

# Attitudes of Women Toward the Gynecologic Examination

Jacqueline B. Petravage, Larry J. Reynolds, PhD, Henry J. Gardner, MD,  
and James C. Reading, PhD  
Salt Lake City, Utah

This study was undertaken to determine why patients feel uncomfortable during the gynecologic examination, to assess general knowledge about the procedures, and to find out what would make the patient feel better about the examination. Nine hundred seventy-seven women sampled in 14 different health care facilities in the Salt Lake area in Utah filled out a two-page, self-administered questionnaire while waiting for a medical appointment. Results show that women feel less comfortable during the pelvic examination than they do during the breast examination; physical discomfort of the pelvic examination is the reason most frequently cited. There were 77.1 percent who stated they would feel better about the examination if the physician told them what was going to happen. Over 70 percent wanted to know more about their female organs, normal sexual functions and emotions, and reasons and procedures for the pelvic examination; 68.3 percent felt that knowing more would make them more comfortable. There were 46.5 percent who thought the use of a mirror for the woman to observe the examination was a good idea. Only 28.9 percent knew the rectum was examined. This study shows that women need and want to be educated about the gynecologic examination.

An essential part of the solution of most major health problems today includes patient education.<sup>1</sup> Not only must patients be provided with pertinent medical information, but also they must be given a chance to provide feedback regarding what they need to know and how they feel about their

relationship with their physician, so that appropriate modifications may be made. Thus, an assessment of patients' needs and attitudes is an aspect of patient education which can no longer be ignored.

There are many situations during which a patient may routinely see a physician for such purposes as well-baby care and obtaining an annual Pap smear. An understanding of patients' attitudes during such examinations could well provide insight into improving the physician-

From the University of Utah School of Medicine, and the Department of Family and Community Medicine, University of Utah, Salt Lake City, Utah. Requests for reprints should be addressed to Ms. Jacqueline B. Petravage, Department of Family and Community Medicine, University of Utah, 50 North Medical Drive, Salt Lake City, UT 84132.

patient interaction. Women's health care and, in particular, the gynecologic examination is one area where such an assessment has been long overdue. It appears that women are becoming increasingly dissatisfied with the quality and kind of care they are receiving, and indeed, popular women's magazines since the early 1970s have carried more and more articles on the subject of women's health care. In an article in *McCall's* magazine, "Why Women are Losing Faith in Their Doctors," Judy Klemesrud wrote that "the blind trust that patients once gave to their gynecologist is gone."<sup>2</sup> Many books have been written sensitizing women to this issue, including *Vaginal Politics* by Ellen Frankfort<sup>3</sup> and *Our Bodies, Ourselves* by The Boston Women's Health Book Collective.<sup>4</sup> Self-help clinics are springing up all over the country.

But how do women really feel? Little research has been done on this subject. One study was done by Osofsky<sup>5</sup> in which 40 women were asked to subjectively rate the amount of anxiety experienced during pelvic examination. Each was asked to rank the amount of discomfort during each step of the procedure. The women were also asked to describe the emotions and bodily sensations experienced throughout the pelvic examination; these results were discussed descriptively. Needle<sup>6</sup> investigated college women's level of satisfaction with their last gynecologic visit by asking how willing they were to return to the health care provider, and identified factors influencing levels of satisfaction in terms of the professional-client relationship. Haar, Halitsky, and Stricker<sup>7</sup> explored attitudes to the gynecologic examination and gynecologist through a self-administered questionnaire completed by 409 female patients. They found that the traditional lithotomy position and breast examination were the most difficult aspects of the examination emotionally, whereas speculum insertion was the most uncomfortable physically. They also discovered that many women were dissatisfied with gynecologists' understanding of women's psychological and sexual problems.

Thus, in an attempt to further ascertain the attitudes of women toward the gynecologic examination, a research study was designed in order to find out possible ways to improve the physician-patient relationship by increasing awareness of women's needs.

## Methods

A two-page, self-administered questionnaire was designed to obtain information regarding women's attitudes towards, and knowledge of, the breast and gynecologic examinations. Questions included those related to degree of comfort and satisfaction, desire for increased knowledge, preference for physician by gender, desire for change in medical practices and physician behavior, and assessment of knowledge about the examination.

