



Life Sciences  
ISSN: 1308 7347 (NWSALS)  
ID: 2016.11.4.4B0007

Status : Original Study  
Received: June 2016  
Accepted: October 2016

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<http://dx.doi.org/10.12739/NWSA.2016.11.4.4B0007>

## THE EFFECT OF EMPATHY TRAINING GIVEN TO MIDWIVES ON MOTHERS' BIRTH PERCEPTIONS AND THEIR SATISFACTION WITH MIDWIVES

### ABSTRACT

The purpose of this study is to investigate the effect of empathy training given to midwives on mothers' birth perception and their satisfaction with midwives. The study's type is experimental. The population was composed of mothers who gave vaginal delivery and the sample was composed of 222 mothers. A-32- hour empathy training with didactic lectures, creative drama and psychodrama techniques was given to midwives as an intervention. The data was collected in three phases with a questionnaire and were analyzed with percentage, Chi-square and variance analysis tests. The mother's satisfaction with midwives was 36.5% in gave birth before midwives' empathy training, 81.1% in right after midwives' empathy training and 75.7% in eight weeks later after midwives' empathy training ( $p<0.05$ ). The mothers' perception that labor was "easy" were 8.1% in before midwives' empathy training, 21.6% in right after midwives' empathy training and 8 weeks later after midwives' empathy training ( $p<0.05$ ).

**Keywords:** Empathy Training, Labor Perception, Mother's Satisfaction, Midwives, Vaginal Delivery

## EBELERE VERİLEN EMPATİ EĞİTİMİNİN ANNELERİN DOĞUM ALGILARI VE EBE MEMNUNİYETİ ÜZERİNE ETKİSİ

### ÖZ

Bu araştırmanın amacı, ebelere verilen empati eğitiminin; annelerin doğum algıları ve ebe memnuniyeti üzerine etkisini incelemektir. Çalışma, deneysel özelliktedir. Araştırmanın örneklemini; ebe yardımıyla vajinal doğum yapan, 222 anne oluşturmaktadır. Çalışmada, girişim olarak ebelere; 32 saatlik didaktik anlatım, yaratıcı drama ve psikodrama teknikleri ile empati eğitimi verilmiştir. Veriler, üç aşamada, soru formuyla toplanmış; yüzdelik, Ki-Kare ve Varyans analizi testleriyle değerlendirilmiştir. Araştırmada, annelerin ebeden memnuniyet duyma oranları; ebelerin empati eğitimi öncesi doğuranlarda %36.5, empati eğitiminden hemen sonrası doğuranlarda %81.1 ve empati eğitiminden sekiz hafta sonrası doğuranlarda %75.7 olarak saptanmıştır ( $p<0.05$ ). Annelerin doğumu "kolay" algılama oranları; ebelerin empati eğitimi öncesi doğuranlarda %8.1, empati eğitiminden hemen ve sekiz hafta sonrası doğuranlarda ise % 21.6'dır ( $p<0.05$ ).

**Anahtar Kelimeler:** Empati Eğitimi, Doğum Algısı, Anne Memnuniyeti, Ebeler, Vajinal Doğum



## 1. INTRODUCTION

Since empathy is an important component of communication and initiates communication; today it has become a focused skill importance of which is emphasized. Empathy is the process to understand and to feel what another is experiencing from and/or within his perspective of reference and the capacity to place oneself in his position and to convey what is understood to him [1]. Labor process is a life event characterized by physiological and psychological changes requiring behavioral adjustment in a short time. In this process, to cope with the changes mother may need support from the others [2 and 3]. The biggest expectation of women in labor from the midwife is empathic communication skills such as being friendly and respectful, listening, having respect for privacy, and giving feedback [4 and 5]. In some studies, it is stated that the empathic skills of midwives are not at a desired level, women are exposed to the harsh statements and behavior of midwives at birth and they perceive the birth as difficult and traumatic [5, 6, 7 and 8].

