Influence of Gynecologic Examination Anxiety on Application Period to Gynecology Clinics

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ABSTRACT

Objective: This research was conducted as correlational descriptive study in order to determine the effect of gynecological examination anxiety experienced by women to application period of gynecology clinics.**Method:** This research was held at Annex-2 campus of Adıyaman University Training and Research Hospital. The sample of the study consisted of 250 women who admitted to the hospital and had gynecological examinations between November 1st, 2011 and March 30th, 2012. In data collection, Personal Information Form and Situational Anxiety Scale were used. The obtained data was evaluated by using mean, standard deviation, percentage, t-test, ANOVA and post-hoc Tukey test. **Results:** In research, it is found that 26% of the women were admitted to the gynecological because of vaginal secretion, 20.8% obstetric reasons, 19.2% bleeding. Women's mean Situational Anxiety Scale score after gynecologic examination was found to be 39,71±4,96 and it was found that the women had mild anxiety. Statistically significant difference was found between women's mean score of Situational Anxiety Scale, education and income levels (p<0,001). It was determined that the period between 55,6% of women's complain situation and application of gynecology outpatient clinic is more than 7 days and these women had higher levels of anxiety (p<0,001). 24% of women stated that they had gynecological examination for the first time, 73.6% were ashamed during examination, 61.6% experienced stress and 74.8% had discomfort because of their intimate organ was opened. **Conclusion:** The women's anxiety of gynecological examination varies according to the cause of application to gynecology clinic and it affects application time.

Key words: Anxiety, Situational Anxiety Scale, gynecological examination.

Introduction

Regular gynecological checks done many times in every woman's life are important attempts used in the estimation of women's reproductive health [1-4].Gynecological examination is an important part of gynecological controls and in practice it is very commonly used method [5,6]. However, gynecological examination means examination of the genital organs which needs to be covered, hide and protected for most of the women. Therefore, gynecological examination applications can cause some traumatize impacts that result in the reactions such as avoidance of being examined, light anxiety and feeling of shame[5].Gynecological examination anxiety poses an obstacle for women to get the best health care which is possible [7].The most important reasons of anxiety experienced during gynecological examination; sex, attitudes and professional profile of health personnel, embarrassment about dressing, examination position, used equipments, previous negative experiences of gynecological examination, inattention to privacy, religious beliefs, fear of pain, fear of pathological diagnosis, fear about personal hygiene, negative perception of sexuality, being young, being woman's first pelvic examination experience and socio-cultural values [1-3,6-9]. In the study of Yanıkkerem *et al* (2009), it is stated that 54.8 % of women are concerned about their health status during a pelvic examination;41.8 % of them are embarrassed about

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undressing, 18 % of them are feared of the possibility of pain during examination [3].Rızk *et al* (2005) states that 86.4 % of women prefer female gynecologist [9]; Hilden *et al* (2003) also states that one of the factors that increase the vaginal examination anxiety is being young[1].Help search is help and support that individuals wanted from professional or non-professional individuals in order to get rid of the problems that they faced but cannot overcome by themselves [10]. Gynecological examination anxiety prevents help search behaviors like application to health organizations; that is, it causes that women evade from examination; however, they apply to the health organizations when they come to the position they cannot overcome the difficulties. This situation makes it difficult to make an early diagnosis and treatment of the diseases and perhaps makes it impossible[3,4,7].Minimizing gynecological examination anxiety provides women to apply earlier for health organizations when women's gynecological problems arise and it also provides to apply even only for general overview[8].Therefore, for the reduction of anxiety of women who come to the gynecological examination before and during examinations, having positive gynecological examination experience, being encouraged to come to the physical examination and physical as well as psychological requirements is of great importance [1]. Rızk et al(2005) states what women expect from the gynecologists is the professionalism, empathy, communication skills, competence and also respect for their religious beliefs [9]. In the study of Yanıkkerem *et al* (2009), it is determined that 50% of women expect courtesy and understanding from health personnel, 62,1% of them expect to being informed by the health personnel. In the literature, it is determined that practices such as informing women throughout the pre-examination and examination, being allowed to ask questions, showing a smiling face, the use of relaxation techniques etc. help women coping with gynecological examination anxiety by providing a sense of control of them [1, 4, 11-13]. We believe that providing a woman's regular gynecological checks can be achieved by reducing the level of anxiety prevented from coming to gynecological examination and this case benefits women's health in the protection phase.The purpose of this study is to determine the effect of anxiety in women gynecological examination was conducted to the application period to the gynecology clinic.

