

## FEMALE'S KNOWLEDGE AND SATISFACTION REGARDING FIRST GYNECOLOGICAL EXAMINATION

MayI.<sup>1</sup>, Kamilia A.<sup>2</sup>, Mouhamed E.<sup>3</sup>, Samia I.<sup>4</sup>,

<sup>1</sup>B.S.C nursing Faculty of Nursing Mansoura University.

<sup>2</sup>Prof. of Maternity and Neonatal Nursing, Faculty of Nursing Ain Shams University

<sup>3</sup>Prof. of Obstetrics and Gynecology, Faculty of Medicine Mansoura University.

<sup>4</sup> lecturer of women's and midwifery health, Faculty of Nursing Mansoura University.

### Abstract:

**Aim of this study:** the study was designed to assess female's knowledge and satisfaction regarding first gynecological examination. **Research question:** Does women undergoing gynecological exam positively satisfied with this experience? **Setting of the study:** the study was conducted in outpatient of Obstetrics and Gynecology department at Mansoura University Hospitals. **Study Design:** Descriptive study design carried out for all women admitted to gynecological outpatient clinic for 3 days a week from (9:00 am to 12:00 pm) for 6 months. **Methods:** The study design was conducted in Obstetrics and Gynecology outpatient clinic at Mansoura University Hospitals on 176 examined women. **Sample type:** convenient study sample. **Sampling criteria,** all women admitted to gynecological outpatient clinic, for first gynecological examinations. -Age range (18-40)y. **Tool of Data Collection:** two tools were used for data collection. The first tool was a structured interviewed questionnaire schedule; that was divided into two parts, which included women's general characteristics and women's knowledge's regarding first gynecological examination, second tool, was women's satisfaction was measured pre and post gynecological examinations. **Results:** The study findings revealed that near to three quarter of women's age (73.8%) was ranged from 20-30 years old, and were rural residence, slightly above half of women (50.6%) had knowledge about the importance of gynecological examination, and above half of women (53.4%) were had instructions before gynecological examination. While, near to three fifth of women's (59.1%) were think that, gynecological examination may had complications on women's reproductive health. Also, near to three fifth of women (58.5%) were unsatisfied with the conduct of health team during a gynecological examination, and with the test methods; and near to half of women (49.4%) were not satisfied with the health team explanation about the importance of screening steps to a woman. **Conclusion:** women need to increase knowledge about gynecological examination, and health care providers should increase guiding and co-operation with women during gynecological examination. **Recommendations:** increase women knowledge and awareness about importance of gynecological examination; and training program for health care providers to increase guiding of co-operation and interactive communication skill with women during gynecological examination

**Key word:** Gynecological examination, Knowledge, Satisfaction, awareness, communication

### Introduction

Taking care of reproductive and sexual health is an important part of being a female. It's perfectly normal to feel a nervous, anxious or worry about a gynecological

exam, especially the first time. Knowing what to expect and how to prepare can relieve some of the nervousness and tension. (Akarer ,2009),

Gynecological examination is an essential part of gynecological care and is the most commonly performed procedure in gynecological practice. A large number of women in the world will have a gynecological examination at some time in their lives, and some may undergo several examinations during their lifetime. (Nylenna, 2010; Wijma et al., 2009).

Gynecological examination procedures. aimed to assess the health and well-being of a woman's reproductive system early detection of cancer cervix also diagnosis of possible infertility, infection woman examinations are a proactive way to maintain a good health by identifying risk factors, discussing lifestyle choices, and catching potential problems before they become serious issues. (Akarer2009)... (Gloria, Hilden, Sidenius, 2012).

