


# The Relationship Between Therapeutic Communication and Pain Intensity of First Stage Labor at Hj. Erlianawati Clinic in 2024

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Article Info	ABSTRACT
<b>Keywords:</b> Therapeutic communication, Pain intensity, Labor	Therapeutic communication is communication that is designed and planned in order to foster a relationship between midwives and patients in order to adapt to stress, prevent psychological disorders, so that patients can feel comfortable, which ultimately accelerates the patient's healing process. If the midwife is lacking in providing good communication, and the mother is less confident in her labor, then a sense of fear arises so that the pain will increase. Labor pain is caused by many factors, ranging from the muscles in the uterus, the presence of muscles that lack oxygen or hypoxia due to contractions, the process of dilation and thinning of the cervix, the uterine corpus experiencing ischemia, and stretching or dilation. This study used the chi square test with a cross-sectional study design and was quantitative. The sample in this study was 29 mothers giving birth at the Hj. Erlianawati Clinic. The results of the analysis obtained a p value = 0.001 ( $p < 0.05$ ), this shows that there is a significant relationship between therapeutic communication and the intensity of labor pain in the first stage. Therapeutic communication affects the reduction in the intensity of labor pain.
This is an open access article under the <a href="https://creativecommons.org/licenses/by-nc/4.0/">CC BY-NC</a> license 	<b>Corresponding Author:</b> Nurhafni Akademi Kebidanan Kharisma Husada Binjai <a href="mailto:nurhafnirambe76@gmail.com">nurhafnirambe76@gmail.com</a>

## INTRODUCTION

Labor pain is a physiological thing felt by the mother before giving birth. The intensity of pain felt by the mother will be different, even the same mother will feel different labor pains each time she gives birth. Labor pain is caused by cervical stretching, uterine contractions and cervical descent which causes the release of prostaglandin hormones which can cause pain. Complete cervical dilation will cause back pain (back) due to stimulation of the sacral plexus. This process can result in increased activity of the sympathetic nervous system, changes in blood pressure, heart rate, breathing with skin color and if not treated immediately will increase feelings of worry, tension, fear, and stress. Primiparous mothers will experience longer pain because the first stage lasts longer than multiparous mothers. Labor pain will increase as the cervical dilation increases (Dian, Selasih, et al., 2021).

There are several physiological responses that can be observed in someone who experiences pain such as increased pulse rate, blood pressure, respiratory rate, pupil diameter, and muscle tension and excessive sweating. In addition, psychosocial factors are

also widely highlighted as causes of labor pain. For example, previous labor and postpartum experiences, culture, ethnicity, level of knowledge and education (Ayudita, Novria, et al., 2023).

At 30 weeks of pregnancy, contractions begin to appear with a minimum strength of around 5 mmHg which are irregular in nature, do not cause opening and are not painful, called Braxton Hicks or false contractions. These contractions are false contractions due to the hormones estrogen and progesterone which are not the same in every woman, either in quantity or in excess of their working system (Ayudita, Novria, et al., 2023).

Pain during labor can be reduced with good communication methods, namely therapeutic communication. Therapeutic communication is communication that is designed and planned for therapeutic purposes, in order to foster a relationship between the midwife and the patient so that they can adapt to stress, overcome psychological disorders, so that they can relieve and make the patient feel comfortable, which ultimately accelerates the patient's healing process (Ceria Nurhayati, et al., 2023).

The relationship between therapeutic communication and the intensity of labor pain in the first stage is generally more emotionally intimate because the goal focuses on the patient actively listening and responding to the pregnant woman by showing an attitude of acceptance and understanding so that it can encourage the pregnant woman to talk openly about herself. In addition, it helps the pregnant woman to see and pay attention to what she was not previously aware of about her health condition (Melinda Restu, et al., 2022).

