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Determination of Nurse's Attitude and Practices about Gynaecological Examination at Tertiary Health Care Hospital

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ABSTRACT

Gynaecological examination on a regular basis is a vital component of any woman's health. The gynaecologist will examine the breasts, the internal and external reproductive organs, and any associated conditions. Nurses are crucial, especially prior to this examination. They should explain the procedure to the females and how it is carried out, as well as provide any additional preparation instructions that may be needed. **Objective:** To determine the nurse's attitude and practices regarding gynaecological examination. **Methods:** A descriptive cross-sectional study was conducted at tertiary health care sector. A convenient sampling technique was used to recruit the study participants in OBS/Gynae unit of the hospital. The sample size for this study was 90 and data collected from nurses of age 22 to 45 years and willing to participate. Data were collected through adopted questionnaires. The data were analysed through SPSS-24. **Results:** Majority of the nurses have uncertain attitude about the best timing of gynaecological examination (82%), spread of infection during this procedure (75%) and early detection of cancer (78%). Moreover, nurses did not take complete history of the females (83%), and had not used understandable language (88%). More than 70% nurses are incompetent in their practices during gynaecological examination. **Conclusions:** The current study concludes that majority nurses have negative attitude and incompetent practices towards gynaecological examination. Therefore, educational workshop and training should be arranged to promote positively and enhance the practices of nursing during gynaecological examination.

INTRODUCTION

Gynaecological examination on a regular basis is a vital component of any woman's health. The gynaecologist will examine the breasts, the exterior and internal reproductive organs, and any associated conditions throughout the examination to check for any issues [1]. In therapeutic circumstances, the examination of pelvis can give a great deal of information [2]. In order to prevent examination related discomfort, shyness, trauma, and anxiety, the procedure must be performed with a patient-centred approach, right preparation and appropriate techniques

[3]. It should be important for nurses and physician to be familiar with techniques of gynaecological examination. Nurses should need to assure effective practices during examination and provide emotional support to the patients [4]. A gynaecological examination is useful for determining any infections or issues as well as evaluating the overall health of the female reproductive system [5]. Even if there are no evident issues or warning signs, the initial examination should be performed following the first menstrual period or after the women start engaging in

sexual activity [6]. Before beginning the examination, informed consent must be obtained and each question should be clarified [7]. Usually, the pelvic examination is carried out on a table ideally with foot supports. The examination should begin with a review of the exterior vulva. A doctor should examine the vulvar anatomy, symmetry, hair distribution, lesions, discharge, growths, and swelling [8]. On internal examination, the colour of cervix along lesions, discharge, and blood should be examined. In cases where the cervix is not immediately apparent, a bimanual examination may be required to locate it. The medical professional should now check the vaginal wall for any anomalies [9]. It is important to report the existence of growths, polyps, and haemorrhoids. Furthermore, the doctor will examine the uterus and ovaries with a trans-vaginal ultrasound in addition to a physical examination [10]. The gynaecologist does a breast exam as the final component of the examination, looking for lumps or other abnormalities. The entire examination takes no more than twenty to thirty minutes. Females should get checked out at least once every three years, even if they are in perfect health (or more frequently if you have a family history of breast or uterine cancer) [11]. In gynaecological examinations, nurses are crucial, especially prior to the examination. They should explain the procedure to the lady and how it is carried out, as well as provide any additional preparation instructions that may be needed [12]. Healthcare professionals should aim to make gynaecological examination as comfortable and nonthreatening as possible by maintaining sensitivity and respect for the woman's dignity [13]. Nurses should need positive attitude and practice competitively which led to improve the women care seeking behaviour and to decrease mortality and morbidity among them. Therefore, the aim of current study is to determine the nurse's attitude and practices regarding gynaecological examination.

METHODS

A descriptive cross-sectional study was conducted at tertiary health care sector. The study was conducted in the OBS/Gynae unit of the hospital. The duration of study was six months from January to June, 2023. A convenient sampling technique was used to recruit the study participants. The sample size for this study was 90 and calculated by Slovin's formula with target population of 120 maternity nurses. Data were collected from maternity nurses having age 22 to 45 years and willing to participate. Nurses working in labour room and at managerial level were excluded. Data were collected through adopted questionnaire from previous study conducted in 2017 [14]. Permission regarding the use of questionnaire was taken from author through email. Questionnaire consisted on

three parts namely demographic characteristics, tool to assess nurse's attitude and checklist to evaluate the nurse's practices about gynaecological examination. Consent was obtained from the participants for ethical consideration. The study subjects had the right to refuse and withdraw from the study. The data were analysed through SPSS-24 and results were presented in the form of frequencies tables.