Gynecological examination is used to assess the mons, vulva, vagina, cervix, uterus, ovaries, and fallopian tubes and to note the urethra and bladder region. It is typically conducted annually starting at age 21 years. This is to protect from cervical cancer. Detecting problems early can help in getting the appropriate treatment you need to keep healthy. The pelvic exam is a very important part of a woman's periodic

gynecological visit, also called a gyn. exam (Dipik, 2013)

The examination is a basic tool of physical diagnosis and can be performed by either physicians or trained health professionals. Few studies have addressed women preference concerning pelvic examinations alone, but about 45% of women reported that they would prefer a female doctor for their gynecologic care, 4.2% reported that they would prefer a male doctor, and the remaining women expressed no preference. Many women anticipate that the nurse assisting the physician will give them additional information about the pelvic examination. (Fiddes et al., 2013)

Women must be free to explore any negative feelings such as fear of illness, anxiety, pain, traumatic pain, discomfort ,embarrassment, numbness, Many women have negative experiences of gynecological examination if they receive insufficient information about how the examination is performed cold instruments, and lack of gentleness from the examiner . woman's first pelvic exam can be traumatizing and there are many other, psychological harm as loss control, dissociation, invalidation, dehumanization ,distrust, fear, despair and hopelessness (Sahar, 2012).

Additionally woman's first gynecological exam can be a stressful event moreover having a clear understanding and explanations of what will happen can help to alleviate the anxiety and uneasy, it was very important for the woman to participate by receiving information during the gynecological examination. **(Szymoniak & Cwiek, 2009).**

Regular gynecological exams is very essential for every woman becomes sexually active If there is anything to be concerned, difference gynecological examination types should be performed in a way that makes it apposite experience, and satisfied to woman's expectations, as expectation means looking forward or prospect, this expectation are based on effectiveness of care, quality of the care they receive, there positive or negative attitude towards gynecological examination **(Liewellyn, 2010).**

Nursing paly an important role in preparation representing re-examination task, which plays an essential role in gynecological examination many steps before the examination women should informed as having a shower at the night before the scheduled exam, do not wash the vaginal area, do not introduce anything to the vagina beforehand gloving,

including prescribed medical treatments such as creams. This also includes the insertion of tampons, do not use a female vaginal spray before an exam, do not have sexual intercourse 24 hours before the gynecological exam, empty women bowels, empty bladder before the exam, weight, blood pressure and possibly height will be checked, gynecological examination should be scheduled for a time when women's are not menstruating, because the blood will interfere with viewing the cells needed for a pap smear **(Dipika, 2013).**

During the pelvic exam, physician assess signs of infection and other conditions. It will most likely include taking a few cells from the cervix for a Pap test. This is to protect from cervical cancer. **(Lunde, 2012).**

After gynecological examination women should make an appointment immediately if women experience any of the following: severe pain in the abdomen or pelvis, unusual pain in the vagina, unusual discharge, itching or bumps in or around the vagina, exposure to a sexually transmitted disease, severe dysmenorrhea, abnormal periods, breast discharge, changes in the size or skin of the breasts, or pain during intercourse. **(Pairman et al., 2013).**

Gynecological nurses should guide women step-by-step on the procedure. Like a regular doctor's visit, the nurse should take women height, weight, and blood pressure, after the basics. Gynecological nurses should help female to be ready for gynecological exam by instructing her to gown and remove all her clothing – including the underwear. The nurse should ask women a series of questions ranging from if she is sexually active to her periods and how long they last. want STD or HIV/AIDs testing. (Moettus., & Sklar., 2009).

Gynecological examination requires nurse–patient interaction that involves a high degree of personal intimacy, and it requires the patient to uncover and to expose intimate parts of their body. These individuals often prefer to be seen by female physicians in the belief that female physicians are more empathetic and thus would provide better and more thorough care (Larsen, Oldeide, Materud.,2012).

Good emotional contact is established by showing empathy and having time to listen to the patients' needs, expectations and worries, as well as giving them information on procedures. Most women expected doctors to provide an explanation about their health situation and to communicate with them. Women

will became more positive (Larsen et al 2010).