According to the World Health Organization (WHO) in 2018, the prevalence of labor pain in Indonesia is quite high, which is around 86.8%. In addition, around 35.5% of mothers who give birth in Indonesia experience quite severe labor pain and require appropriate treatment. Research by Ziraluo et al. (2020) showed that mothers giving birth with good therapeutic communication with labor pain in the first stage experienced mild pain (6.7%), moderate pain (20.0%), and strong pain (20.0%).

Based on the initial survey conducted by the research on July 12, 2024 at the Hj. Erlianawati Clinic, the number of mothers giving birth was 20 respondents, with complaints of mild pain as much as 25.0%, moderate pain as much as 60.0%, severe pain as much as 15.0%. Based on the background above, the researcher is interested in conducting a study "The Relationship between Therapeutic Communication and the Intensity of First-Stage Labor Pain at Hj. Erlianawati Binjai Clinic in 2024.

## METHOD

This study uses a data design quantitative research. The research design used is the chi square test using a cross-sectional study design (Haastono, 2018). This study uses secondary data where the data is obtained from respondents at the Hj. Erlianawati clinic. The population in this study were all mothers giving birth with a total of 29 respondents who came to the Hj. Erlianawati clinic. The sample in this study was taken using the total sampling technique. Total sampling is a sampling technique from the entire population of mothers giving birth at the Hj. Erlianawati clinic as many as 29 respondents.

To measure therapeutic communication, researchers used a questionnaire with 10 questions. If the respondent answered Yes, they were given a score of 1, if No, they were given a score of 0, then the highest score was 10 and the lowest score was 0. To find out the measurement of therapeutic communication using statistical methods according to Sudjana:

Formula :

$$P = \text{Length of class}$$

Many classes

Information :

$$P = \text{Length of class}$$

$$\text{Range} : \text{Highest Score} - \text{Lowest Score}$$

Class length

$$P = 10 - 02$$

$$P = 102$$

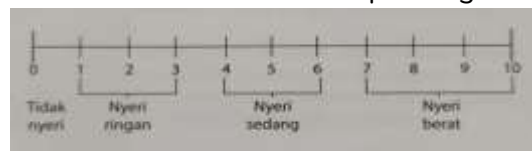
$$P = 5$$

Therapeutic Communication Categories:

Good = 6-10

Not good = 0-5

Pain intensity measurement with a scale of tools used to help diagnose and measure pain intensity, namely the numeric rating scale and visual scale. The numeric rating scale (NRS) is more commonly used using a scale of 0-10, where the number 0 indicates no pain and the number 10 indicates severe pain. The level of numbers is indicated by the client and can be used to assess one of the interventions of the pain regulation.



**Figure 3.7.1** Numeric Scale of Pain Level

Information :

0 : No complaints of pain

1-3 : Mild pain (objectively, patients who are able to communicate well)

4-6: Objectively moderate pain, the patient hisses, grimaces, can show the location of the pain, can describe it, and can follow commands well.

7-10 : Objectively severe pain, the patient is sometimes unable to follow orders but still responds to actions that may indicate it.

## RESULTS AND DISCUSSION

### Univariate Analysis

With univariate analysis, the distribution of respondents to Therapeutic Communication for Women in Labor can be seen.

**Table 4.1.** Distribution of Therapeutic Communication Frequency in Mothers in Labor at Hj. Erlianawati Binjai Clinic in 2024

No	Therapeutic Communication	Amount	
		f	%
1	Good	17	58.6%
2	Not good	12	41.4%
Total		29	100%

Based on Table 4.1 above, it can be concluded that the majority of respondents had good therapeutic communication, namely 17 (58.6%), and the minority had good therapeutic communication, namely 17 (58.6%). 12 (41.4%) respondents reported poor therapeutic communication.