RESULTS

Results of current study showed that total 90 participants were included. The results section was divided into three parts. The first part shows the demographic characteristics of subjects. Second part assesses attitude of nurses about gynaecological examination and third part evaluate the practices of nurses during the examination. Table 1 depicted the demographic profile of study subjects. Age of the participants ranges as 17% were between 22-27 years of age, 67% were of age 34-39 years and 6 % were above 40 years. Majority sample were married 65 (72.0%) and unmarried were 25 (28.0%). While the data regarding education: 31 (34.0%) were diploma holders, 18(20.0%) were generic BSN, 36 (40.0%) have done 2 Year BSN (Post-RN) and only 5 (6.0%) were having master degree in nursing. Upon asking about training session, just 1 percent received training in past while others had not received it.

Table 1: Demographics of Study Participants (n=90)

Sr. No.	Demographic Characteristics	N (%)
1.	Age of Participants	
	22-27 Years	9 (10.0)
	28-33 Years	15 (17.0)
	34-39 Years	61 (67.0)
	40-45 Years	5 (6.0)
2.	Marital Status of Participants	
	Married	65 (72.0)
	Unmarried	25 (28.0)
3.	Education of Participants	
	Diploma Nursing	31 (34.0)
	4 Year BSN (Generic)	18 (20.0)
	2 Year BSN (Post-RN)	36 (40.0)
	2-Year MSN	5 (6.0)
4.	Attended Training on Gynaecological Examination	
	Yes	1 (1.0)
	No	89 (99.0)

Results in table 2 indicated that majority of the nurses were uncertain about the best time of gynaecological examination (82%) and spread of infection during this procedure (75%). While nurses have negative attitude in the form of disagreement and uncertainty towards men as a gynaecological doctor (79%), fear of problem during intercourse (87%), and early detection of cancer by gynaecological examination (78%). However, some nurses

have positive attitude towards the reasons of why females not performed examination namely fear of result examination (69%), shyness (65%) and painful (48%) nature of the gynaecological examination.

Table 2: Attitude Responses of Nurses towards Gynaecological Examination

Items	Disagree N (%)	Uncertain N (%)	Agree N (%)
Regularity of gynaecological examinations.	15 (17%)	21 (23%)	54 (60%)
Early the examination, early detection of disease	19 (21%)	62 (69%)	9 (10%)
Best time of examination is after menstrual cycle.	11 (12%)	74 (82%)	5 (6%)
Exams. lead to infection transmission	13 (14%)	67 (75%)	10 (11%)
Incidence of cancers is due to shame and fear	20 (22%)	36 (40%)	34 (38)
A reason of not performing examination is the fear of the results.	10 (11%)	18 (20%)	62 (69%)
It's a painful procedure for women.	31 (34%)	40 (45%)	19 (21)
A reason of not performing examination is due to men doctors instead of women.	12 (13%)	35 (39%)	43 (48%)
Fear of examination cause intercourse problems.	49 (55%)	29 (32%)	12 (13%)
It is important for married or unmarried woman with gynae problems.	9 (10%)	26 (29%)	55 (61%)
This examination leads to early detection of cancers	39 (43%)	31 (35%)	20 (22%)
Shyness from this examination leads females to not conducting the examination.	10 (11%)	22 (24%)	58 (65%)

Table 3 depicted the practices of nurses during gynaecological examination along their responses. Majority of the nurses did not take complete history of the females (83%), and not explaining the procedure to patient appropriately (91%). Moreover, nurses had not used understandable language (88%) and did not use active listening techniques (92%) likely use of eye contact and verbal cues with the patients. Nurses were not taking the history about the menstruation pattern of females (98%) and did not prepare the females for physical examination properly (80%). However, some of the practices were appropriately being practices by nurses as asking females to empty bladder before procedures (76%), listening to patients attentively (62%), providing continual emotional support (78%) and provision good light without glares or shadows (98%).