Nurse has an important role to minimize embarrassment and tension during examination, she should enhance the quality of adjustment and promoting effective coping strategies for promoting feelings of wellbeing, comfort and satisfaction, information, emotional support, and assistance in providing and obtaining care are needed. Helping family members by identifying community resources and making referral to social services postpartum follow up and visits from a psychiatric health nurse are especially important(Laura& Abrams. 2011).

#### **Significance of the problem**

Gynecological examination consider stressful event for most women due to lack of information, loss of cooperation and interaction during exam which may lead to biological and psychological disorders, no pervious study was conduct at Gynecological and obstetrics Nursing Department, Faculty of Nursing, Mansoura University.

**Aim of this study:** the study was designed to assess s female's knowledge and satisfaction regarding first gynecological examinations. **Research question:** Does women undergoing gynecological exam positively satisfied with this experience?

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## **Subjects and Method**

### **Setting:**

The study was conducted in outpatient clinic of Obstetrics and Gynecology Department at Mansoura University Hospitals.

### **Study Design**

Descriptive study design carried out for all women admitted to gynecological outpatient clinic for 3 days a week from (9:00 am to 2:00 pm) for 6 months.

### **Subjects:**

All women attended to gynecological outpatient clinic for 3 days a week from (9:00 am to 2:00 pm) for six months started from August-2015 to January-2016. Participants were selected according to inclusion criteria such as (Admitted for first gynecological examinations, and age range (18-40) years).

### **Sample type:**

Convenient study sample.

### **Ethical considerations**

Ethical approval obtained from the research committee of the faculty of nursing.

Official permissions obtained from the head of Obstetrics and Gynecology department and the Director of Mansoura University Hospital.

The objective of the study explained to the studied population and their oral consents obtained.

All ethical issues considered in dealing with obtained information.

Women had the right to withdraw from the study at any time, and their data were confidential.

Confidentiality of the collected data will be maintained.

Privacy of the study sample will be assured.

After analysis of data collection was begun to promote female confidence.

### **Tools:**

To achieve the aim of this study, two tools used for data collection.

### **Tool I: a Structured Interview**

#### **Questionnaire schedule:**

**Part I:** It designed to assess the socio-demographic characteristics of the participants (e.g., age, residence, educational level, occupation, marital status). Obstetrical, medical and surgical history, details of current complaint.

**Part II:** Evaluate women's knowledge regarding gynecological examination as, definition, importance, indications, contraindications, technique, types, Preparations which will include eight questions, each question will be evaluated as- (2) Score for correct answer. - (1) score for incorrect answer.

**Tool III:** Women's satisfaction will be measured pre and post gynecological examinations which will be scored at the following:

-Satisfied, Un Satisfied.

-Certainly un satisfied.

Tools sent to 3 juries according their comments modification was done.

**Administrative Design**

After clarifying the aim of the work, approval to undertake the study gained from the directors of the hospital.

**Operational Design**

This design includes preparatory phase description, pilot study, and fieldwork.

***Preparatory Phase***

After extensive literature review, tools of data collection were prepared based on review of related literatures.

***Pilot Study***

A pilot study conducted on 10% of the predetermined sample size. Questionnaire sheet validated before the participants were included. Validation tested to confirm that the questions consistently delivered to women and that they carry the intended meaning they were designed for. It also helped to estimate the time needed to complete the questionnaire. The results of the pilot indicated that the statements of the questionnaire were clear and relevant, and few words and items modified.

***Field Work***

▪ The researcher visited the previous mentioned settings from 9:00 am to 2:00 pm for three days per week for six months.

▪ Firstly the researcher interviewed each female in separate place, introduced herself to each participant, a full explanation about the aim, and scope of the study was given to obtain women's acceptance and oral consent. Complete instructions regarding answering the questionnaire sheet were given.