**Table 4.2** Distribution Based on the Intensity of First Stage Labor Pain in Mothers Giving Birth at Hj. Erlianawati Binjai Clinic in 2024

No	Pain Intensity	Amount	
		f	%
1	Light	5	17.2%
2	Currently	10	34.5%
3	Heavy	14	48.3%
Total		29	100%

Based on Table 4.2 above, it can be concluded that the majority of respondents had severe pain intensity of 14 (48.3%), moderate pain intensity of 10 (34.5%), and a minority had mild pain of (17.2%).

### Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between independent variables and dependent variables. The analysis was conducted using chi-square. So if the statistical analysis results are determined  $p < 0.05$  then the variables are stated to be significantly related.

**Table 4.3** Therapeutic Communication with Pain Intensity of First Stage Labor at Hj. Erlianawati Binjai Clinic in 2024

No	Therapeutic Communication	Pain Intensity						Amount	Df	2-sided sig	
		Light		Currently		Heavy					
		f	%	F	%	f	%				f
1	Good	0	0%	10	58.8%	7	41.2%	17	100%	2	0.01
2	Not good	5	41.7%	0	0%	7	58.3%	12	100%		
Total		5	17.2%	10	34.5%	14	48.2%	29	100%		

Based on Table 4.3, the research results show that the majority of respondents who are good at carrying out therapeutic communication with moderate pain intensity are 10 (58.8%), respondents who are good at carrying out therapeutic communication with severe pain intensity are 7 (41.2%), and the minority of respondents who are good at carrying out therapeutic communication with mild pain intensity are 0 (0%).

Based on Table 4.3, the research results show that the majority of respondents who were not good at carrying out therapeutic communication with severe pain intensity were 7 (58.3%), respondents who were not good at carrying out therapeutic communication with mild pain intensity were 5 (41.7%), and the minority of respondents who were good at carrying out therapeutic communication with moderate pain intensity were 0 (0%).

Based on the results of the chi-square test of the Relationship between Therapeutic Communication and the Intensity of First-Stage Labor Pain at the Hj. Erlianawati Clinic in 2024 with a degree of significance ( $\alpha$ ) of 0.05 and  $df = 1$ , the calculation results were obtained, namely  $\text{sig (2-tailed)} 0.001 < (\alpha) = 0.05$ , so  $H_0$  was rejected and  $H_a$  was accepted. The conclusion is that there is a Relationship between Therapeutic Communication and the Intensity of First-Stage Labor Pain at the Hj. Erlianawati Clinic in 2024.

## Discussion

### Univariate Analysis

#### Therapeutic Communication

In Table 4.1 above, it can be concluded that the majority of respondents had good therapeutic communication (58.6%), and the minority of respondents had poor therapeutic communication (41.4%). In Table 4.1, it can be concluded that the Hj. Erlianawati Clinic has provided good therapeutic communication to mothers in labor so that the majority of pregnant women experience decreased pain.

This study is in line with the study conducted by Yusnita (2023) entitled "The Relationship between Therapeutic Communication and Reducing the Intensity of First-Stage Labor Pain at the Pidie District General Hospital" obtained a  $p$  value = (0.004), which means that there is a difference before and after providing therapeutic communication, so that there is a relationship before and after providing therapeutic communication.

This is supported by Dewi Fransiska's research from the frequency distribution data on the two research variables, namely the application of therapeutic communication and the level of anxiety in mothers in labor. In the category of the application of therapeutic communication, the majority of respondents said that the application of therapeutic communication at the Bina Medika clinic was in the good category, namely (76.7%). In the category of anxiety level, the minority of respondents were not anxious, namely (63.3%).

#### Pain Intensity

Based on Table 4.2 above, it can be concluded that the majority of respondents had severe pain intensity of 14 (48.3%), moderate pain intensity of 10 (34.5%), and a minority had mild pain of (17.2%). The results of the study showed that there was a relationship between therapeutic communication techniques and the intensity of labor pain in the first stage of labor in mothers giving birth with a  $p$  value = 0.001 ( $p$  value < 0.005).