In a study with primiparous mothers, it was found out that the women who had been dissatisfied with the attitudes and behavior of midwives at birth wanted neither a vaginal delivery nor assistance of midwives for their possible next birth [9]. For these reasons; empathic skills of midwives must be improved. International Confederation of Midwives (ICM) defines communication based on empathy as a basic criterion of professional midwifery skills [10 and 11]. Good communication skills of a midwife who is consistently near the woman during labor increases her birth satisfaction as well as providing emotional support to her. In a study conducted in Canada (2002) the rate of the women giving a vaginal birth with the help of birth physicians perceived birth "very positively" was found 52%, while that of those delivered by midwives was 71%; the women assisted by midwives were informed and encouraged more during labor, and thus coping with the labor pain better and being satisfied with the birth compared with the others. In the same study, the duration of hospitalization was determined to be shorter and intervention with analgesia at birth was less [12]. In the literature, it is emphasized that the emotional and physical support provided by a midwife to a woman during labor is unique and cannot be replaced by any other tools and medical intervention [13, 14 and 15].

The purpose of this study is to develop the empathic communication skills of midwives working in the delivery room through empathy training programs and investigate the effect of these skills on birth and midwife perceptions of the women provided care during birth (during 1.2.3 stages of birth and first two postpartum hours) delivered by these midwives. A midwife with a good level of empathic skills leads to a reduction in birth anxiety and fear, coping with birth process better, shortening of delivery time and an increase in the birth satisfaction [9 and 16]. Besides; maternal satisfaction statements and expressions about midwives who assist labor contribute to a positive birth perception, positive birth stories and wish to give vaginal delivery again [3, 9 and 16]. The study aimed at investigating the effect of empathy training given to midwives on mothers' birth perception and their satisfaction with midwives.

## 2. RESEARCH SIGNIFANCE

In this study, the assessment of the effectiveness of the empathy training given to midwives with multiple methods on the birth and midwife perceptions/satisfactions of the mothers who were



delivered by midwives at three stages (pre empathy training, right after and eight weeks later after training) reveals the importance of research. As it is known, one of the main targets of World Health Organization (WHO) is to increase the rate of vaginal delivery by lowering the rate of cesarean births immediately which is already very high worldwide [17]. This present study is expected to both contribute to this target of WHO and an increase in positive birth stories in the community by increasing the midwife satisfaction level of women giving birth with the help of a midwife personally.

### **3. EXPERIMENTAL METHOD-PROCESS**

This experimental study was carried out between February 2013 and January 2014 at a public hospital in Trabzon Province, Turkey. The population of the study consisted of all the mothers who had vaginal birth in the maternity ward of the related hospital. The sample size of the study comprised 74 mothers with the medium effect size and 80% power for the use of test in the independent groups, according to the power analysis at the 95% confidence interval and with a margin of error  $\alpha = 0.05$ [18]. The main sampling inclusion criteria in the study were as follows; being primaries, being in 38-41 pregnancy week, having one fetus, having no systemic disease and any pregnancy complications(determined according to questionnaire forms and mother files) having applied to the delivery room during the latent phase of the labor (cervical dilation 1-3 cm), having received midwifery care only during the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> stage and in the first two hours after the birth, having a vaginal birth with the help of a midwife. Those who had given birth with the help of doctors were excluded from the study.

#### **3.1. Data Collection Tool**

The Identifying Mother Information Form: It includes 15 items investigating the socio-demographic and obstetric characteristics, birth perceptions and the level of satisfaction with the midwives. The form was applied using face to face interview technique in 20-25 minutes. The data were collected at three steps; before the empathy training given to the midwives, immediately after receiving the training and eight weeks later according to birth periods.

#### **3.2. Pilot Study**

The pilot study was applied to eight mothers who were then excluded from the study.

