

Assessment of Care Given to Woman Undergoing Gynecological Examination

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Abstract

Background: Gynecological examination is important technique for protecting the reproductive health of woman. **Aim:** was to assess care given to woman undergoing gynecological examination. **Setting:** The study was conducted at gynecological unit at obstetric medicine department affiliated at Benha university hospital. **Design:** A descriptive study design was utilized. **Sampling:** a systematic random sample included 286 woman were recruited in the study. **Tools:** Three tools were utilized for data collection first, structured interviewing questionnaire, observational check list and womens' satisfaction assessment tool. **Results:** The present study revealed that 50.2% of studied women had a satisfactory care during gynecological examination, 27.0% of them had a satisfactory care after examination **Conclusion:** more than half of the studied women were satisfied regarding care presented during gynecological examination. **Recommendation:** Developing training programs regarding gynecological examination are recommended for the nurses working at obstetric and gynecological units to improve quality of care given.

Key words: gynecological, examination, woman, care

Introduction

Gynecology is health care for the female body, focusing on the sexual and reproductive organs. Proper gynecological care prevent many female tumors and other diseases through early detection, As it is essential strategy for effective preventative measures and treatment of gynecological disorders. (Close RJ et al., 2015)

Gynecological examination is one of the most examination poses a lot of new challenges and possible problems. The responds to these challenges is dependent on many physical and emotional factors . it means examination for gynecological parts as breast, uterus, cervix, vagina and vulva (Gretchen, 2011)

The examination must be done in away that provides it a positive experience for women. A lot of women have negative experiences of gynecological examination this because they receive insufficient information about how the examination is done (Wijma et al., 2012)

The primary aim of gynecological examination is to improve the quality of life of female. So that, health care providers should pay enough attention to the quality of gynecological examination services. An important element in any quality health services – including gynecological examination – is providers' compliance with their womans' rights. (WHO, 2013)

In order to increase the quality of gynecological examination services, attract additional woman and improve services efficiency, **World Health Organization (WHO)** had established international womans' rights Guidelines in 2011. It entails eight rights. Namely, get information; have an easy access to services; practice informed choice; have privacy and confidentiality; dignity, respect and continuity of care .Last but not least, provide safe services. The objective of these W.H.O guidelines is to provide guidance for health care providers at their obstetric clinics, ensure that different womans' rights dimensions are systematically and clearly integrated into the provision of gynecological examination services. (Cottingham J et al.,2012)

Earlier The International Conference on Population and Development (ICPD) that was held in Cairo, Egypt 2013 had emphasized that womans' rights is a reproductive right. It further added gynecological examination services must be safe, affordable, effective and available to the public. Where woman should have greater freedom to determine their own choices for doctor gender to decrease fear and anxiety related to examination for reaching to complete satisfaction from gynecological examination (Klepinger DH et al 2015)

Today's, gynecological examination programs around the world provide a lot of services in order to be more available to clinics. Gynecological examination programs have been supplemented by extensive approaches for services delivery. Such as community – based outreach, social marketing through commercial outlet at subsidized prices and employment. Extensive variety of modern and traditionally mass media are spreading gynecological examination awareness and encouraging more people to recommend gynecological examination services.(Bueno et al.,2013).

Significance of the study

In order to maintain good reproductive and sexual health of woman, women should have a gynecological exam about once per year. Gynecological examination play an important role in early diagnosis of gynecological disorders that threat women s' life. In our Egyptian society, each woman across life span should be encouraged to schedule their visits for gynecological examination. So the examination should be performed in a way that give it a positive experience for women. The examination could be a positive experience if health care givers provide proper care during the examination .so, the aim of the present study is to assess caring of women undergoing gynecological examination at Benha university hospital. Qaseem et al., (2014) pointed out that women don't like gynecological exams, with 60-80% reporting pain, discomfort, anxiety, or embarrassment.

Aim of the study

The aim of the present study was to assess care given to women undergoing gynecological examination.

Research Questions

What is the level of care given for women undergoing gynecological examination procedures?

Subjects and methods

Research design:

A descriptive design has been adopted to fulfill the aim of the present study.

Research Setting:

The study was conducted in obstetric and gynecological department at Benha university hospital.

Sampling:

***Type:** A systematic random sample was selected.

***Sample size:** A total 286 of women undergoing gynecological examination was recruited in the present study .it was determined based on the last year of the obstetrics and gynecology department at Benha university hospital census report. The total number of women undergoing gynecological examination was 994 (**Benha University Hospital Census, 2014**).Sample size was calculated utilizing the following formula (**Yamane, 1967**):

$$n = \frac{N}{1 + N(e)^2} = 286$$

Where:

n= sample size

N= population (994)

e= margin error (0.05)

Tools of Data collection:

Tool-I-Structured interviewing questionnaire sheet:

It was developed by the researcher after reviewing relevant literature. It included four parts:

Part(1) :Personal data: as age, qualification ,occupation ,level of education ...etc.