Materials and methods

The study was conducted as a descriptive and correlational study. This research was held in the outpatient polyclinics of gynecology and obstetrics at Annex-2 campus of Adıyaman University Training and Research Hospital between November 1st, 2011 and March 30th, 2012. The research population was consisted of women who admitted to and had gynecological examinations in the outpatient polyclinics of gynecology and obstetrics at Annex-2 campus of Adıyaman University Training and Research Hospital. The sample of the study have been created by 250 women who have 98% representation power in 95% confidence interval determined by the 5 % error level and the effect size of according to the power analysis.There are 4 outpatient polyclinics of gynecology and obstetrics in the hospital that the study was conducted. The examination hour in Polyclinics is between 09:00 to 16:00. In each and every policlinic, average of 35 women a day is examined. In the policlinics, although it changes every day, at least 1 doctor and 4 nurse/midwifes work.

Data Collection: In the collection of the data, after related literature review done by researchers, , Personal Information Form and Situational Anxiety Scale (SAS) consisting of questions related to women's socio-demographic characteristics and gynecological examination experience were used. The data were collected by researchers on Tuesdays, Thursdays, Fridays at the times that researcher in the policlinic and outside in a quiet environment. The data were collected by using face to face interviews after a gynecological examination in accordance with the request of women by taking into account the concerns that women regard the diagnosis and missing the order.

Personal Information Form: There are data of women's age, marital status, level of education, work and income status and also some information about experiments of gynecological examinations (the reason being examined, when it was admitted to the examination, disclosure situation before the examination, etc.)(3, 4, 7).In order to estimate the understanding of the form, a pilot study was conducted on 10 women and there was no need to make any changes in questions.

Situational Anxiety Scale (SAS): Validity and reliability in Turkey are done by Öner and Le Compte (1985). The scale is consisting of 20 articles in order to determine how the individual feels at a certain time and under certain conditions. The scale is a four-Likert-type ranging between "No" and "Completely ". 10 articles in the scale (articles 1, 2, 5, 8, 10, 11, 15, 16, 19 and 20) are inverted. In the scoring the scale, total weight point of reverse expressions is removed from total weight point obtained for direct expressions after

calculating separately the total weight of the direct and reverse expressions. The pre-determined and constant value is added to this number. This constant value is 50 for SAS. The most recent value obtained is the concern point of the individual [14].The increase in score is an indication of the increase in the level of concern [5]) In the study, SAS Cronbach Alpha value was found to be 0.90.

Statistical Analysis: The data obtained by the SPSS 16.0 software were evaluated by using mean, standard deviation, percent, t-test and ANOVA variance analysis, post-hoc Tukey test and Cronbach's alpha reliability analysis test. The statistical significance was considered as $p<0.05$.

Research Ethics: The research was conducted according to Declaration of Helsinki principles. Moreover, written permission from the relevant institutions and verbal permission from the women were obtained in order to realize the research.

Limitations of Research: The results obtained from this study can be generalized to only women who do this research.