**Results:**

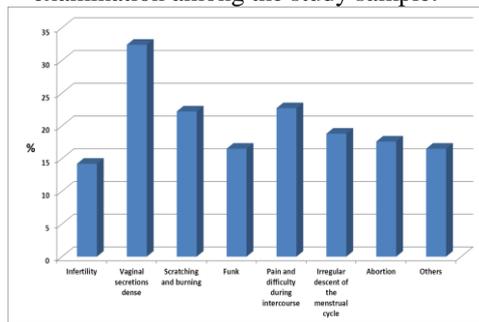
**Table1.** Frequency distribution among studied women according to their socio-demographic characteristics.

<b>Total number</b>	<b>176</b>	
<b>AgeN %</b>		
18-20years	27	15.3
20-30years	128	72.7
30-40years	20	11.4
More than 40 years	1	0.6
<b>Residence</b>		
Rural	129	73.3
Urban	47	26.7
<b>Education</b>		
illiterate	2	1.1
Primary education	13	7.4
Preparatory education	6	3.4
Moderate education	90	51.1
Up moderate education	20	11.4
Academic education or more	45	25.6
<b>Marital status</b>		
Single	17	9.7
Married	158	89.8
Widow	1	0.6
<b>occupation</b>		
Working	44	25
House wife	132	75

This table shows that, near to three quarter of women's age (72.7%) were ranged from 20-30years old. Also, near to three quarter of (73.3%) women's residence was from rural area. More than half(51.1%) women's education was moderate education. The majority of women were married (89.8%) also Three quarter of

women's job (75%) was house wife.

**Figure1:** show frequency distribution regarding reasons for gynecological examination among the study sample.



**Figure(1)** shows that, most common women's reasons for gynecological examination (32.4%) were excessive vaginal secretions, and near to one third dyspareunia (22.7 %), Itching and burning sensation (22.2%), and respectively were Irregular menstrual cycle(18.8%).

**Table 2:** Frequency distribution regarding study sample knowledge concerning first gynecological examination:

Knowledge of women	Correct		Incorrect	
	No	%	No	%
Definition of gynecological examination	72	40.9	104	59.1
Importance gynecological examination	89	*50.6	87	49.4
Indications of gynecological examination	95	54	81	46
Contraindication cases for gynecological examination	74	42	102	58
Knowledge about preparation for gynecological examination	85	48.3	91	51.7
Types of examinations	66	37.5	110	52.5
Instructions before examination	94	*53.4	82	46.6

Table (2) shows that, the more than half of women (53.4%) were know Technique of gynecological examination conditions and (54%) of women were had correct answer for indications of gynecological examination also the majority of

women had correct knowledge about importance of gynecological examination .while more than one half (52.5%) had incorrect answer regarding types of gynecological examination.

**Table (3):** Frequency distribution regarding women satisfaction toward Health team during gynecological examinations

Element	Satisfied		Unsatisfied		Certainly un satisfied	
	No	%	No	%	No	%
You satisfied with dealing with health team during a gynecological examination	62	35.2	103	*58.5	11	6.3
You satisfied with the first a gynecological examination	60	34.1	103	*58.5	13	7.4
Health team explain the importance of screening steps to a woman in a satisfactory manner	61	34.7	85	*48.3	30	17.0
Health team explain the possibility of the occurrence of any side-effects and when a woman can return to gyne.& obs. clinics	57	32.4	95	*54.0	24	13.6

Table (3) shows that, more than half of women (58.5%) were unsatisfied with the dealing with health team during a gynecological examination, and with the way of technique while (35.2%) were satisfied; near to half of women (48.3%) were unsatisfied with the health team explanation of the importance of screening steps to a woman although(34.7) were satisfied. Also, more than half of women (54%) were unsatisfied with the health team explanation of the possibility of the occurrence of any side-effects and when a woman can return to gyne. & obs. Clinics while (32.4) were satisfied.