#### **3.3. Initiative of the Study: Implementing Empathy Training Program to the Midwives**

The program was implemented all the midwives (n=15) working actively in the delivery room. The main information given to the midwives in the empathy training program (ETP) can be listed as follows:

- ETP could be performed in the groups divided into minimum three, maximum 10 people.
- ETP was performed in 32 hours. While creating the content of the program, the related literature was reviewed and the empathy expectations of the mothers on the subject were taken into account.
- ETP was implemented in eight sessions and the duration of each session was four hours.



- Each session has objectives such as distinguishing emotions and thoughts, empathic listening and emphatic response.
- Didactic lectures, creative drama and psychodrama techniques were used in ETP.
- In the didactic narrative technique, besides the power point presentations, beautiful words, jokes and video displays on the related subject were presented.
- For creative drama techniques, a researcher received creative drama leadership training. The game and techniques suitable to the preparation, animation and evaluation stages of the creative drama were used.
- The service was purchased from the psychologist & psychodramatist for empathy training with psychodrama techniques. Empathy, empathic listening, empathetic responsiveness issues were completed with education at experiential level using psychodrama game and techniques.

#### **3.4. The Ethics of Research**

Before starting the research, Ethics Committee permission and written and verbal consent from the mothers were obtained.

#### **3.5. Limitations of the Research**

The findings of the study are limited to the mothers who gave birth vaginally with the help of a midwife between the specified dates in the relevant hospital.

#### **3.6. Statistical Analyses**

The data were analyzed using percentage and pearson chi-square test and variance analyze in SPSS 16.0 software program. In statistical comparisons,  $p < 0.05$  was accepted as significant [19].

#### **4. FINDINGS AND DISCUSSION**

There are three groups of mothers including those who gave birth before their midwives' empathy training (BMET), right after their training (RAMET) and eight weeks later after training (8WLAMET). The number of total participants was 222 mothers, half of whom were primiparous and the others were multiparous. The average age and gestational age, educational level and employment status of the mothers between the groups were similar ( $p > 0.05$ ) (Table 1). Mothers were homogeneous in three groups in terms of socio-demographic characteristics (income perception, employment status, family size, etc.), obstetric characteristics (pregnancy planning, the number of receiving prenatal care, etc.) and medical interventions during labor (such as episiotomy and synthetic oxytocin) ( $p > 0.05$ ).

Table 1. The Comparison of sociodemographic-obstetric characteristics and birth and midwife perceptions of the women giving birth according to their midwives' empathy training periods (n=222)

(Tablo 1. Ebelerin empati eğitimi alma dönemlerine göre doğuran annelerin sosyodemografik-obsterik özellikleri ile doğum ve ebe algılarının karşılaştırılması n=222)

Mother's Characteristics and Perceptions	The Mothers Giving Birth BMET (n=74)		The Mothers Giving Birth RAMET (n=74)		The Mothers Giving Birth 8WLAMET (n=74)		Test and P Value	
	Mean±SD		Mean±SD		Mean±SD		F*	P
Age	25.08±4.98		27.51±5.48		26.56±4.46		1.760	0.174
Gestational Week	39.17±0.81		39.22±0.98		39.25±0.75		0.171	0.873
Educational Level	n	%	n	%	n	%	$\chi^{2**}$	P
Primary School	28	37.8	25	33.8	27	36.5	1,769	0.778
Secondary-High School	39	52.7	39	52.7	35	47.3		
University	7	9.5	10	13.5	12	16.2		
Employment Status								
Unemployment	69	93.2	64	86.5	65	88.0	2,254	0.324
Employment	5	6.8	10	13.5	9	12.0		
Satisfaction Perceptions with Midwife								
Satisfied	27	36.5	60	81.1	56	75.7	39,666	0.000 ***
Partially Satisfied	33	44.6	11	14.8	10	13.5		
Dissatisfied	14	18.9	3	4.1	8	10.8		
Birth Perceptions								
Easy	6	8.1	16	21.6	16	21.6	38,639	0.000 ***
Neither easy nor difficult (Normal)	19	25.7	29	39.2	33	44.6		
A little difficult	18	24.3	25	33.8	15	20.3		
Very difficult, very tiring	31	41.9	4	5.4	10	13.5		
Satisfaction Perceptions with Birth								
Satisfied	6	8.1	27	36.5	26	33.6	40,638	0.000 ***
Partially Satisfied	37	50.0	41	55.4	39	52.7		
Dissatisfied	31	41.9	6	8.1	9	11.7		
Total ****	74	100.0	74	100.0	74	100.0		