This is supported by Dewi's research, showing that therapeutic communication can reduce pain intensity. Before therapeutic communication, mothers experienced severe pain intensity of 56.2% and after therapeutic communication, mothers experienced a decrease in pain intensity, most mothers experienced moderate pain intensity of 65.7%. This is because the therapeutic communication provided can make mothers more psychologically prepared

in facing the labor process so that mothers are more confident and not afraid in facing their labor process.

The results of the study according to Nurcahyani showed that the intensity of labor pain before being given therapeutic communication was mild pain (25%), moderate pain 60%, severe pain 15%, while the intensity of labor pain after being given therapeutic communication was 17 people (85%), moderate pain was 3 people (15%).

### **Bivariate Analysis**

Based on the results of the chi-square test of the Relationship between Therapeutic Communication and the Intensity of First-Stage Labor Pain at the Hj. Erlianawati Clinic in 2024 with a degree of significance ( $\alpha$ ) of 0.05 and  $df = 1$ , the calculation results were obtained, namely  $\text{sig (2-tailed)} 0.001 < (\alpha) = 0.05$ , so  $H_0$  was rejected and  $H_a$  was accepted. The conclusion is that there is a Relationship between Therapeutic Communication and the Intensity of First-Stage Labor Pain at the Hj. Erlianawati Clinic in 2024.

According to (Bandiyah, 2019) physiologically pain occurs when the uterine muscles contract in an effort to open the cervix and push the baby's head towards the pelvis. Starting from labor which has a dominant sign in the fundus of the uterus, the pain is felt at intervals that are increasingly frequent and short and its strength increases. This causes changes with the fetus being pushed towards the birth canal, causing the cervix to open, and will then give a sign as the beginning of labor.

The intensity of pain is proportional to the strength of the contractions and the pressure that occurs, the pain increases when the cervix is fully dilated due to the pressure of the baby on the pelvic structure followed by stretching and tearing of the birth canal. Labor pain is unique and different in each individual because pain is not only associated with physical conditions alone, but also related to the psychological condition of the mother during labor (Siti, 2019).

Therapeutic communication can provide therapeutic impacts by accelerating the patient's healing process. Steps that can be taken in communicating with mothers in labor include establishing a pleasant relationship with the client, being present to accompany the client during labor, listening to the patient's complaints during the labor process, providing touch in assisting the client, providing information about the progress of labor, guiding labor, making physical contact with the patient, praising the patient for the efforts she has made and congratulating her on the birth of her baby (Bangun, 2021).

The importance of therapeutic communication in reducing pain caused by childbirth is very necessary, therefore midwives in childbirth must be able to help build self-confidence, because if the client herself is nervous or anxious during childbirth, whether physically or mentally not ready, then a feeling of fear will arise so that the pain will increase (Kartini, 2018).

## **CONCLUSION**

Based on the results of the study on the relationship between therapeutic communication and the intensity of first-stage labor pain at the Hj. Erlianawati Clinic in 2024, the following

conclusions can be drawn: From the research results, it can be concluded that based on the frequency distribution of therapeutic communication in mothers giving birth, the majority was good, as many as 17 (58.6%), and the minority was not good, as many as 12 (41.4%). From the research results, it can be concluded that based on the frequency distribution of pain intensity in mothers giving birth, the majority had severe pain (14 (48.3%), moderate pain (10 (34.5%), and mild pain (5 (17.2%). 5.1.3 From the research results it can be concluded that the test results *chis-square* the relationship between therapeutic communication and the intensity of labor pain in the first stage at the Hj. Erlianawati clinic in 2024 with a significance level ( $\alpha$ ) of 0.05 and  $df = 1$ , the calculation results were sig (2-sided)  $0.001 < (\alpha) = 0.05$ , so  $H_0$  was rejected and  $H_a$  was accepted. The conclusion is that there is a Relationship between Therapeutic Communication and the Intensity of Labor Pain in the First Stage at the Hj. Erlianawati Clinic in 2024.

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