In the summer of 1977, 14 different health care facilities in the greater Salt Lake area in Utah gave permission for the questionnaires to be available for their women patients to fill out. These facilities were selected in an attempt to provide a good sampling of the population, insofar as it could be obtained in this manner. Nine hundred seventy-seven questionnaires were completed (n=977). The clinics included two obstetrics-gynecology clinics (n=453), three facilities involved in family planning (n=200), two university student health facilities (n=87), six family-oriented clinics (n=229), and one female gynecologist in private practice (n=8). By including various types of clinics, such as family planning clinics and more traditional obstetrics-gynecology practices, it was hoped that women with different backgrounds would be included in the study. A representative sample is difficult to obtain in this way, but it was felt that a maximum number of responses could be obtained in a short amount of time.

The questionnaires were located at the receiving desk of the facility, and women who so desired could fill them out after checking in and while waiting for their appointment. A cover letter to the patient explained the project and asked for the woman's volunteer participation, the only requirement being that she had had a pelvic examination before. No names were asked. Completed questionnaires were returned to a box in order to further assure the woman of anonymity, and to assure collection of the data. The questionnaires were available for approximately two weeks, and then the data were collected and coded for keypunching and computer analysis.

Demographic data (Table 1) on the women participating in the study revealed that the median age was 28.4 years. Two thirds of the women were married. Nearly 40 percent were homemakers, nearly 35 percent were employed full-time, and 12 percent were students. Total family income was

fairly well distributed. Ninety percent finished high school and over one half of the women had education beyond high school. Over two thirds of the women had one or more children. Almost two thirds of the women were members of the Church of Jesus Christ of Latter-Day Saints (LDS, Mormon), the predominant religion in Utah. Most of the women had had a pelvic examination within the past five years.

**Results**

The data were analyzed in several ways, the first being a frequency distribution of the responses to the individual questions. The percentages listed are based on the number of people answering the questions.

Several questions pertained to the breast examination. The woman was asked if she felt comfortable having a physician examine her breasts. There were 72.7 percent who replied yes to this question. This relatively high response is not surprising in that studies that deal with patient satisfaction (and this might be extrapolated to those dealing with comfort) report a high percentage of favorable responses. In this study, however, a question regarding "general comfort" is usually followed by a question asking for specific reasons for discomfort. Several women answered the general comfort question by saying they were comfortable, and yet checked specific reasons for discomfort in the following question. Thus, although a woman may state that she feels comfortable when asked a general question, specific probing may reveal that she feels otherwise.

If the woman indicated that she did not feel comfortable having a physician examine her breasts, she was asked to check all the reasons why she felt that way. The highest response checked (12 percent) was the fact that breasts are sexual organs. Other reasons were the physician's personality, attitude, and/or sex (5.5 percent), the physical discomfort of the examination (4.6 percent), and a previous unpleasant experience during the breast examination.

In response to whether or not a woman felt comfortable having a physician show her how to perform a self-examination of her breasts, 62.4 percent replied "yes" and 13.3 percent said "no."

Table 1. Demographic Data

Age Years	Marital Status	% Occupation	Total Family Income	Education Level	Pelvic Examinations (Past Five Years)		Children		Religion Preference	%	
					%	Number	%	Number			
<17	2.4 Single	20.3 Homemaker	<\$7,000	25.1 Did Not Finish High School	9.6	0	2.3	0	32.3	Catholic	9.7
18-25	44.7 Married	67.4 Employed Part-Time	\$7,000-11,999	28.4 High School Graduate	28.1	1-3	34.7	1	18.7	Jewish	.6
26-35	37.7 Divorced	8.8 Employed Full-Time	\$12,000-19,999	28.7 College Graduate	23.3	4-6	37.6	2	16.8	LDS	63.0
36-45	8.7 Separated	2.0 Retired	\$20,000-29,999	12.4 Advanced College Degree	4.4	7+	25.4	3	16.4	Protestant	12.7
>45	6.5 Widowed	1.2 Student	\$30,000+	5.4 Some Schooling After High School	34.6			4	8.7	Other	13.8
	Other	.3						5+	7.1		
Median Age: 28.4											

Table 2. Estimate of Medical Knowledge

	% Correct
Pap smear detects? (Cancer)	92.1
"Do you know what parts of the body the physician examines during the pelvic examination? Please check all that apply."	
	% Checked
Cervix or mouth of womb	77.1
Vagina	74.2
Uterus or womb	71.5
Ovaries	55.7
Rectum or lower bowel	28.9
External genitals	27.3
Bladder	11.8
Liver	1.2
Don't know	12.0

Thus, women feel less comfortable having a physician show them how to perform a self-examination of their breasts than they do having a physician examine their breasts, a fact which has important implications in terms of teaching the breast self-examination (BSE). Over 200 women (24.2 percent) replied that no physician had shown them how to examine their breasts. One might speculate that nurses and paraprofessionals may have shown them how, but it is not probable that this would be the case for all the women. This seems to be an important area of deficiency.