\*Variance analysis, \*\*Chi-square test, \*\*\*p <0.05,

\*\*\*\*Column percentage is taken

Women expect an empathic approach such as love, respect, being listened, being given feedback, being understood from midwives during labor. The rate of positive birth and midwife perceptions of mothers whose expectations are met is higher [3, 5 and 9] As seen in Table 1, the rate of maternal satisfaction with midwife/midwives who helped her during birth was found out as 36.5% in BMET, 81.1% in RAMET and 75.7% in 8WLAMET. In the intergroup statistical analysis, the satisfaction level of the mothers who gave birth right after and 8 weeks later after midwives' empathy training was found higher than those who gave birth before empathy training of their midwives (p<0.05) (Table 1). There is a linear relationship between the women's satisfaction with midwife and birth perception and birth satisfaction. In Aktas's work, a positive correlation was determined between the satisfaction level of the mothers with midwives and birth satisfaction score (r:,655, p=0.000) and birth perceptions (r:,382, p=0.000) [20]. A midwife providing care to a woman with an empathic understanding raises her satisfaction with birth[5]. In this study, the percentage of mothers

who perceived birth as 'easy' was 8.1% in BMET, 21.6% in RAMET and 21.6% 8WLAMET, while it was 41.9% in BMET, 5.4% in RAMET and 13.5% in 8WLAMET when perceived as "very difficult, very tiring" (Table 1). In the intergroup statistical analysis, the rate of the women who gave birth right after and eight weeks later after midwives' empathy training perceiving birth as "easy" was found high. In other words, the perceptions such as "very difficult, very tiring" and "very satisfying" were found low and high respectively ( $p < 0.05$ ) (Table 1). In a study conducted in the Netherlands; the level of mothers' negative perceptions of birth was three times higher than in those who assessed maternal behavior of midwives negatively [21]. Aktaş et al., (2016) found that the majority of the mothers who were pleased with their midwives described them with the words with deep meanings such as "sister, angel, savior" when asked to make a metaphor for their midwives [9]. As it is suggested in this work, there is a close relationship between their satisfaction with a midwife and birth satisfaction of mothers [14 and 22]. As seen in Table 1, the birth satisfaction level of the mothers who gave birth in RAMET and 8WLAMET was found higher than those who gave birth in BMET (8.1% in BMET, 36.5% in RAMET and 33.6% in 8WLAMET) ( $p < 0.05$ ). In this study, the satisfaction statements of the mothers giving birth right after and 8 weeks later after midwife empathy training were found higher than those who gave birth before empathy training.

Table 2. The Intergroup comparison of mother satisfaction statements related to midwives (n=222)

(Tablo 2. Annelerin, ebelerden memnuniyet ifadelerinin gruplararası karşılaştırılması n=222)