Results

In the study, 40.4 % of women are 36 and over 36 years old and the average age was 33.4 ± 10.0. They are 86.8 % of married women, 52.0 % graduates from secondary and higher schools, and 84.8 % of them are working. It is detected that there is no significant statistically difference between women's age, marital status and employment status and the SAS point average (p>0,05). In the research, it is determined that while women's education level increases, SAS point average decreases. While illiterate women SAS point average is 46.85 ± 9,95, it is 39.18 ± 9.49 for those whose level of education is secondary education and higher. The difference between them was statistically significant. It is detected that with the analysis of post-hoc Tukey test, there was the difference between illiterate women and women whose education level is secondary and higher (p<0,001). In the research, it is found that while SAS point average of women whose income is lower than expenses is 44,25±10,36, SAS point average of women whose income equal to expenses is 38,42±9,19.The difference was found statistically significant (p<0,001). In the research, SAS point average after women's gynecological examination was found to be 38.71 ± 4.96 (Table 1). In the research, according to the women's gynecological examination experience, comparison of SAS point averages is shown in table 2. In research, it is found that 26% of the women apply to the gynecology policlinic because of vaginal secretion, 20.8% of obstetric reasons. In the research, SAS point average of women who come due to bleeding was 45.1 ± 9.3, 43.9 ± 10.1 was because of discharge and 42.5 ± 9.9 was due to the pain. In the research, it is found that SAS point average of women who had gynecological examination because of obstetric reasons and for general overview is lower than the ones who have symptomatic complaints such as bleeding, pain and discharge and the difference between them was found statistically significant (p<0,001). In the research, it is determined that the period between 55,6% of women's complain situation and application of gynecology outpatient clinic is more than 7 days and these women had higher levels of anxiety.SAS point average of 0-7 days which elapsed between the living conditions of women's complaints with application to the gynecology clinic is 38.51 ± 9.2, while 10.3 ± 42.87 of which is more than 7 days .The difference between them was found statistically significant (p<0,001). In the research, 61.2 % of the women states that they had been informed before the gynecological examination and 86,3 of them states that the person made a statement before the examination is the doctor. While SAS point average of women who had been informed before the gynecological examination was 41.65± 10.5, SAS point average of women who had been not informed before gynecological examination was 39.81 ± 9.2. . The difference between them was not found statistically significant (p<0,05). In the research, there was no statistically significant relation between SAS point average and the person made a statement before the gynecological examination (p>0,05).In the research, SAS point average of women with gynecological examination for the first time is 41.83 ± 10.4; for 2-5 times of it is40.22 ± 9.9 and for 6 times and above of it is 41.44 ± 10.1. Furthermore, while SAS point average of those whose gynecological examination time is less than 5 minutes is 40.72 ± 10.41,SAS point average of women whose gynecological examination time are 10 minutes and over are 42.73 ± 10.63. In the research, there is no statistically significant difference between SAS point average of women's gynecological examination and the number and duration of their gynecological examination (p>0,05).In the research, the distribution of ideas about women's gynecological examination is shown in Table 3. In the research, 73.6 % of the women states that they are embarrassed during gynecological examination, 61.6 % feels stressed, 74.8 %, most women feel uncomfortable due to being opened of their genitalite. In the research, according to the women, the reason for delay to apply to the gynecology clinic is respectively embarrassment (30.8 %), disregard (26.8 %) and shortage of time (24.8 %).

The qualities that women sought in the gynecologists respectively are that the doctors would be women (46.8%) and they act pertinently (44.4%).

Table 1:The Distribution of Situational Anxiety Scale Point Average related to Women's Some Descriptive Characteristics (n=250)

Characteristic	n	%	SAS Average ± SD	Statistical Evaluation
Age of women*				
≤ 25	58	23,2	40,01 ± 10,31	F=0,491 p>0,05
26-35	91	36,4	40,75 ± 9,62	
≥ 36	101	40,4	41,63 ± 10,48	
Marital status				
Married	217	86,8	41,08 ± 10,25	t=0,572
Single	33	14,2	40,01 ± 9,28	p>0,05
Education level				
illiterate	35	14,0	46,85 ± 9,95	F=8,440
Literate/Primary Education	85	34,0	41,18 ± 10,28	**p<0,001**
Secondary Education ↑	130	52,0	39,18 ± 9,49	
Working Condition				
Employee	38	15,2	38,44 ± 9,42	t=-1,655 p>0,05
Nonemployed	212	84,8	41,38 ± 10,19	
Level of Income				
Income < Expenses	108	43,2	44,25 ± 10,36	t=4,697
Income = Expenses	142	56,8	38,42 ± 9,19	**p<0,001**
Total	250	100,0	**38,71 ± 4,96**	

*Age Average 33,4±10,0

Table 2:The Comparison of Situational Anxiety Scale Point Average related to Women's Gynecological Examination Experiences (n=250)