When asked if they felt comfortable during a pelvic examination, only 45.2 percent responded "yes." This indeed indicates that many women really are not comfortable during the pelvic examination, especially in light of the fact that patients tend to respond favorably to these kinds of questions.

The next question asked for specific reasons for their discomfort during the pelvic examination. The greatest response checked (37.5 percent) indicated that the physical discomfort of the examination was the reason for discomfort; 20 percent said

it was because it was an examination of sexual organs; 7.3 percent cited the particular physician's attitude and/or sex as the reason, while 5 percent cited a previous unpleasant experience during the pelvic examination.

Several questions dealt with the area of comfort in discussing such subjects as sexual problems and birth control. Eighty-nine percent replied they felt comfortable discussing these matters with their spouse, some family members, and close friends, while 81.4 percent said they felt comfortable discussing these matters with their physicians.

When asked who they would prefer to initiate a discussion about these kinds of subjects, 52.6 percent had no preference, 17.1 percent preferred to bring up the topic themselves, while 30.3 percent wished the physician to bring up the topic. One might speculate that the 30.3 percent of the women who wished the physician to bring up these topics might be more reserved, but would want the physician to raise these subjects for discussion. Thus, it is important that the physician bring up these topics if the woman herself does not bring them up.

Table 3. Sources of Information

"If you would like more information about the breast or pelvic examinations, or your own body, where would you like to get the information? (Check all that you would regard as useful sources.)"	
Source	% Checked
Physician	86.6
Pamphlets	68.3
Nurse	53.4
Short movie	31.2
Magazine	25.8
Anatomical model	22.2
Television	14.2
Family	12.3
Friends	9.0

When asked to specify why she felt uncomfortable discussing such matters as sexual problems and birth control methods with her physician, 11.3 percent checked it was because of the subject matter—sexual topics, while 10.8 percent cited the particular physician's personality and attitude as the reason.

Two items in the questionnaire were designed to ascertain if there is a sex preference with regard to a woman's physician. These data indicate there is not. Only 20.7 percent said they would feel better about their breast and pelvic examination if they were examined by a female physician. Nineteen percent said they would prefer to discuss sexual matters and birth control methods with a female physician, 12 percent specified a male physician, and the majority (68.7 percent) had no preference.

Several questions were designed to assess the woman's medical knowledge. When asked what a Pap smear detects, 92.1 percent answered correctly that it detects cancer. In another question, the patient was asked to indicate which parts of the body the physician examines during a pelvic

examination. Almost three fourths of the women knew that the cervix, vagina, and uterus were examined (Table 2); only 55.7 percent knew that ovaries were palpated. Only 28.9 percent realized that the rectum should be checked; one could ask whether it is that the patient does not realize this is being done (and this seems unlikely) or that the recto-vaginal examination is not being performed. Twelve percent admitted they did not know what was being examined—that is over 110 women!

When asked what sources women would regard as useful in obtaining more information about the breast or pelvic examinations, 86.6 percent checked physicians, thus emphasizing the importance of the time the physician has with the patient for patient education. Sixty-eight percent checked pamphlets, while only 53.4 percent indicated a nurse, which is somewhat ironical because nurses are frequently the people doing the education (Table 3).

One question suggested possible alternatives that might make the woman feel better about her breast and/or pelvic examination (Table 4). Over three fourths of the women wanted the physician

ATTITUDES TOWARD GYNECOLOGIC EXAMINATION

**Table 4. Preferences for Gynecologic Examination**

"I would feel better about examination if":	% Yes	% No Preference	% No
More time to talk with physician	56.8	27.7	15.5
First saw physician while dressed	31.2	39.6	29.1
Better instructions on exam gown	28.5	35.7	35.8
See physician during examination	20.4	35.9	43.7
Physician told what is going to happen	77.1	14.1	8.8
Physician showed instruments	53.5	23.6	22.9
Instruments were warmed	66.6	20.4	13.0
Examination performed more quickly	29.1	33.9	37.0
Examination performed more gently	62.0	20.3	17.7
Examined by female physician	20.7	42.7	36.5

to tell them what he/she was going to do! Over half the women wanted more time to talk with the physician and wanted the physician to show and explain the instruments. This indicates that women want to know what is going on during the examination and want time to talk with the physician. Two thirds wanted the instruments warmed before the physician used them, and 62 percent wanted the examination performed more gently. Thus, women have definite ideas on what would improve their examinations.

