Women's opinions about stress during a visit to the gynaecologist's office

Opinia kobiet na temat stresu związanego z wizytą w gabinecie ginekologicznym

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Key words: women's expectations, gynaecologist, gynaecological examination, gynaecological surgery.

Słowa kluczowe: oczekiwania kobiet, ginekolog, badanie ginekologiczne, gabinet ginekologiczny.

Abstract

Introduction: According to the guidelines of Royal College of Obstetricians and Gynaecologists gynaecological treatment (including the treatment with a speculum and bimanual treatment and test nipple) is one of the most intimate medical procedures that in many women can cause a feeling of shame and embarrassment. At the same time, in some patients, the study calls so considerable discomfort, anger and embarrassment and even if they don't tell, they may experience prolonged stress resulting from the unpleasant and traumatic experience.
Aim of the research: To investigate the opinions of women about the stress associated with their visit to the gynaecologist's.
Material and methods: The study included 331 anonymous, non-pregnant, randomly selected women. The respondents were divided into three age groups: the first group were women aged 29 years and below, the second group aged 30–39, and the third group aged 40 years and above. The study was conducted in the author's private gynaecological office and in the Faculty of Health Sciences at the University of Jan Kochanowski in Kielce. The measurement tool was a survey of his own authorship.
Results and conclusions: The greatest stress associated with gynaecological examination accompanied the woman aged 29 years and below, and the smallest at the age of 40 years and over (respectively, 46% and 35%). For most women, the gender of the gynaecologist does not matter when choosing a doctor. The opinion of the studied woman states that the most embarrassing moment of a visits at the gynaecologist is sitting down on the specialist chair and the gynaecological treatment, whereas the highest stress is evoked by the palpation through the anus and vagina. The frequency of reporting for a gynaecological examination decreases with the women's age. Most women during the gynaecological treatment visit feel safe when alone with the doctor. Women expect the gynaecologist to be nice, talkative, and calm. When choosing a gynaecologist, patients usually guide themselves by the opinion of other women.

Streszczenie

Wprowadzenie: Według wytycznych Royal College of Obstetricans and Gynaecologists badanie ginekologiczne (obejmujące badanie za pomocą wziernika, badanie dwuręczne i badanie sutków) stanowi jedną z najbardziej intymnych procedur medycznych, która u wielu kobiet może wywoływać uczucie wstydu i zażenowania. U niektórych pacjentek badanie wywołuje znaczny dyskomfort, gniew oraz zażenowanie i jeśli nawet o tym nie mówią, mogą doświadczyć długotrwałego stresu wynikającego z nieprzyjemnego i traumatycznego przeżycia.
Cel pracy: Poznanie opinii kobiet na temat stresu związanego z wizytą w gabinecie ginekologicznym.
Materiał i metody: Anonimowymi badaniami objęto 331 losowo wybranych kobiet niebędących w ciąży. Respondentki podzielono na trzy grupy wiekowe: I grupę stanowiły kobiety w wieku 29 lat i poniżej, II grupę – kobiety w wieku 30–39 lat, a III grupę – kobiety w wieku 40 lat i powyżej. Narzędziem pomiaru była ankieta własnego autorstwa.
Wyniki i wnioski: Największy stres związany z badaniem ginekologicznym towarzyszył kobietom w wieku 29 lat i poniżej, a najmniejszy kobietom w wieku 40 lat i powyżej (odpowiednio 46% i 35%). Dla większości kobiet płeć ginekologa nie ma większego znaczenia przy wyborze lekarza. Według kobiet najbardziej krępującym momentem wizyty u lekarza ginekologa jest siadanie na fotelu ginekologicznym i badanie ginekologiczne, przy czym największy stres wywołuje badanie palpacyjne przez pochwę. Częstość zgłaszania się na badanie ginekologiczne zmniejsza się z wiekiem kobiet. Większość kobiet w trakcie wizyty w gabinecie ginekologicznym czuje się bezpiecznie w kontakcie z lekarzem (sam na sam). Badane kobiety oczekują od ginekologa, aby był miły, rozmowny i spokojny. Przy wyborze ginekologa pacjentki kierują się głównie opinią innych kobiet.

Introduction

According to the guidelines of the Royal College of Obstetricians and Gynaecologists, gynaecological treatment (including the treatment with a speculum and bimanual treatment and test nipple) is one of the most intimate medical procedures, which in many women can cause a feeling of shame and embarrassment. At the same time, in some patients, the study revealed considerable discomfort, anger, and embarrassment, and even if they do not mention it they may experience prolonged stress resulting from the unpleasant and traumatic experience [1].