Maternal Satisfaction Statements Related to Midwives	The Mothers Giving Birth BMET (n=74)		The Mothers Giving Birth RAMET (n=74)		The Mothers Giving Birth 8WLAMET (n=74)		Total***		Test and P Value	
	n	%	n	%	n	%	n	%	$\chi^2*$	p
Smiling, compassionate	45	27.6	63	39.6	55	33.8	163	100.0	10.004	0,007**
Understanding	55	31.0	65	38.2	58	32.8	178	100.0	13.832	0,010**
Reassuring, Comforting	23	18.0	54	44.2	51	39.8	128	100.0	32,363	0,000**
Supportive	25	19.7	54	42.5	48	37.8	127	100.0	28,871	0,000**
Soft-spoken, witty	11	14.7	33	44.0	31	41.3	75	100.0	17,881	0,000**
Not embarrassing/judgmental	30	22.1	51	37.5	55	40.4	136	100.0	20,537	0,000**
Not leaving alone during labor (constant labor support)	19	15.3	53	42.7	52	41.9	124	100.0	41,031	0,000**
Attentive (frequent visit, making mother feel special etc.)	12	14.8	33	40.7	36	44.4	81	100.0	19,943	0,000**
Giving the desired information when asked	22	19.3	52	45.6	40	35.1	114	100.0	24,667	0,000**
Patient	17	15.5	44	40.0	49	44.5	110	100.0	32,039	0,000**
Sincere	5	6.2	39	48.8	36	45.0	80	100.0	41,547	0,000**
Merciful	11	14.7	33	44.0	31	41.3	75	100.0	17,881	0,000**
Encouraging, motivating	25	19.5	51	39.8	52	40.6	128	100.0	25,542	0,000**
Giving feedback regarding interventions	8	8.2	42	43.3	47	48.5	97	100.0	49,472	0.000**
Being respectful to the decisions	5	5.5	48	52.7	38	41.8	91	100.0	56,575	0.000**

\* Chi-square test, \*\* $p < 0.05$ , \*\*\*Line percentage was taken

Some of the key statements included (Table 2): In this study, the satisfaction statements of the mothers giving birth right after and eight weeks later after midwife empathy training were found higher than those who gave birth before empathy training. Some of the key statements included: "smiling, compassionate" (BMET 27.6%, RAMET 39.6%, 8WLAMET 33.8%); "understanding" (BMET 31%, RAMET 38.2%, 8WLAMET 32.8%); "reassuring, comforting" (BMET 18.0%, RAMET 44.2%, 8WLAMET 39.8%); "not embarrassing/judgmental" (BMET 22.1%, RAMET 37.5%, 8WLAMET 40.4%); "attentive" (BMET 14.8%, RAMET 40.7%, 8WLAMET 44.4%); "giving the desired information when asked" (BMET 19.3%, RAMET 45.6%, 8WLAMET 35.1%); "encouraging, motivating" (BMET 19.5%, RAMET 39.8%, 8WLAMET 40.6%); "giving feedback regarding interventions" (BMET 8.2%, RAMET 43.3%, 8WLAMET 48.5%) ( $p < 0.05$ ). It is also noteworthy that the expressions "They are supportive, soft-spoken witty, patient, sincere, merciful, do not leave us alone, and being respectful the decisions" were found higher in those who gave birth right after and eight weeks later after midwives' empathy training ( $p < 0.05$ ) (Table 2). These results are pleasing as they are reflecting the effectiveness of empathy training. In a study by Sjöblom et al. (2014) the statements of maternal satisfaction with midwives were defined as "they are calm, emotional, supportive, respectful, reassuring, attentive/cautious for my needs and my partner's and they have emotional skills"[23].

Table 3. The intergroup comparison of maternal dissatisfaction statements related to midwives (n=222)

(Tablo 3. Annelerin ebelerden memnun olmama ifadelerinin gruplararası karşılaştırılması n=222)

Maternal Dissatisfaction Statements Related to Midwives	The Mothers giving birth BMET (n=74)		The Mothers giving birth RAMET (n=74)		The Mothers giving birth 8WLAMET (n=74)		Total***		Test and p value	
	n	%	n	%	n	%	n	%	$\chi^2^*$	p
Poorly descriptive and informative	64	81.0	6	7.4	9	11.6	79	100.0	15,170	0.038**
Poorly encouraging and motivating	52	80.0	7	10.7	6	9.3	65	100.0	13,140	0,007**
Poorly attentive	26	53.1	10	20,4	13	26.5	49	100.0	11,360	0,003**
Poorly effective listener	29	56.9	9	17.6	13	25.5	51	100.0	17,106	0,000**
Judgmental, embarrassing	25	53.2	8	17.0	14	29.8	47	100.0	11,800	0.000**
Fierce facial expression	18	56.2	5	15.6	9	28.1	32	100.0	9,712	0.008**
Leaving alone and lonely during labor	32	52.5	13	21.3	16	26.2	61	100.0	14,150	0.001**
Failing to include patients in decisions adequately	28	52.8	10	18.9	15	28.3	53	100.0	12,839	0.020**
Not guiding adequately	21	47.7	11	25.0	12	27.3	44	100.0	5,159	0.076