Another question explained that mirrors are being made available for women during the pelvic examination so that women can see the examination and learn about their bodies and the examination. When asked if this were a good idea, 46.5 percent checked "yes," 28.5 percent were undecided, and only 25 percent checked "no." This indicates that more women than might be expected

are open to this nontraditional idea, an idea that is being put into practice in women's self-help clinics across the country, and can be offered as an option to women during the pelvic examination.

Women were asked if they would like to know more about female organs, reasons and procedures for the pelvic examination, and normal sexual functions and emotions. More than 70 percent replied "yes." The following question asked if the woman thought she would feel more comfortable during the examination if she knew more, and 68.3 percent responded "yes," only 20.2 percent checked "no," and 11.5 percent were undecided. This clearly shows that women want to know more about what is going on within their bodies and during the examination, and they feel that knowing more would make them feel more comfortable.

Specific responses to 19 different questions in

the questionnaire were judged to be indicators of a desire for change in physician behavior or medical practice. An analysis of answers to these particular questions was made, and a scale was set up whereby women who checked more "yes" responses were considered to be more in favor of change in physician behavior or medical practice. Demographic and other data were cross-tabulated with these results in an attempt to determine various trends. Single, younger, non-LDS (non-Mormon) women with fewer children had a higher "desire for change" score, as did those who checked more frequently that they were uncomfortable during part of the examination and those who checked more reasons for being uncomfortable.

Although certain trends do exist, analysis shows that even in groups with less desire for change, for example LDS married women over 25, over 50 percent of these women do desire four or more changes.

## Discussion and Conclusions

The pelvic examination with an accompanying Pap smear is a critical examination for women, during which pathology can often be detected early. Many women, however, put off having their yearly check-up because of the discomfort they experience; something must be done to remedy this situation.

This study points out that many women do not know what the physician is examining during a pelvic examination. It also reveals that many women want to know more about their bodies and the pelvic examination, and, feel that by knowing more about what is going on, they would feel more comfortable. Women also want more time to talk with their physician and regard the physician as an important source of information; thus, the ideal solution is for the physician to tell the woman what she/he is examining and why, which would serve the dual purpose of teaching the patient and allaying anxiety. As Debrovner and Shubin-Stein wrote: "A running dialogue about what is being done and what is being found is an excellent way to establish communication, encourage questions, and get the patient involved in her own health care."<sup>8</sup>

Other points to be reiterated here are that fewer women are comfortable when the physician shows them how to perform a breast self-examination than when the physician examines their breasts, thus pointing out the need for increased sensitivity on the physician's part when self-examination of the breast is being taught. Additionally, it is important to make sure this procedure *is* taught, because this study shows that it is not always being done. Another important part of the examination which may be being omitted is the recto-vaginal examination, since only 28.9 percent knew the rectum was examined.

This study shows that women want to know more, and do desire some change in medical practice. These are particularly interesting results in light of Utah's conservative culture. This study supports the theory that the physician-patient relationship must evolve from that of parent-child to that of employee-consumer, meaning that active dialogue must ensue between the physician and patient in order to attain the goal of adequate health care. This more honest kind of relationship can only lead to better medical practice.

## References

1. Taylor HC Jr: Responsibility of the obstetrician-gynecologist for lay education. *Am J Obstet Gynecol* 104:301, 1969
2. Klemesrud J: Why women are losing faith in their doctors. *McCall's* 100:9, 1973
3. Frankfort E: *Vaginal Politics*. New York, Bantam Books, 1973
4. The Boston Women's Health Book Collective: *Our Bodies, Ourselves*, ed 2. New York, Simon and Schuster, 1976
5. Osofsky HJ: Women's reactions to pelvic examination. *Obstet Gynecol* 30:146, 1967
6. Needle RH: Patterns of utilization of health services by college women. *J Am Coll Health Assoc* 24:307, 1976
7. Haar E, Halitsky V, Stricker G: Patients' attitudes toward gynecologic examination and to gynecologists. *Med Care* 15:787, 1977
8. Debrovner CH, Shubin-Stein R: Psychological aspects of vaginal examination. *Med Aspects Hum Sexuality* 9:163, 1975