

# The individual perception modifying factors health and social care essay



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CHAPTER -IINTRODUCTIONWomen will experience pregnancy at sometime in their lives. During pregnancy various methods of investigation are used to check the maternal and fetal well being. In all that vaginal examination is one used to confirm pregnancy, confirm labour, check progress of labour, and to check possibility of normal delivery. The vaginal examination is an essential part of maternal care and is the most commonly performed procedure. A large number of women in the world will have a vaginal examination at sometime in their lives, and some may undergo several examinations during their lifetime. Vaginal examination is performed for several reasons, including diagnosis of pregnancy, gynaecological screening and as a measure in differential diagnosis (Nylenna, 1985; Wijma et al., 1998; Fiddes et al., 2003; Hilden et al., 2003). The examination should be performed in a way that makes it a positive experience for the woman. Since the 1970s, researchers have investigated the experience of vaginal examination from women's perspectives. During the examination, women are in an extremely vulnerable situation (Olsson and Gullberg, 1991; Wendt et al., 2004). Vaginal examination can provoke many negative feelings such as fear of illness, pain, embarrassment and awkwardness (Wendt et al., 2004). Many women have negative experiences of vaginal examination. Women receive insufficient information about how the examination is performed (Jeppesen, 1995; Larsen and Kragstrup, 1995; Larsen et al., 1997; Wijma et al., 1998). The procedure may be experienced as very unpleasant and humiliating (Wijma et al., 1998). Apart from the physical discomfort, the psychological factors are important, as vaginal examination involves exposure of intimate parts of the body in a vulnerable situation with loss of control. Women experience many feelings such as undressing, worries about <https://assignbuster.com/the-individual-perception-modifying-factors-health-and-social-care-essay/>

cleanliness, vaginal odour, and concern that the gynaecologist might discover something about sexual practices, fear of discovery of pathological condition, and fear of pain which are certain important psychological factors. (Millstein et al., 1984; Seymore et al., 1986; Hilden et al., 2003). Cold instruments, lack of information about the procedure and lack of gentleness from the examiner are also perceived as important factors. Most of the above mentioned aspects may be even more conflicting when the gynecologist is a male (Hilden et al., 2003). Woman's reluctance to undergo vaginal examination, due to the nature of the examination, fear or concerns about the gynecologist's attitude, may result in delay or avoidance of examination with potentially harmful health effects (Hilden et al., 2003). According to some research, women want information about the procedure, they prefer a warmed speculum, and they want the doctor to consider their feelings (Broadmore et al., 1986). A Danish project on women's attitudes towards vaginal examination is one of the few based on women's own experiences (Jeppesen, 1995). Twelve women aged between 27 and 76 years were interviewed one week before hospitalization for a planned gynecological operation with the aim of illustrating their experience of vaginal examination. The study demonstrated that women's experiences of pelvic examination were negative when communication between the women and the doctors were poor. The examination could be a positive experience if the doctor gave information about the procedure and about the findings. There is a general belief supported in part by the literature, that many women dread pelvic examinations and many prefer to see a female doctor for gynecological problems (Cooke and Ronalds, 1985; Heaton and Marquez, 1990; Lang, 1990; Levy et al., 1992; Philliber and Jones, 1992). A number of <https://assignbuster.com/the-individual-perception-modifying-factors-health-and-social-care-essay/>

studies in the literature suggest that both male and female patients prefer to see physicians of the same gender, particularly for evaluations that involve examination of the genitalia (Heaton and Marquez, 1990; Lang, 1990; Levy et al., 1992). Communication relating to the outcome of an examination remains an issue. Evidence from one study relating to doctor-patient communication suggests that although the doctor may think that dialogue with a patient was satisfactory, the patient's experiences of the examination may differ (Lunde, 1993).