Part(2):Medical and surgical history: concerning women medical disorder(diabetes ,breast cancer, hypertention...etc.)

Part(3) :Obstetric history :menstrual cycle ,No of abortion, pregnancy and labor....etc.

Part(4):Current gynecologic history: causes of gynecological examination, woman's feeling regarding current gynecological and woman's expectation regarding role of doctors and nurses during gynecological examination

Tool-II-Observational check list:

To assess care provided to women at all phases of gynecological examination (**Seehusen DA, et al 2012**)

I- Pre examination: preparation of woman

- Psychological preparation :(relief fear and anxiety...etc)
- Physical preparation: (explain procedure, sterile examination area...etc)
- Environmental preparation: (adequate sterilization examination field...etc)
- Equipment, supplies preparation:(gloves, speculum, lubricant...etc)

2- During examination:

- Keep privacy.
- Keep environment clean: (change bed linen, keep bed dry, provide adequate light...etc)

- Keep mother at suitable position e.g lithotomy ...etc
- Sterile of external genital area (perineal care...etc)
- Handle examination instruments.

3- After examination:

- Perineal care and apply perineal pad.
- Keep woman at proper position.
- Return equipment, supplies.
- Discuss treatment as doctor order with woman.
- Discuss follow up examination visits with woman.
- Discuss time of return sexual relation with woman.

Scoring system:-

Care given for women during phases of gynecological examination was scored (1) if the response was done, (0) if it was not done.

Total care (performance score) score, was determined as the following:-

Unsatisfactory -----<60 %.

Satisfactory -----≥ 60 %.

Tool- III- women s' satisfaction assessment tool:

To assess women satisfaction regarding gynecological examination including satisfaction regarding care during examination, doctor role, nurse role, and environment.

Scoring system:-

Total women's satisfaction score was determined as the following:-

Unsatisfactory -----<60 %.

Satisfactory -----≥ 60 %.

Ethical Considerations:

- The aim of the study was explained to all women before applying the tools to gain their confidence and trust.
- The researcher took oral consent from women to participate in the study and confidentiality was assured.
- The data was collected and treated confidentially.
- All women have the freedom to withdraw from participation in the study at any time.

Operational Design:

***Preparatory Phase:**

Review of the current local and international related literature using books, articles and scientific magazines was done by the researcher. This helped to be acquainted with the problem, and guided in the process of tool's designing . the tools were then presented to experts for reviewing and validation.

***Pilot Study:**

A pilot study was carried for 10% (29) of women those were excluded from the main study sample. Its aim was to evaluate the simplicity ,clarity and applicability of the study tools and the time needed to fill in the questionnaire. According to the results of the pilot study , simple modifications were done

in the form of adding and omitting some questions.

***Field work:**

The study was implemented for six month, from the beginning of November 2015 to the end of April 2016. Implementation of study was carried out at gynecological unit affiliated at Benha university hospital.

- After administrative approval to conduct the study the researcher began the study by visiting setting there days per week, from 9 a.m. to 2 p.m.
- The researcher introduced herself , explained the aim of the study and oral consent was taken from each woman.
- Each participant was interviewed individually to collect personnel characteristics' and obstetric and gynecological history.
- The structured interviewing questionnaire sheet was given to women to assess their personal history.
- The time needed to complete the questionnaire ranged from 15-25 minutes.

- Care provided for each woman at different phases of gynecological examination was evaluated by the researcher utilizing check list performance assessment sheet.
- Woman' satisfaction regarding presented care during gynecological examination was evaluated by woman satisfaction assessment tool.
- All these steps were repeated until the determined sample size was collected.

Administrative design

An official approval was signed from the dean of the faculty of nursing at Benha university to director of Benha university hospital contains the title and aim of the study to obtain their official agreement to conduct the study.

Limitations of the study:

Five women refused to share in the study and other 7 were postponed due to the interference with time of gynecological examination but the researcher has to collect other 12 women.

Results:

Table (1):Distribution of personnel characteristics of the studied women. (n=286).

Variable	Frequency	%
Age in years		
20-	29	11.2
25-	83	32.0
30-	42	15.8
35-	28	10.8
40-	34	13.1
45-	44	17.0
Mean ±SD	39.34±10.09	
Residence		
Urban	138	51.5
Rural	121	47.5
Marital status		
Married	245	94.6
Not married	14	5.4
Educational qualification		
Illiterate	56	21.6
Secondary	93	35.9
Technical education	25	9.7
University	85	32.8
Occupation		
Working	104	40.2
House wife	155	59.8

This table illustrates that 32.0% of the studied women age group was ranged from 25-30 years old with the mean of 39.34±10.09. 51.5% of them were recruited at urban setting, 94.6% of them were married, and In addition 59.8% of them were housewives.