The ability to properly communicate with the patient is part of the doctor's duty and is often neglected or downplayed. The proper doctor-patient communication depends on the effectiveness of diagnosis and of the gynaecologist's examination. Additionally, effective communication ensures patient satisfaction and of their own medical professional activities. Thus, it is a skill that determines the canons of medical professionalism [2].

Aim of the research

The aim of the study was to investigate the opinions of women on the stress associated with their visit to the gynaecologist's.

Material and methods

The anonymous study included 331 randomly selected women. The respondents were divided into three age groups: first group were women aged 29 years and below, the second group were women in the age range 30–39, and the third group were women aged 40 years and above.

The study was conducted in 2012–1013 in the author's private gynaecology office (162 respondents) and among students of the Faculty of Health Sciences at the University of Jan Kochanowski (169 respondents). The study was conducted by using a diagnostic survey of own authorship, which contained data acquisition imprint of female patients and nine relevant questions.

The results were shown in Figures 1–9.

Results

The analysis of a survey conducted among gynaecological patients and students of the University of Jan Kochanowski in Kielce. The study included 331 anonymous women of all ages. For more accurate analysis they were divided into three age groups and were tested for a significance level of 0.05.

Among the 331 respondents, the largest group were women aged 29 years and below – 62.3%, aged 30–39 years – 22.3%, and aged 40 years and above – 15.4%.

As is clear from the survey, the biggest stress of gynaecological examination accompanied women aged 29 years and below. There is no dependence between the age of women and the stress of the examination. We formulated the hypothesis.

Calculations showed that the value of statistic is typical (χ^2 = 8.31 value does not belong to critical region from 9.49). So there is no reason to eliminate the null hypothesis. There was no correction between stress during gynaecological examination and the age of women. Graphical presentation of results can be seen in Figure 1.

As is clear from the survey, only 10% of women aged 40 years and above visit the gynaecologist more often than once a year. Test at the level of significant showed that the age of women had a significant impact on this (χ^2 = 46.66 the critical region 15.91) (Figure 2).

Statistically significant for most women, of all ages, the gender of the gynaecologist does not matter when choosing a doctor. However, they often chose a male gynaecologist. Test of independence showed that women's preferences in the gender of her gynaecologist depend on the women's age (χ^2 = 14.79 the critical region 9.49) (Figure 3).

As is clear from the survey, the majority of women, regardless of age, when selecting a gynaecologist