Variables	n	%	SAS Average± SD	Statistical Evaluation
The reason of application to Gynecology clinic				
Discharge	65	26,0	43,9 ± 10,1	**F=11,595 p<0,001**
Obstetric reasons	52	20,8	37,0 ± 8,9	
Bleeding	48	19,2	45,1 ± 9,3	
Pain	44	17,6	42,5 ± 9,9	
General Overview	41	16,4	34,5 ± 7,5	
Time between the start of Complaint and Application to the gynecology clinic				
≤7 days	111	44,4	38,51 ± 9,2	**t=-3,462 p<0,001**
>7 days	139	55,6	42,87 ± 10,3	
The explanation situation before gynecological examination				

Yes	153	61,2	41,65 ± 10,5	**F=0,162**
No	97	38,8	39,81 ± 9,2	**p>0,05**
The person who makes a statement about gynecological examination (n:153)				
Midwife / nurse	21	13,7	39,47 ± 9,4	**t=-1,041**
Doctor	132	86,3	42,06 ± 9,7	**p>0,05**
The number of Gynecological Examination				
Once	60	24,0	41,83 ± 10,4	
2-5 times	122	48,8	40,22 ± 9,9	**F=0,623**
6 times and ↑	68	27,2	41,44 ± 10,1	**p>0,05**
The duration of Gynecological Examination				
< 5 minutes	68	27,2	40,72 ± 10,41	
5-10 minutes	115	46,0	40,02 ± 9,57	**F=1,541**
10 minutes ↑	**67**	**26,8**	**42,73 ± 10,63**	**p>0,05**

Table 3: The Distribution of Women's opinions about Gynecological Examination (n=250)

Oppinions	n*	%
The experienced Emotion during gynecological examination		
Shame	184	**73,6**
Stress	154	**61,6**
Pain	86	**34,4**
Fear	84	**33,6**
Person who doesn't feel any negative emotion	30	**12,0**
The disrupter condition during Gynecological Examination		
Being opened Genitalia	187	**74,8**
Gynecological Position	103	**41,2**
Used Materials	91	**36,4**
Examination Environment	52	**20,8**
Attitude of Health Personnel	28	**11,2**
The reason of delay of application to gynecology clinic		
Shame	77	**30,8**
Disregard	67	**26,8**
Storage of time	62	**24,8**
Financial difficulty	28	**11,2**
The fear of appearance of serious illness	17	**6,8**
The reason of preference of the doctor who make a gynecological examination		
Being a woman	117	**46,8**
Related behavior	111	**44,4**
Being knowledgeable and talented	94	**37,6**
Being cheerful	79	**31,6**
Understandable answers to the questions	75	**30,0**
Person who doesn't chose any doctor	**26**	**10,4**

* More than one choice is marked.

Discussion

In the research it is detected that there is no statistically significant difference between the age, marital status and employment status of the women and SAS point average.In the literature, there are some studies that found significant relationship between age (1, 15) and professions (5) and anxiety; besides, there are also some studies that have not found any significant relationship between age (5, 7, 16), profession (7.16), marital status (5) and anxiety.In the research, it is determined that while women's education and income