**Discussion:**

The aim of the present study was to assess women's expectations regarding first gynecological examination. This aim was significantly achieved through present study research question. The result of this study answered research question which is does women undergoing gynecological examination positively satisfied with this experience which found that. more than half of women were unsatisfied with the communication of health team during a gynecological examination, and with the way of technique while near to half of women (48.3%) were unsatisfied with the health team explanation of the importance of screening steps to a woman

although, more than half of women (54%) were unsatisfied with the health team explanation of the possibility of the occurrence of any side-effects and when a woman can return to gyne. & obs. Although satisfaction with gynecological exam is one factor motivates women to seek and continue gynecological, while dissatisfaction with gynecological exam often results in decreased utilization of those services. (Ivanon, 2012,) represent that when female satisfied with health team way of consulting gynecological exam they will repeat the experience.

**Amal, 2011** department of obstetrics & gynecological nursing department, Ain Shams University, Egypt. Stated that providing women with simple information, good communication, active interaction that can assist in decreasing barriers and clarifying any misconceptions and even so this will increase satisfaction. Regarding Socio-demographic characteristics for women of the study sample:

This study revealed that, near to three quarter of women's agewas ranged from 20-30years old. Also, near to three quarter of women's residence was at rural area. More than half women's education was moderate education (diplom). Three quarter of women's marital status was married also, Three

quarter of women's job was house wife. This result was supported by **Ronn(2010) et, Smith(2011)** in Texas Queen's University medical students for adequately prepare medical students to undertake a first female pelvic examination, But they were disagreeing with (**Emre&Ayşe,2011**) in which they found women's age for first gynecologic AL examination was ranged from (18 to 24) years and more common in urban residence, with women's marital status was unmarried but also this agreed present study finding which stated that women's education was moderate education also women's occupation were more common house wife women.

This result in contrast with American College of Obstetricians and Gynecologists, 2011 which found in their study that initial visit for screening and the provision of reproductive preventive health care services and guidance should take place between the ages of 17 years and 22 years This may be a patient's first visit to an obstetrician-gynecologist. From a developmental standpoint, patients of this age may manifest characteristics of early, middle, or late adolescence. Also **Sylvester and Mornar ,2010** ensured that . An attempt to determine the women's developmental stage is helpful during the interview and evaluation. Women's residence was

at urban area. More than half women's education was still educated, women's marital status was un married also, women's job was not working.

The present study revealed that the majority of women were not suffering from obstetrics conditions before. While their gynecological reasons for outpatient consultation included chronic pelvic pain, abortion irregularity of monthly cycle, infertility, vaginitis and dyspareunia, and excessive vaginal discharge. This result supported by **Hanna, Karin & Carina, 2011** in Faculty of Health Sciences, Linköping University, Sweden. Who found that most women attended the clinic for routine assessment of pelvic problem, such as vaginitis, Irregularity of monthly period, dyspareunia or excessive vaginal secretion and women attended because of pregnancy problems as infertility and abortion. And this result was in the same line with (**Lizette, 2014**)and also supported by supported also by (**Adler, Jr, Irwin, 2013**)who found that most women attended the clinic for as infertility and abortion.

As regarding women's knowledge our present study revealed that more than half of women were know technique of gynecological examination conditions and also women were had correct answer for indications

of gynecological examination also the majority of women had correct knowledge about importance of gynecological examination while more than one half had incorrect answer regarding types of gynecological examination.

**Conclusion:**

This study surveyed women attending an gynecological outpatient clinic about their knowledge towards pelvic examination and their satisfaction of the practitioners. The study also aimed to get feedback from women. This was necessary to determine and improve the quality of the health service. The women need to increase knowledge about gynecological examination, and health care providers should increase guiding and co-operation with women during gynecological examination.

**Recommendations:**

Educational program for women to increase their knowledge about gynecological examination; and training program for health care providers.

To investigate nurse perception, knowledge and attitude regarding first gynecological examinations, As the experience of the first pelvic examination was such a key experience future research, it was a great challenge for the obstetric/gynecological profession to try to change the experience of the first pelvic examination into a

positive experience although improves women's good health and well-being and decreased incidence of morbidity and mortality rate.

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