lewis, 2015) .

Nursing care determines whether women have a positive labor experience (Adams & Bianchi, 2008). Most of nursing care offered during labor is supportive in nature (Miltner, 2000). Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) emphasizes that continuous support during labor by a nurse with relevant specialization is an important element of good labor management (AWHONN, 2011). It has been reported that presence of a person

supporting women during labor and helping them to relax through several methods facilitates labor (Abushaikha & Sheil, 2013). It has been stated that nursing support plays an important part in reduction of fear and stress experienced in labor (Abushaikha & Sheil, 2013). It has been noted in the literature that continuous labor support lowers labor pain and fear, but enhances labor satisfaction (McGrath & Kennell, 2008; Hodnett et al., 2013; Nikula et al., 2015).

It is obvious that supportive care in labor is important in terms of minimization of labor fear and enhancement of labor satisfaction. Therefore, it is important to determine effects of supportive care on labor fear and labor satisfaction. Several studies have shown that labor satisfaction and labor fear are affected by culture and education (Whitburn et al., 2014; Kabakian-Khasholian et al., 2015; Van der Gucht & Lewis, 2015). There have been three studies about this issue in Turkey (Daglar & Guler, 2004; Mete et al., 2016; Kizilkaya, 1997). Mete, Cicek and Uludag (2016) found no relation between labor pain and anxiety. Daglar and Guler (2004) evaluated care given to women during labor. In their study, a midwife observed supportive nursing care given to women, and in the postpartum period, the women and the midwives were asked about the care. While the midwives found it insufficient, the women were satisfied with it (Daglar & Guler, 2004). In a study on women's opinions about supportive care in labor by Kizilkaya, the women with higher levels of education had higher perceived supportive care (Kizilkaya, 1997). However, there have not been any studies examining the relation between supportive care in labor and labor pain and labor satisfaction. Therefore, the objective of the present study was to determine the relation between supportive labor care and labor pain and labor satisfaction in Turkish culture.

Methodology

Study design and participant: The study has a descriptive nature. The study population comprised of the women giving vaginal birth at one state hospital in İzmir between in 2014-2015. The study sample included 250 women in their postpartum 24 hours after giving vaginal birth. The power of the study (0.99) and effect size (0.5), with an alpha value of 0.05, was evaluated using GPOWER. Generally, a power of 0.8 is acceptable for such studies (Akgul, 2005). It was determined that the adequate sample size is 250 women.

The inclusion criteria were as follows:

- Being a primipara or a multipara,
- Being 18 years old and over,
- Voluntariness to participate in the study
- Giving birth to a singleton in the cephalic position.

The exclusion criteria were as follows:

- Women giving birth under epidural anesthesia or with the help of forceps and vacuum.

Ethical consideration: Written permission was obtained from of one university Non-Interventional Ethical Committee (No. 869-IRB-2013/13-12), the hospital administrations and the participants.

Data collection: Data were collected in the postpartum clinics of one state hospital in İzmir between May and September in 2013. A general characteristics form, Visual Analog Scale (VAS), Satisfaction with Labor Subscale of Postpartum Self-Evaluation Scale and Women's Perception for Supportive Care Given during Labor Scale were used for data collection.

Measurements: The Visual Analog Scale (VAS) was developed by Price et al. (1983). VAS is 10-cm long line; its two ends are named differently. VAS is a measurement tool used frequently and safely to assess the pain of labor (Ip et al., 2009).

Women's Perception of Supportive Care Given During Labor Scale developed by Uludag and Mete (2015), has 3 subscales and 33 items. Each item is scored on a four-point Likert-type scale. The total Cronbach's alpha internal consistency reliability coefficient of the scale is 0.94 (Uludag & Mete, 2015).

The Satisfaction with Labor Experience Sub-Scale of Postpartum Self-Evaluation Questionnaire developed by Lederman and Weingarten in 1981, has seven subscales and 82 items. It was adapted into Turkish by Tasci and Mete in 2007. Each item is scored on a four-point Likert-type scale. The satisfaction with labor experience sub-scale of postpartum self-evaluation questionnaire consisted of 6th, 9th, 28th, 47th, 48th, 58th, 67th, 68th, 73rd, and 79th items of the questionnaire (Tasci & Mete, 2007).

Data analysis: Socio-demographic and obstetric characteristics were evaluated by using percentages. The relationship between supportive care in labor and labor pain and labor satisfaction was evaluated by using Pearson correlation coefficient.

Results

The mean age of the women in the sample was 25.56±5.04 years. Of all the women included in the study, 93.6% were unemployed, 10.8% were illiterate, 38% were primary school graduates, 31.2% were middle school graduates, 18% were high school graduates and 2% were university graduates (Table 1). The mean labor pain score was 7.84 ± 1.68. The mean perceived supportive care score was 93.60 ± 21.70 and the mean labor satisfaction score was 31.75 ± 5.04 (Table 2).

Pearson correlation analysis revealed a very weak positive correlation between supportive care and labor satisfaction (Table 3) (r: 0.245, p<0.001). However, labor pain was not correlated with supportive care in labor or labor satisfaction (Table 3).