Table (2): Previous history of gynecological examination among studied women. (n=286).

Variable	Frequency	%
Previous gynecological examination		
Yes	80	30.9
No	179	69.1
Feeling during previous examination		
Shame	96	37.4
Fear of pain and diagnosis	83	32.4
Anxious	80	30.2
How the doctor examined you		
Only by observation	60	18.7
By observation & palpation	89	31.3
By instrumental examination	110	50.0
Having regular gynecological examination		
Yes	0	0.0
No	259	100.0

The table indicates distribution of the previous gynecological examination of the studied women, it was evaluated that 69.1% had no previous gynecological examination , 37.4% feel shame during gynecological examination 50.0% examined by instrumental examination.

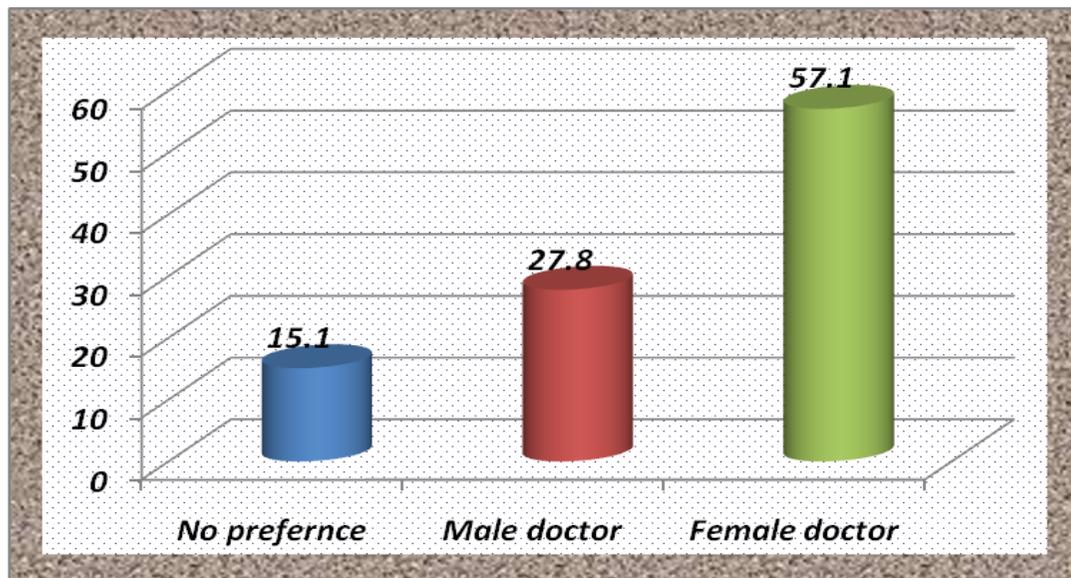


Figure (1): Percentage distribution of total score of preference gender of physicians to woman.

Table (3): Total score of care given for women undergoing gynecological examination in relation to their personnel characteristics . (n=286).

Variable	Total care given score				Chi square test	P value
	Unsatisfactory N=201		Satisfactory N=58			
	No	%	No	%		
Age in years					35.74	<0.001**
20-	29	14.4	0	0.0		
25-	72	35.8	11	19.0		
30-	28	13.9	13	22.4		
35-	13	6.5	15	25.9		
40-	30	14.9	4	6.9		
45-	29	14.4	15	25.9		
Residence					0.631	<0.05*
Urban	102	50.7	26	44.8		
Rural	99	49.3	32	55.2		
Marital status					4.27	>0.05
Married	187	93.0	58	100.0		
Not married	14	7.0	0	0.0		
Educational qualification					15.27	<0.05*
Illiterate	37	18.4	19	32.8		
Secondary	78	38.8	15	25.9		
Technical education	25	12.4	0	0.0		
University	61	30.3	24	41.4		
Occupation					5.49	<0.05*
Working	73	36.3	31	53.4		
House wife	128	63.7	27	46.6		

The table shows distribution of total score of care given for women undergoing gynecological examination in relation to their personnel characteristics, it was illustrated that there was a highly statistical significant difference between total care score and women s’ age (p<0.001**).while there was a statistical significant difference between total care score and studied women residence, educational qualification, and occupational status.

Discussion:

As regard personal characteristics, the results of current study revealed that, less than half of studied woman were less than 30 years with amean age of 39.34±10.09 ,(table) , this result is nearly similar to Abdelati et al.,(2012) who found that seventy four percent of studied woman were between 16-25 years , also Dusanka zaic, (2015) found

that thirty four percent of participants were between the age of 27-32 years.