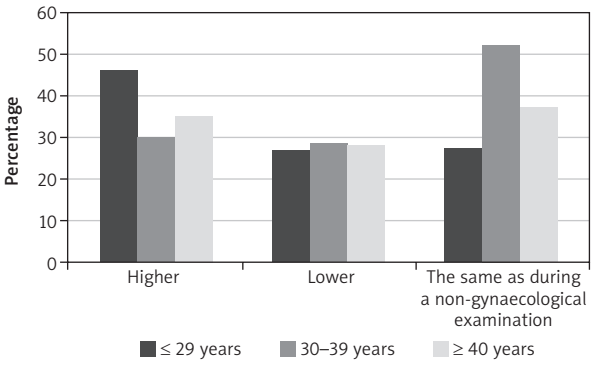

Figure 1. Level of stress during the gynaecological examination

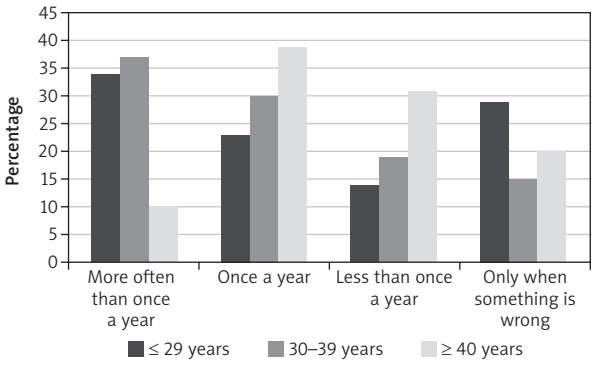

Figure 2. Frequency of gynaecological visits

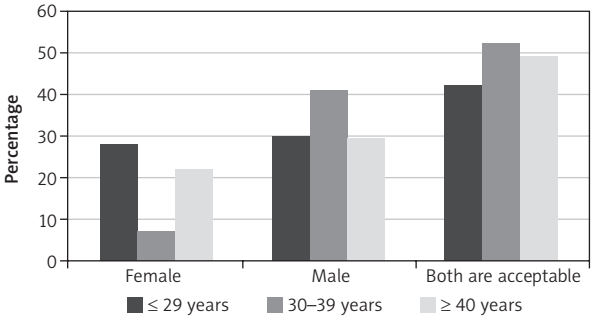

Figure 3. Relative preference for gender of gynaecologist

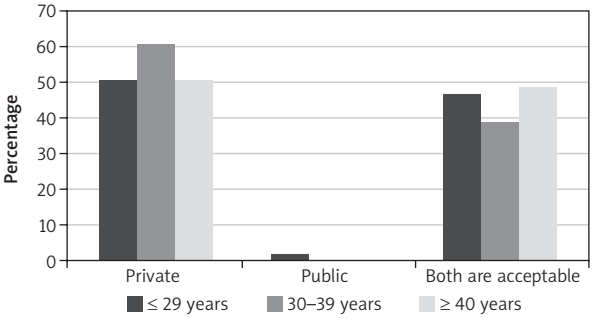

Figure 5. Relative preference for the private and public health systems

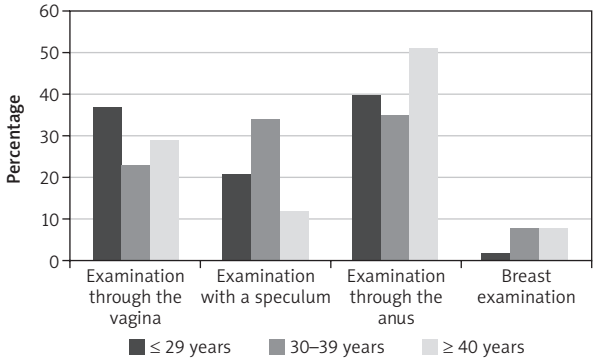

Figure 7. The most embarrassing part of a gynaecological examination

are primarily guided by the opinion of other women. None of the respondents would choose a gynaecologist based on mass media advertising. Important is the fact whether the gynaecologist is also working in a hospital (regardless respondents age) (χ^2 = 9.77 the critical region 15.51) (Figure 4).

The most trusted women enjoy receiving the gynaecologist in a private office. This was said by over 50% of women. Test of independence showed that variables are independent (χ^2 = 3.86 the critical region 9.49) (Figure 5).

The results showed that the most embarrassing moment during a visit to the gynaecologist occurs

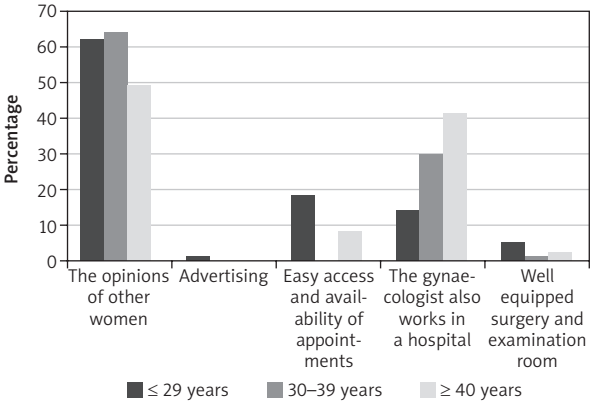

Figure 4. Determinants of women's choice of gynaecologist

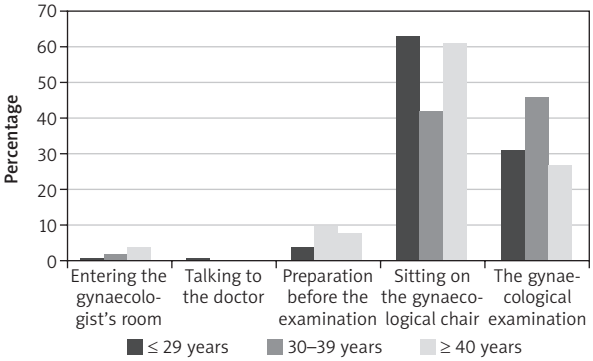

Figure 6. Most embarrassing moments during a visit to the gynaecologist

when sitting down on the gynaecological chair. Only for women aged between 30 and 39 does the most embarrassing moment occur during the examination. Test of independence showed that women's opinions depend on their age (χ^2 = 56.41 the critical region 15.51) (Figure 6).

The most embarrassing stage of the gynaecological treatment is the examination through the anus. Statistically significantly more frequently it is the most uncomfortable part of the consultation for women aged 40 and above and for women aged 29 and below. The variables are dependent for a 0.05 significance level (χ^2 = 14.12 the critical region 12.59). It seems that the percentage of women who chose the examination through the anus as the most embarrassing was inflated. Probably most of them never experienced that kind of examination because it is not a standard gynaecological examination. According to the surveyed women, breast examination is the least embarrassing stage of the gynaecological examination (Figure 7).