Table 1. Socio-Demographic features of the Women

Socio-Demographic Features	$\bar{x}$ **/ SD**	
Age	25.56 ± 5.04	
Duration of marriage	5.08 ± 4.17	
Parity	**n**	**%**
Nullipara	105	42.0
Multipara	145	58.0
Education		
Not literate	27	10.8
Primary school graduates	95	38.0
Middle school graduates	78	31.2
High school graduates	45	18.0
University graduates	5	2.0
Employment		
Employed	16	6.4
Unemployed	234	93.6
Whether women wanted to become pregnant		
Wanted to be pregnant	215	86.0
Did not want to be pregnant	21	8.4
Did not want to be pregnant but now wants it	14	5.6
Total	250	100.0

Table 2. Mean Scores for Labor Pain, Supportive Care and Labor Satisfaction

Variables	$\bar{x}$ **/ SD**	**Women's Min/Max scores**	**Min/Max scores for the scale**
Pain	7.84 ± 1.68	2 / 10	0 / 10
Perceived supportive care	93.60 ± 21.70	45/ 132	33 / 132
Satisfaction with labor	31.75 ± 5.04	20 / 40	10 / 40
Total	250	100.0	

Table 3. Relationship of Supportive Care with Pain and Satisfaction in Labor

	Pain in labor	Labor Satisfaction
Supportive care perceptions in labor	0.058	**0.245**
Pearson Correlation	0.358	0.000
Sig. (2-tailed)		
Labor satisfaction		
Pearson Correlation	0.025	
Sig. (2-tailed)	0.692	

Discussion

In the present study, a very weak positive relation was found between supportive labor care and labor satisfaction. No relation was found between pain experienced and supportive care and labor satisfaction. However, it has been reported in the literature that supportive care in labor decreases labor pain and increases labor satisfaction (Miltner, 2000; Ibach et al., 2007; AWHONN, 2011).

Presence of a positive relation between supportive care and labor satisfaction in the present study is consistent with the literature. However, the relation found was very weak. This can be attributed to very low socio-cultural levels of the participants. In a study by Daglar and Guler (2004) from Turkey, supportive care given to women giving birth was observed by one of the researchers and after labor, the women were asked to evaluate the care they received. The researcher's observations revealed that the care given was inadequate; however, the women found the care sufficient (Daglar & Guler, 2004). They attributed this finding to the fact that the women do not know or are not aware of the care to be offered in labor (Daglar & Guler, 2004). The women in Daglar and Guler's study had a low socio-cultural status (Daglar & Guler, 2004). In another study, it was noted that the women with low educational levels did not know their rights they can exercise during their labor and did not think of complaining about negative attitudes of the midwives (Tasci, 2007). In another study from Turkey by Kizilkaya, the women thought usefulness of nursing support in labor was more important as their education levels increased (Kizilkaya, 1997). Consistent with the results of the present study, a qualitative study revealed that Syrian women experienced uncertainty about supportive labor care, which decreased their expectations from the health care system (Abushaikha & Sheil, 2013). In a study from Finland, emotional support given in labor was found to be important and as education levels increased so did perceived support (Ibach et al., 2007). Based on the results of all above mentioned studies, it is obvious that women's perceptions concerning nursing support in labor are affected by their education. The hospital in which the present study was conducted offers healthcare to people with low socioeconomic and sociocultural status. Therefore, the fact that most of the women had low socio-cultural status might have reduced their expectations from nursing care. In addition, the finding that the women had no idea about the care they could receive and the rights they had might have caused them to accept all behavior of caregivers. In Turkish culture, it is very important to have a baby and giving birth to a baby is celebrated. In a study by Calik and Komurcu from Turkey, most of the women (76%) commented that they were happy (Calik & Komurcu, 2014). In addition, the women could not remember the labor process in the postpartum period. This is attributed to oxytocin secretion during labor (Moberg, 2003). Therefore, the weak relation between supportive care and labor satisfaction found in this study might have resulted from the fact that data were collected in the postpartum period.

In the current study, no relation was found between labor pain and supportive care in labor and labor satisfaction. The mean labor pain scores were nearly the highest and had a very small standard deviation (Table 2). This might have caused absence of the relation between abovementioned three variables in the correlation analysis. It has been reported in the literature that high supportive care decreases labor pain (Ibach et al., 2007; Whitburn et al., 2014; Van der Gucht & Lewis, 2015; AWHONN, 2011).

However, it has been reported that labor pain is considered a normal and expected condition in many cultures (McGrath & Kennell, 2008; Hodnett et al., 2013; Nikula et al., 2015). This might cause women to accept labor pain as a normal phenomenon and result in lack of a relation between labor pain and supportive care and labor satisfaction. In addition, in Turkish culture, women think the more severe labor pain they experience the better mothers they become and the more valuable their baby will become (Duran & Atan, 2011). In a study by Mete, Cicek and Uludag (2016) from Turkey, labor pain was not found to have a relation with anxiety. They ascribed this finding with effects of having a healthy baby and acceptance of labor pain as a normal condition (Mete et al., 2016). It is obvious that women in Turkey do not perceive labor pain as something negative and that labor satisfaction is not affected by labor pain.

Conclusion: In conclusion, education and socio-cultural status of women have an impact on their awareness of the quality of the care given, perceived labor pain and labor satisfaction. It seems that women with low education levels accept all kinds of behavior even if they are negative. Both caregivers and women's views about supportive labor care need to be changed so that women can ask for the care they need. Therefore, it becomes important to help women to get prepared for labor through prenatal education programs. In addition, women should be informed about their rights and supportive care. Caregivers and health care staff should also be educated about supportive labor care. This can enhance the quality of care given, women's awareness about this care and their satisfaction with their birthing experience. Replication of the study on women from different cultures can yield different results. It can be recommended that the study should be performed on a sample having different scores for labor pain, supportive care and labor satisfaction.

Limitation: The limitation of this study is that the women presenting to the hospitals where this study was conducted had low education levels.

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