On the other hand yanikkerem (2008) found that more than half of studied woman were in age group of 30 to 39 years. Results of the current study can negatively impact on woman knowledge and fear from examination due to the young age of woman, unlike other researches that older age of woman had increasing awareness and reduce fear from examination.

However Ricciard (2013) stated that there is no preference time for the woman to have their first gynecological examination. the decision to perform gynecological examination should be based on the age of the woman, her history and presenting symptoms and considerations of the additional value a pelvic examination will add in making a diagnosis.

In congruent with the results , State University of New York (2013) revealed that the young woman must have their first gynecological examination when they are around the age of 18 years old ,recommended earlier than 18 if they are sexually active or have a medical problem requiring gynecological examination. after the first examination , they should continue to have exams once a year especially if they are sexually active. a yearly examination can detect any abnormalities which may have developed and ensure early treatment.

Concerning marital status, the result of the present study revealed that majority of studied woman were married. This result was in agreement with Abdelati, (2012) who reported that most of studied woman were married ,also this study agree with Timur S et al (2016) who found that the most of studied woman were married ,this finding can be explained from the researcher's point of view as married woman going for gynecological examination than not married may be due to the oriental culture , traditions and beliefs related to gynecological examination.

Regarding educational level, education for woman is very important for increasing awareness toward gynecological examination and reproductive health, this study found that the most of studied woman had secondary education, this result was in agreement with (Abdelati.,2012) who found that the majority of their study was secondary education , also zaic, (2015) who said that the most of the studied woman were secondary education. This results was in dis agreement

with Yanikkerem (2008). who reported that about two thirds of woman had elementary education.

From the point of the researcher view this might affect the size of their awareness and information about gynecological examination because of secondary schools are considered less qualified than high education university, and when scientific level increased, the bulk of knowledge should be increased about examination and give positive effect.

In relation to residence and occupation of the studied woman , the present study found that more than half of them were lived in urban area and two third of them were house wives , this finding was agreed with Abdelati,et al .,(2012) &Zaic ,(2015) who reported that the most of the studied woman lived in urban area and house wives. this finding can be explained from the researcher's point of view as urbanized woman has more positive attitude for going to gynecological examination than rural woman , in addition, the families in rural areas have false beliefs and negative traditions towards gynecological examination .

Regarding, feeling during examination the present study revealed that nearly two fifth of the studied woman felt shame and one third of them felt fear and anxiety during the examination ,this result is disagree with Yanikkerem, (2008) who reported that one half of the studied woman was felt with fear and anxiety. This result in the same line with Hasaneen ,(2012) who reported that one half of the studied women feel with fear and anxiety during examination. Also Timur ,(2016) who found that the majority of the studied woman felt with shame.

Regarding, examination by the doctor the present study found that one half of the studied woman examined by instrument .this result was disagreement with Abdelati,

(2012) who showed that the majority of the studied woman examined by observation and palpation.

Concerning preference to doctor gender, the present study showed that the majority of the studied woman prefer female gender, this study is similar to the study conducted by Yanikkerem, (2008), also Zaic, (2015) who stated that the majority of the studied woman prefer female gender this may be due to embarrassment and shame from male gender and woman doctors more empathetic and better listeners.

Relation between total score of care given to woman and their personnel characteristics.

Concerning the relation between total score of care given for women undergoing gynecological examination in relation to their personnel characteristics, it was illustrated that there was a highly statistical significant difference between total care score and women's age ($p < 0.001^{**}$). While there was a statistical significant difference between total care score and studied women residence, educational qualification, and occupational status.

This result was in the line with Abdelati et al., (2012) who mentioned that there were highly statistical significant difference observed between attitude score in favor of older women than younger, urban residents than rural and educated women than illiterate regarding their first gynecological examination.

At the end health care providers should educate the physiological and psychological needs of the women, maintain confidentiality toward women, good communication to increase positive impact and decrease woman's stress and anxiety because the early gynecological examination is the gate for good reproductive health for well babies. (Cavanaugh et al., 2011)

Conclusion

Based on the finding of the current study, the present study concluded that more than half of the studied woman had unsatisfactory care regarding pre and after gynecological examination. In addition, nearly half of studied woman had unsatisfactory care during gynecological examination, also, there was a highly statistical significant difference between total care score, women's age and total care gynecological examination ($p < 0.001^{**}$). Moreover, the present study shows that there was a statistical significant difference between total care score and studied women residence, educational qualification, and occupational status.

Recommendations:

- Educational programs regarding gynecological examination are recommended for all health care providers working at obstetric and gynecological units.
- Nursing practice during gynecological examination need to be developed during examination (pre, during, follow) in order to improve woman's satisfaction through:

Demonstrating workplace training regarding gynecological examination.

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