The vast majority of respondents, regardless of age (as much as 83%) feel more confident when alone with the doctor. Only a small group of women would like to see the presence of another person (the second doctor,

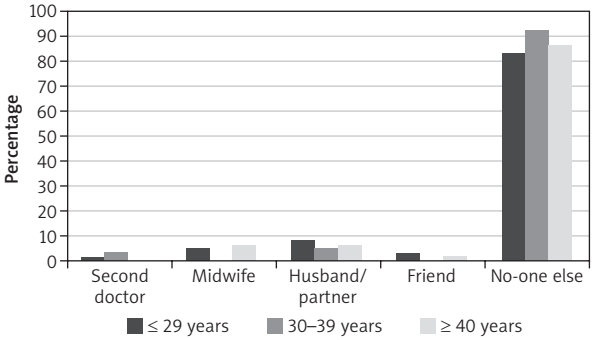

Figure 8. Relative preference for the presence of a second person in the examination room

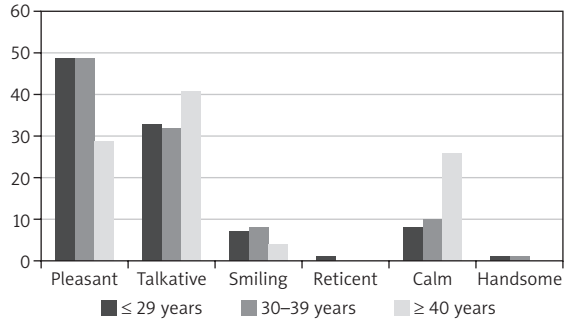

Figure 9. What qualities the gynaecologist should have

midwife, husband, partner, friend) during the visit at the gynaecological office. Decisions are not age dependent (χ^2 = 13.29 the critical region 15.51) (Figure 8).

According to the respondents, the most significant thing is that the gynaecologist was talkative and nice, but also, to a lesser extent, calm. The less significant thing to the patient is doctors age. Decision are regardless of women age (χ^2 = 34.61 the critical region 23.68). According to the author's opinion, analysing the gynaecologist's professionalism and competence does not matter because there are no patients who wish to be examined by incompetent and unprofessional gynaecologist (Figure 9).

Discussion

In the analysed material, in accordance with the results of other authors [3–7], gynaecological treatment for most women is a stressful situation. Our study showed that the most negative feelings accompanied woman aged 29 years and below (46%) and aged 40 years and over (35%). The majority of patients aged 30–39 felt the stress of the gynaecological treatment at the same level as at any other medical examination (55%). These results differ from those presented by Szymoniak *et al*. [3], where it was found that the women who felt embarrassed at the gynaecological treatment were almost identical in all age groups (60.0–67.0%).

Gynaecological treatment constitutes the basis of the diagnosis and treatment of diseases of women, and so, for the prevention of female genital diseases it is essential to have regular checks at a medical office. According to Szymoniak *et al*. [3], the largest number of women to 40% reports to the gynaecological treatment once a year, 32% every 6 months; however, unfortunately as much as 19% report less often than once every 24 months. Similar results were obtained by Piskorz *et al*. [8], where 80% of women reported for gynaecological treatment combined with cytology every 12 months. Wychowaniec *et al*. [9] reported that 42 from among 99 women in the study, who had a cervical test performed and remembered having one performed (42.2%), underwent a cervical test every 2 years, 31 (31.31%) respondents did so every year, whereas 4 (4.04%) respondents had the test every 5 years. In our study we are concerned that in the group of women aged 40 years and above, up to 31% report to their doctor less than once a year, and 20% only when there is something wrong with them.

According to most authors, more than half of women prefer a female gynaecologist [3, 10, 11]. In our study, in the group of students of UJK, 43.2% of them, aged 29 and below preferred a woman gynaecologist, and for 37.1%, the sex of the doctor was not important in the age group 30–39 years, 33.3% and 41.7%, and aged 40 years and over – 36.0% and 36.0%. Different results were obtained Szymoniak [12], where the majority of women prefer a male gynaecologist (65.9%). A woman gynaecologist was chosen by 27.9% of patients, while for 6.2% of respondents the sex of doctor did not matter. Residents of the village, significantly more often preferred to be examined by a male gynaecologist (70.9%) than women living in the city (62.7%). Patients in maternity wards and departments of pathology of pregnancy significantly more often chose for their doctor a man, while in private clinics and gynaecological wards a female was preferred (respectively 76.0%, 72.0%, 66.0%, 60.2%).