\*Chi-square test, \*\* $p < 0.05$ , \*\*\*Line percentage was taken

In this study, some key mother's dissatisfaction expressions with midwives were as follows (Table 3): "poorly descriptive and information" (BMET 81.0%, RAMET 7.4%, 8WLAMET 11.6%); "poorly



encouraging and motivating" (BMET 80.0%, RAMET 10.7%, 8WLAMET 9.3%); "poorly attentive" (BMET 53.1%, RAMET 20.4%, 8WLAMET 26.5%); "poorly effective listeners" (BMET 56.9%, RAMET 17.6%, 8WLAMET 25.5%); "judgmental and embarrassing" (BMET 53.2%, RAMET 17.0%, 8WLAMET 29.8%); "fierce facial expressions" (BMET of 56.2%, RAMET 15.6%, 8WLAMET 28.1%); "leaving alone and lonely during labor" (BMET 52.5%, RAMET 21.3%, 8WLAMET 26.2%) and "failing include patients in decisions adequately" (BMET 52.8%, RAMET 18.9%, 8WLAMET 28.3%). The intergroup statistical comparison showed that the expressions showing maternal dissatisfaction was found higher in those who gave birth before midwives' empathy training ( $p < 0.05$ ) (Table 3). It is pleasing that the dissatisfaction expressions of the women are stated less by those who gave birth after midwives' empathy training; however, this ratio must be raised further. The women who are dissatisfied with the communication skills of midwives have high birth stress-fear and trauma, weak mother-baby bonding and high wish to have a cesarean for the next delivery. In some studies, it is stated that there are maternal dissatisfaction expressions related to their midwives [7, 16 and 24]. A qualitative study by Iravani et al., (2015) indicated that the capability to control the birth of the women who could not get enough emotional support from their midwives during birth decreased, they were unable to deal with labor pains adequately and perceived childbirth and midwives negatively [25]. In Coşar's (2012) study, the birth fear in the mothers provided emotional and physical support by a midwife personally was less and adaptation to birth and positive birth perceptions increased significantly compared with the control group mothers [26]. Considering the fact that the vast majority of vaginal deliveries are performed by midwives in Turkey especially in public institutions (except medical schools), that skilled midwifery care including empathic understanding would increase the positive birth perceptions of women is a fact.

##### **5. CONCLUSION AND RECOMMENDATIONS**

In this study, mother's birth perception and their satisfaction with midwives of those who gave birth right after and 8 weeks later after their midwives' empathy training was found higher than those who gave birth before midwives' empathy training. The comparison of the study findings in pairs as the mothers who gave birth right after and 8 weeks later after empathy training revealed that some findings decreased 8 weeks later but they were not significant from a statistical point. This result of the study suggests that the programs that require changes in behavior such as empathy training can contribute to long lasting/permanent behavioral changes in midwives by being repeated at regular intervals. The empathic skills of midwives need to be improved urgently in order to both increase the vaginal delivery and develop mother/neonatal health.

##### **NOTE**

This study was financially funded by TÜBİTAK project with number 113S672. The project has also some other research outcomes conducted for different purpose apart from this one. Also, this study has been restructured after being presented at the International Science Symposium (ISS2016).

##### **SYMBOLS**

**BMET:** Before Midwives' Empathy Training

**RAMET:** Right after Midwives' Empathy Training

**SWLAMET: 8 Weeks Later After Midwives' Empathy Training**

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