levels which are associated with each other increase, SAS point average decreases . In the study of Altay and Kefeli (2012) and Erbil *et al* (2008), it is determined that there is a significant relationship between women's education level and gynecological examination anxiety [5, 7]. Our result differs from the results of Altay and Kefeli (2012) and Erbil *et al* (2008). It is thought that the reason of the difference is that both these studies were made before the examination but our study was done after the examination. It is also thought that the increase in women's education and income levels would be more of a pursuit of information about gynecological examinations; therefore, while education and income levels increase, women's anxiety can decrease.In our research, women's Situational Anxiety Scale point average after gynecological examination was found to be 38,71±4,96.Erbil *et al*. (2008), in his study, women's SAS point average was found to be 43.85 ± 5.41 [5].Our result is lower than the result of Erbil et al. (2008); it is thought that the reason of difference is that SAS timing which is filled before and after the examination. In our research, it is thought that the reason of women's low SAS point average is that women become relax and not stressful anymore after the examination. Indeed, in the literature, it is indicated that the level of anxiety decrease after women's gynecological examination [6, 13].In the research, it is found that SAS point average of women who come to the examination with obstetric problems and general overview was lower than those corresponding to the cause of symptomatic complaints such as pain and discharge($p<0,001$). It is thought that SAS point average of women who apply to gynecology policlinic with symptomatic causes is high because of gynecological examination anxiety and also the worry of getting the disease. It was determined that the period between more than half of women's complain situation and application of gynecology clinic is more than 7 days and these women had higher levels of anxiety. SAS point average of 0-7 days which elapsed between the living conditions of women's complaints with reference to the examination is lower than those of which is more than 7 days ($p<0,001$). In the study of Gümüş and Çam (2011), it is detected that 57.6 % of women apply to gynecology policlinic when their symptoms come out; 15.4 % of them does not want to go to gynecology clinic due to the embarrassment (20). In the literature, it is found that the rate of women's routine gynecological examination is low because of embarrassment and that women do not want to get gynecological examination [7, 15, 17]. In our research, it can be said that the embarrassment suffered by women during gynecological examinations are among the most important reasons that delay the first contact the health care provider; thus, SAS of those who are more than 7 days from the time the application for examination by the living conditions of women complaining is high that shows parallelism with the literature. In the research, SAS point average of women who were made a statement before the examination was higher than those who were not informed before the examination ($p>0,05$). In the literature, there are some studies [18, 19] that shows that making the statement / giving information decrease the situational anxiety level; there are also some studies [5,7] which don't show any relation between them. Our results show similarity with the results of Turgut et al (2009), Yilmaz et al (2003). In the study, there is no statistically significant relation between the person who is made a statement before the examination and SAS point average ($p>0,05$). In the study of Erbil et al (2008) and Altay and Kefeli *et al* (2012), they determined that there is no relation between the person who is made a statement before the examination and situational anxiety [5,7]. Our result is parallel with the result of Erbil et al (2008) and Altay and Kefeli (2012).In the research, there is no statistically significant difference between the number and duration of women's gynecological examination for women; also, it is monitored that as the number of gynecological examination increases, SAS point average decrease and while the duration of pelvic examination become longer, SAS point average increases. In the studies of Erbil *et al* (2008) and Altay and Kefeli (2012), it is determined that while the number of gynecological examination increase, the anxiety that women had lived decreases [5, 7]. Our results support the results of the study of Erbil *et al* (2008), Altay and Kefeli (2012). In the research, nearly three out of four of women state that they were ashamed during gynecological examination, more than half of women state that they experienced the stress experienced, three out of four of women states that they discomfort due to open their most intimate organs. In the study of Erbil et al (2008), it is stated that 62,5% of women were ashamed, 38,8% of them are bored, 37,9% of them feared and 21,7% of them hurt during the gynecological examination [5]. In the study of Kartal et al (2013), it is determined that 60% of women were ashamed before the gynecological examination and 68.8% of women, the majority, have privacy concerns [16]; in the study of Altay and Kefeli (2012), it is detected that 57% of women experienced sense of shame [7]. In our research and in the studies of Kartal *et al* (2013), Erbil et al (2008) and Altay and Kefeli (2012) as similar, it is determined that women experienced a sense of shame during the gynecological examination most. In the research, it is detected that the

causes that women prefer doctors who examined are that doctors are women, that they are interested, that they are knowledgeable and skilled and friendly. In the study of Rızk et al (2005),it is determined that 86,4% of women prefer female gynecologists [9]; in the study of Erbil et al (2008), it is determined that the causes that women prefer doctors who examined are respectively that the doctors are knowledgeable and skilled, that the doctors give information and that the doctors are friendly [5]. Our results support the results of the study of Rızk et al (2005), Erbil *et al* (2008).

Conclusion

As a result, it is determined that women have experienced mild anxiety after a gynecological examination; as the level of education and income increases, experienced anxiety reduces. Moreover, it is detected that gynecological examination anxiety that women had experienced some symptoms (bleeding, pain, discharge) is more than the ones who apply to the clinic 7 and more days later the complaints the onset of symptoms to the hospital and is living in the more recent and 7 days. Women state that they are ashamed of gynecological examination, so they delay to go to the examination; they feel stressful and discomfort due to being opened of their genitalite. It is shown that the most important preference reason for choosing the doctor is that the doctor is female and interested. According to these results; It is suggested that women who come to the gynecological examination should be informed and be allowed to ask questions before and during the examination in order to decrease the examination anxiety, Health personnel should not whale, and not be quick and the communication skills should be used to women by them; in-service-training about the approach to the anxiety patients should be given to midwife and nurses who work in the gynecological policlinics.

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