## **BACKGROUND OF THE STUDY:**

Most women will have a vaginal examination during pregnancy, women have a positive attitude to vaginal examination, but the procedure itself is often a negative experience. Most women endure the necessity of a vaginal examination as it is an opportunity to assess labour progress. In first trimester, the vaginal examination is done in the antenatal clinic when the patient attends the clinic for the first time before 12 weeks, to diagnose the pregnancy, corroborate the size of the uterus with the period of amenorrhea and exclude any pelvic pathology. In third trimester, vaginal examination is done near term to confirm the onset of labour, progress of labour, exclude cord prolapse, to check pelvic adequacy, presenting part, station of presenting part, cervical dilatation and ripening. The vaginal examination is a procedure which reveals ambivalence in women may be due to its intimate relationship between sex, power and medical knowledge. Mother in out-patient clinic are often cast in a dependent role by the nature of the circumstances, which limits their power to interact with the physician. The vaginal examination consultation is a short meeting between two people

with different preconceptions. For physicians who have professional knowledge, it is a routine procedure. In contrast, for almost all women it is an unusual event, even shameful, as they are expected to expose their most intimate body parts. It is not a natural situation and entails a loss of control. Women are often nervous, anxious and apprehensive before vaginal examination. The experience of the first vaginal examination is a powerful background factor for subsequent attitudes to vaginal examination. Women's experience concerning the vaginal examination have been investigated and the findings show that the experience of exposing a private sphere to a 'stranger' when lying in the examination chair makes many women feel embarrassed, vulnerable and subordinate. Commonly expressed feelings and experiences are fear of own body odour. Women desire good and inviting communication in understandable languages. Good conversation creates an atmosphere of safety that makes it easier to ask questions, feel respected and relaxed and decreases the experienced power differential in the relationship. Discomfort during the vaginal examination is strongly associated with a negative emotional contact with the examiner. When they promote participation and create confidence are supportive and show respect and engagement. The expectations and experience during the vaginal examination will determine the level of cooperation by the mother.

### **NEED FOR THE STUDY:**

Vaginal examination is important to confirm labour, check the progress of labour and check the possibility of normal delivery. Women's experience of vaginal examination was unpleasant when the communication between the women and the doctors were poor. The pelvic examination could be a

positive experience, if the doctor gave information about the procedure and the findings could also diminish the discomfort of the situation. (Jeppesen. U in 1995)The investigator observed that, eventhough the information was given before the procedure, most of the women were anxious and embarrassed to undress and do not cooperate during the procedure. Hence, the investigator wanted to assess the expectations on care during vaginal examination among women receiving care in Voluntary Health Service Multi Specialty Hospital and Research Centre and Dr. Durgabai Deshmukh Multi Specialty Hospital and Research Centre, Adyar in Chennai, which would help the woman to get positive experience, to reduce anxiety and be cooperative during the vaginal examination.

### **STATEMENT OF THE PROBLEM:**

A study to assess the expectations on care during vaginal examination among women receiving care in selected Maternity Centres in Chennai.

### **OBJECTIVES:**

To assess and compare the expectations on care during vaginal examination among women receiving care in selected Maternity Centres in Chennai. To associate the expectations on care during vaginal examination of the sample with the demographic variables.

### **OPERATIONAL DEFINITION:**

ASSESS: It refers to the process of obtaining information about the expectations on care during the vaginal examination. EXPECTATION: It refers to the perceived need of the women during vaginal examination which is elicited through structured interview guide.. CARE: It refers to the measures

provided to comfort the woman during vaginal examination. **VAGINAL EXAMINATION:** It refers to the examination which is done through vagina during pregnancy to diagnose pregnancy, to confirm labour, to check the progress of the labour, to check the possibility of normal delivery. **WOMEN:** It refers to both primigravida and multigravida who had undergone vaginal examination in selected Maternity Centres in Chennai. **SELECTED SETTINGS:** It refers to Voluntary Health Service Multi Specialty Hospital and Research Centre and Dr. Durgabai Deshmukh Multi Specialty Hospital and Research Centre, Adyar in Chennai.

### **ASSUMPTION:**

The woman's expectation on care during vaginal examination may vary from individual to individual. The women expectation may be influenced by the gravid status and the demographic variables.