Regardless of age, most women when choosing a gynaecologist direct themselves by the opinion of other women (age group I – 62%, 64% II, in III 49%). It is noteworthy that with increasing age of the respondents, whether the gynaecologist is also working in the hospital becomes more significant (in the age group I – 14%, in the second – 30%, III – 41%) According to Gruszka *et al*. [11], 93% of surveyed people wondered what gynaecologist they should go to, before the visit 52% of them were guided by the opinion of friends and 41% the opinion of family members.

The majority of surveyed students believe that it does not matter whether the doctor is working in a private office or a "state" one, as confirmed by 80.0% of women aged 40 years and above, 83.3% aged 30–39, and 54.5% aged 29 and below.

The survey shows that the most embarrassing moments of visit at the gynaecologist is: sitting on a gynaecological chair (62% in group I and 60.8% in group III). In the second group the most stressful thing was the gynaecological examination – 45.9%. According Szymoniak [12], for women aged up to 40 years, the most embarrassing moment of visits at the gynaecologist was to lie down on the gynaecological chair (38%), while for older women it was the gynaecological examination (35.2%). In a study conducted by Yanikkerem *et al*. [13] it was found that for 41.8% of patients the gynaecological examination was a sense of loss of dignity. The authors also found that one of the most important reasons for concern of women during a visit at the gynaecologist was to lie down on a gynaecological chair. In studies by Seehusen *et al*. [14], respondents felt significantly less discomfort during the gynaecological treatment when it took place on a gynaecological chair or couch without stirrups.

The rectal exam is the most embarrassing stage of gynaecological examination, regardless of age (51% in group I, 35% in group II, and 40% in group III). In the age group 30–39 years, in the second place was the treatment in speculums – 34%, and in the age group 29 years and under examination by the vagina – 37%. For the least stressful, surveyed woman recognised breast examination – 8% in group II and III and 2% in group I. Reddy and Wasserman [15] found that when the using a speculum examination the anxiety in treated women significantly increased. They also observed that at the time of the introduction of the speculum into the vagina there are such actions as; closing eyes, hands covering eyes, laying his hand on shoulders, thighs, or abdomen and clenching hands on the arms of the chair. According to Szymoniak [12], the most embarrassing stage was manual pelvic vaginal examination, digital rectal treatment and the treatment using a speculum. According to Synowiec-Pilat [16], most of the respondents were not afraid of breast examination by a doctor and 87% felt it was necessary.

The vast majority of women, regardless of age, feel safe alone with doctor and do not need the presence of another person while in the gynaecological office (group I – 83% in group II – 92%, in group III – 86%). Szymoniak's test results [12] show that the greatest sense of security and welfare during gynaecological examination gave the presence of only a gynaecologist, and then qualified midwife and the additional presence of a husband or partner. Considering the age of women, she observed that the respondents in the age of 40 years and under, the presence of only one doctor, and in the age of over 40, additional presence of a midwife and then left alone with a gynaecologist, provided a greater sense of security and peace of mind. According Fiddes *et al*. [17], 34.0% of respondents were embarrassed when during treatment there was participation of a third person, 59.0% of patients reported a desire to stay alone with a female doctor, and 43.6% of women aged 25 and under felt embarrassment in the presence of an additional person.

Attitude, behaviour, and medical response during gynaecological visits have a huge impact on the correct communication with the patient and the course of the entire visit. Woman, when going to the examination room, expect to be greeted with a smile from the doctor, which significantly reduces the level of anxiety and provides a sense of security. Good emotional contact between doctor and patient guarantees the empathic attitude of the doctor, the ability to listen, a suitable amount of time devoted to the person, and a detailed discussion of the different stages of the treatment [18, 19]. In our study, it was found that the respondents expected a doctor during the visit to be nice, talkative, relaxed, and smiling. Rizk *et al*. [20] found that women with gynaecologists prefer, regardless of gender, features such as: competency, experience, manners, communication skills, professionalism, and availability. According to Chen *et al*. [21], psychological comfort during pelvic treatment significantly improves verbal communication. It was found that women, regardless of age, wanted to be treated by a pleasant, talkative, and calm doctor, and 64.5% of reproductive age have one permanent doctor.

Conclusions

In the opinion of women, the most embarrassing moment of visit at the gynaecologist is sitting down on a gynaecological chair and the gynaecological treatment itself. The most stressful stage of the gynaecological examination is palpation through the anus and vagina. The frequency of reporting for a gynaecological examination decreases with the age of women. The majority of women during a gynaecological visit feel safe alone with the doctor. The treated women expect from a gynaecologist to be nice, talkative, and calm. When choosing a gynaecologist, the patient is mainly guided by the opinion of other women.

Conflict of interest

The author declares no conflict of interest.

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