Table 3: Observational Checklist for the Practices of Nurses towards Gynaecological Examination

Items	Done N (%)	Not Done N (%)
Greet and offer the woman a seat	12 (13%)	78 (87%)
Calm down and relief fear and anxiety of woman	29 (32%)	61 (68%)
Interview and complete history of woman	15 (17%)	7 (83%)
Explain the procedure and obtain the consent	8 (9%)	82 (91%)
Ask to empty her bladder	68 (76%)	22 (24%)

Listen attentively and respond to questions	56 (62%)	34 (38%)
Provide emotional support and reassurance	70 (78%)	20 (22%)
Use of understandable language	11 (12%)	79 (88%)
Use of active listening techniques	7 (8%)	83 (92%)
Asking about history of menstruation	2 (2%)	88 (98%)
Prepare for physical examination	18 (20%)	72 (80%)
Arrangement of proper light with no glares or shadows	88 (98%)	2 (2%)
Close windows to keep privacy	13 (14%)	77 (86%)
Take to suitable bed for the examination	87 (97%)	3 (3%)

DISCUSSION

The current study results suggested nurses' negative attitude towards gynaecological examination. Majority of the nurses were uncertain about the best time of gynaecological examination and spread of infection during this procedure. While nurses have negative attitude in the form of disagreement and uncertainty towards men as a gynaecological doctor (79%), fear of problem during intercourse (87%), and early detection of cancer by gynaecological examination (78%). These findings were supported through previous literature which suggested that most of the women were fearful to the presence of male gynaecologist, early detected of abnormalities and furthermore identification of reproductive system tumours. Women should therefore conduct gynaecological exams on a regular basis [15, 16, 17]. However, some nurses have positive attitude towards the reasons of why females not performed examination namely fear of result examination (69%), shyness (65%) and painful (48%) nature of the gynaecological examination. This is supported by findings of literature which demonstrated that women may experience a wide range of unpleasant emotions, including humiliation, shame, and worry and by enabling early detection, and appropriate care enable to prevent several undesirable tumours, disorders, and illnesses [16]. Effective prevention measures and therapy depend on early detection. Furthermore, nurses play an important role in lowering stress, anxiety, and disturbance among the women undergoing gynaecological examination [17, 18]. In gynaecological examinations, nurses are crucial, especially prior to the examination. They should explain the procedure as well as provide any additional preparation instructions that may be needed [19]. In addition, the nurse should undertake nursing procedures, obtain the patient's comprehensive history, and reassure the woman throughout the assessment [20]. In the current study, majority of the nurses did not take complete history of the participants (83%), and not explaining the procedure to patient appropriately (91%). Moreover, nurses had not used understandable language (88%) and did not use active listening techniques (92%) likely use of eye contact and verbal cues with the patients. The findings of this study

were consistent with those of a study conducted by Yanikkerem *et al.*, about the awareness and attitude of recently married females regarding the gynaecological examination. Of the women surveyed, very few nurse had an explanation regarding their first gynaecological examination, and the majority women did not receive an explanation about what would be done by nurses [21, 22]. The current study revealed that most of the nurses under investigation had not obtained the woman's history prior to beginning the gynaecological examination. These findings were in conflict with the findings of previous study which showed that most of the women in the study had their histories taken before the test started [23]. However, some of the practices were appropriately being practiced by nurses as asking females to empty bladder before procedures (76%), listening to patients attentively (62%), providing continual emotional support (78%) and provision good light without glares or shadows (98%). This outcome was consistent with the findings of Saad *et al.*, as nurses instruct the woman to empty the bladder before the gynaecological procedures and sure that there is appropriate light in examination room [24].

CONCLUSIONS

The current study concludes that majority nurses have negative attitude towards gynaecological examination. Nurses were uncertain about the best timing of gynaecological examination and spread of infection during this procedure. Moreover, nurses show disagreement and uncertainty towards reasons of not performing gynaecological examination. More than seventy percent of nurses had incompetent practices during gynaecological examination. Majority of the nurses did not take complete history of the women and not explaining the procedure to patient appropriately. Nurses had not used understandable language and did not use techniques of active listening likely use of eye contact and vocal cues with the patients during gynaecological examination.

Authors Contribution

Conceptualization: RN

Methodology: SA

Formal analysis: MA, RM

Writing-review and editing: SP

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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