### **DELIMITATION:**

The sample size is limited to 60 women  
The duration of the study is limited to 4 weeks

### **PROJECTED OUT COME:**

The study will help to identify the expectations on care during vaginal examination of the samples. The study will be help to prepare a protocol to use as a guide during vaginal examination and to prepare the women adequately before vaginal examination

## **CONCEPTUAL FRAMEWORK**

### **CONCEPTUAL FRAMEWORK BASED ON ROSENTOCH'S HEALTH BELIEF MODEL (1974)**

Conceptual framework refers to concepts that offer a structure or framework of prepositions for conducting research. Polit and Hungler(1989) describes conceptual framework as " a group of mental images or the concepts that are related but the relationship is not explicit." The conceptual framework gives an idea to the researcher's main view and common theme of the research that is a visual diagram by which the researcher explains the specific area of interest. The conceptual framework of this study is based on Rosentoch's (1974) and Becker and Maiman's (1975) Health Belief Model. This model addresses the relationship between a person's belief and behavior. It provides a way of understanding and predicts how an individual will behave in relation to their health and how they will comply with health care therapies. The model is divided in to three major components they are, Individual perception Modifying factors Likelihood action

### **INDIVIDUAL PERCEPTION**

In this study, the first component involves the women's expectation on care during the vaginal examination.

### **MODIFYING FACTORS**

The second component is the modifying factors, in this study it refers to the demographic variables like age, education, occupation religion, number of pregnancy, family structure and any associated medical illness. The cues to action are health information received from health care professional,



television, radio, news paper, health magazines and information from relatives and friends.

## **LIKELIHOOD OF ACTION**

The third component is the likelihood of taking action. Based on the various expectations of the women on care during vaginal examination recommend for a standard protocol to be given before the examination to meet the expectations of the women during vaginal examination. Thus, the investigator applied this health belief model to assess the expectations on care during vaginal examination. Expectation of the women during vaginal examination Information about Preparation Procedure Findings Measures to cooperate Adequate privacy Attendant of choice Time for preparation Respect their choice Doctor's role Gentle handling Nurse's role Explain if any medication prescribed

## **Demographic variables**

Age, education, occupation, religion, number of pregnancy, family structure, any associated medical illness

## **Individual perception Modifying factors Likelihood of action**

Recommend for an Information protocol to be given before vaginal examination. The woman's expectations on care during vaginal examination Eliciting the expectations on care during vaginal examination.

## **Cues to action**

Health information received from health care professionals, TV, radio, newspapers, health magazines, and Information from relatives and friends

## **FIGURE: 1: ROSENTOCH'S AND BECKER AND MAIMAN'S HEALTH BELIEF MODEL (1974)**

### **CHAPTER -II**

#### **REVIEW OF LITERATURE**

A literature review is a body of text that aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Most often associated with academic-oriented literature, such as a thesis, a literature review usually precedes a research proposal and result section. Its main goal is to situate the current study within the body of literature and to provide content for the particular reader.

#### **IT INCLUDES:**

Part I: General information related to care during vaginal examination. Part II: Studies related to the expectation on care during vaginal examination.

#### **GENERAL INFORMATION RELATED TO CARE DURING VAGINAL EXAMINATION:**

Dutta . D. C, (2004) states that vaginal examination is done in the antenatal clinic when the patient attends the clinic for the first time before 12 weeks. It is done. (1) to diagnose the pregnancy (2) to corroborate the size of the uterus with the period of amenorrhea and (3) to exclude any pelvic pathology. It can be omitted in cases with previous history of abortion, occasional vaginal bleeding in present pregnancy. Vaginal examination in labour is done with the patient lying in dorsal position to check (1) degree of cervical dilatation (2) degree of effacement of cervix (3) status of membranes and if ruptured – colour of the liquor (4) presenting part and its <https://assignbuster.com/the-individual-perception-modifying-factors-health-and-social-care-essay/>

position by noting the fontanelles and sagittal sutures in relation to the quadrants of the pelvis (5) station of the head in relation to ischial spines (6) pelvic adequacy to conduct normal vaginal delivery. Royal College of Obstetrician and Gynecologist London (2002) has given the key for performing a vaginal examination. A vaginal examination shall only be carried out if it benefits the woman's management and care. All vaginal examinations shall be preceded by an abdominal palpation. Verbal consent shall always be obtained from the woman before an examination. The woman shall be treated with dignity and respect at all times. The woman shall be given an opportunity to ask for and have an attendant of choice. The woman's personal preference shall be documented in the clinical record. Health care providers also have the right to request an interpreter. The woman shall be informed of the need for the examination and be offered an explanation as to the procedure that is involved in a way that she can understand and communicate. The woman shall be given privacy to undress and dress. Do not assist the woman in removing clothes unless it has been clarified with them or their carer that assistance is required. During the examination avoid unnecessary discussion with other staff members. ensure the women's privacy and dignity is protected. remain alert to verbal and non verbal indications of distress from the women. any requests to discontinue the examination shall be respected. Vaginal examination should not be carried out if the woman does not understand the doctor's language without an interpreter/advocate except in an emergency. Hand hygiene shall be performed before and after the examination.

## **PRIOR TO THE EXAMINATION:**

Check if the woman has understood the purpose of the examination. Ask if she has had a vaginal examination before, and discuss any concerns regarding her previous experience. Explain the purpose for the examination. Inform the woman that the examination shall not be painful but may be uncomfortable.

## **STUDIES RELATED TO THE EXPECTATION ON CARE DURING VAGINAL EXAMINATION:**

Fiddes P, Scott A, Fletcher J, Glasier A (2009), conducted a survey to explore attitudes towards pelvic examination and chaperones (attendant of choice) which shows that the majority of women (59%) do not mind being examined, and when the examiner is a female most women do not particularly want a chaperone. One-third of women (34%) actively object to a chaperone. Health professionals were not good at predicting women's feelings and expectations about pelvic examinations. Young women (under 25) and nulligravid women are more likely to find pelvic examinations distressing but not more likely to want a chaperone present. Yanikkerem E, Ozdemir M, Bingol H, Tatar A, Karadeniz G.(2005), conducted a study to describe the women's expectations of doctor's and nurse's role during vaginal examination, to identify if women have a preference for the doctor's gender and to investigate women's feelings during examination. The result showed that more than one-half of women felt anxious or worried about their health situation during the pelvic examination (54.8%), and 41.8% of women said that they were embarrassed about having to undress. 45.5% of women reported that they would prefer a female doctor, only 4.2% of women would

prefer a male doctor in their Obstetric and Gynaecological Care, and the remaining women (49. 9%) expressed no preference. Most women (62. 1%) expected the doctor should explain their health situation after examination. 71. 8% of women said that the nurse should have an understanding and gentle manner, and 28. 2% of women stated that the nurse should offer information to the patient about the pelvic examination. The study concluded that it is very important for the women who participate in the care receive information during the gynaecological examination. When treated with respect, the women were able to have a positive relationship with the staff. This encourages the women to attend clinics for their own health needs.

Moettus. A, Sklar. D, Tandberg. D (2004), conducted a study to explore the effect of physician's gender on women's perceived pain and embarrassment during pelvic examination. The results show that the mean pain scores were similar for female (33. 6 mm) and male (38. 8 mm) examiners. The medians were 19. 5 mm and 41. 0 mm respectively (difference, 21. 5 mm; 95% CI, -3. 5 to 34 mm;  $P = 0. 385$ ). The mean embarrassment score was lower for female (19. 6 mm) than for male (37. 4 mm) examiners. The medians were 5. 0 mm and 28. 0 mm respectively (difference, 23 mm; 95% CI, 11. 5 to 40 mm;  $P = 0. 00012$ ). The level of examiner training did not appear to affect the either score ( $P > 0. 6$ ). Emergency department patients perceive pelvic examination by a male examiner as more embarrassing than being painful compared to being examined by a woman. Hilden M, Sidenius K, Langhoff-Roos J, Wijma B, Schei B (2003), conducted a study to assess the possible factors associated with experiencing discomfort during the vaginal examination. The results show that discomfort during the vaginal

examination was strongly associated with a negative emotional contact with  
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the examiner and young age. Additionally, dissatisfaction with present sexual life, a history of sexual abuse and mental health problems such as depression, anxiety and insomnia were significantly associated with discomfort and it concluded that the emotional contact between patient and examiner seemed to have great importance when focusing on discomfort during the vaginal examination. The study concluded that the Gynecologists need to focus on the emotional contact and to reevaluate issues for communication before the examination. Gupta. S, Hogan. R, Kirkmam. R (2000), conducted a study to analyze woman's experiences of the first pelvic examination and identify positive and negative components. The study finding were, the first pelvic examination occurred at a mean age of 17. 3 years (range 11-23 years), significant trends of a positive experience were found when the examination was conducted by a female doctor ( $p = 0. 02$ ), when it was conducted in a family planning clinic as opposed to general practice ( $p = 0. 04$ ), after permission was sought ( $p = 0. 001$ ) and with increasing age at first examination (Mann-Whitney,  $p = 0. 003$ ). There were no significant differences in outcome with offer of, or presence of, a chaperone. It concluded that the examination should be done by a female doctor who seeks permission before the examination, which should be uninterrupted. Wijma. B, gullberk. M, kjessler. B (1998), conducted a study to assess the attitude towards pelvic examination in Swedish women. The results revealed that as the women had positive, uniform attitudes to pelvic examinations in general, but negative experiences on specific parts of the procedure. The experience of the first pelvic examination was more negative than the experience of the next. A negative experience correlated with experience of pain during the first pelvic examination. The first pelvic

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examination emerged as a statistically powerful background factor for subsequent attitudes to pelvic examinations. Webb. R, Opdal. M (1996), conducted a study to determine whether women prefer male or female physician for gynecologic examinations, whether they want a third person to be present during examination and what behavior the physician and third person should exhibit. The results of the study showed that 51% did not mind whether the physician was male or female, but 43% preferred female doctors. When being examined by a male physician, 62% wanted a third person to be present; only 30% wanted that if the physician was a female. It was concluded that many women do not mind whether they are examined by male or female doctors, many prefer having a third person present when the examining physician is a man and some want the opportunity to choose the attendant of choice if present. Jeppensan U (1995), conducted a qualitative study to assess the women's ' experience of pelvic examination and found that women were nervous before a pelvic examination, but regarded it as a necessary procedure to rule out gynecological disease. Advance expectations were worse than the actual experience. The women identified several matters as essential for their ability to feel in control during the procedure, such as the doctor's gender, informed communication, positioning during examination, integrity during nakedness, and trust in the doctor. The study concluded that pelvic examination is a procedure which reveals ambivalence in the women due to its intimate relationship between sex, power, and medical knowledge. The doctor can contribute to the empowerment of the women by acknowledging the specific context of the procedure, listening to the voice of the individual patient and respecting the inherent ambivalence of the situation. Broadmore J, Carr-Gregg M, Hutton JD, <https://assignbuster.com/the-individual-perception-modifying-factors-health-and-social-care-essay/>

(1986) conducted a study to explore information on the experience of their previous vaginal examination. Study results showed that there was a wide variety of experiences and preferences. In particular, women appreciated an explanation of the procedure, a warm speculum, and a relationship with the doctor that was sensitive to the women's feeling during the examination.

Hagihara. A, Tarumi. K, (1985), conducted a study to explore the quality of patient and doctor's communication during vaginal examination. The result of the study was that the patient felt safe, comfortable and cooperative if the doctors explained well before the vaginal examination. The patients were very anxious, stressful and not able to cooperate when the doctors were not explaining the procedure. Thus, based on the above studies, the investigator identified different expectations of the women during vaginal examination like requiring information about the procedure, adequate privacy, reassurance and supportive talk during the procedure, explanation of each steps of the procedure and needed an attendant of choice. It helped the investigator to formulate the tool for the study to assess expectations on care during vaginal examination among women receiving care in selected Maternity Centre in Chennai and to substantiate the study findings during the discussion.