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## Patients' opinions on gynaecologists – experiences and assessments

### Abstract

Over the last few years, relatively close attention has been paid to analysing the attitudes of women to routine health check-ups and their knowledge of the risks associated with cervical cancer and breast cancer. What could also provide inspiring insights for scientific exploration, not only in the context of prevention, are the relationships between gynaecologists and their patients, gynaecologist appointment experiences, and satisfaction with care quality. It is important to note that the fear of the gynaecologist could be a serious barrier for women, and having a doctor they can trust has a positive impact on the regularity of their appointments. At the same time, negative experiences associated with the uneasy and perhaps embarrassing gynaecological examination, or doctor's behaviour, are by no means the only reasons why women avoid such appointments. This article presents an up-to-date overview of the use of gynaecological care in Poland, along with findings from selected western studies.

**Keywords:** gynaecologist, gynaecologist appointment, patient's perspective, gynaecological care in Poland.

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### INTRODUCTION

When the *Population Programme for the Prevention and Early Detection of Cervical Cancer* and the *Population Programme for the Early Detection of Breast Cancer* have been introduced, a number of studies followed to examine the attitudes of women to health. Scientists focused especially on the knowledge and behaviour of female Poles in relation to the proposed free-of-charge tests for early cancer detection [1-3]. In such studies, conducted by sociologists, psychologists, and other experts in health sciences, the experiences associated with the use of gynaecological care usually served as a background to explain the problem of low reporting rates across routine health check-ups [4,5]. A notable exception to this generalisation are works by A. Ostrowska [6,7]. Indeed, the opinions of women about the services provided by gynaecologists constitute an issue that deserves a separate study.

### AIM

Therefore, the aim of this paper is to present patients' opinions on gynaecologists, their experiences and assessments, as an important factor affecting women's health behaviours. Due to the limitations of the paper, it will discuss only selected, most relevant and up-to-date findings from Polish studies (with international research supplement) on the frequency of, and reasons for, gynaecological consultations, patients' preferences with regard to gynaecologists, satisfaction with the service, and discomfort

during gynaecologist appointments. The analysis of these aspects of gynaecological care may provide us with some recommendations, which can be useful for medical practitioners and beneficial for patients themselves.

### Frequency of, and reasons for, (not) going to a gynaecologist

One of the most up-to-date sources of data about the frequency of gynaecological consultations in Poland is a report prepared in 2017 by Kantar Millward Brown at the request of the Ministry of Health, entitled *A study of attitudes to health behaviours related to cancer prevention among Polish citizens, with a particular focus on the attitudes of female Poles to cervical cancer and breast cancer*. In the light of representative quantitative studies, 61% of women go to gynaecologists for check-up purposes or to consult disease symptoms or signs of pregnancy, but as many as 36% do so only if absolutely necessary, which makes early identification of any health problems unlikely. This is also reflected in the structure of reasons for the first consultation with a gynaecologist. For 39% of female Poles this was pregnancy, for 36% prevention, for 15% disturbing symptoms or treatment, and for 6% contraception [8]. Studies prepared on the basis of another representative survey carried out in 2014 provide more detailed data on the regularity of such appointments. These show that as many as 54% of Poles consult a gynaecologist at least once a year, 17% do so once every two years, and as many as 25% of respondents once every three or more years [9,10].

More frequent appointments are reported by women with higher education, better financial situation, and living in bigger cities. What is noteworthy are their arguments for taking

care of their health, as identified through qualitative analysis. These included routine efforts to remain attractive (treated on a par with such activities as going to the hairdresser's or having beauty treatments); to remain feminine in every sense of the word; and, last but not least, to take responsibility for oneself. The women who denied the need to visit a gynaecologist regularly included some for whom this was an embarrassing and often painful experience, as well as those in old age, including women who had had their reproductive organs removed, who no longer considered it necessary to look after their health [8].

Somewhat different reasons, resulting from cultural and structural diversity, were analysed by A. Ostrowska, who addressed the issue of health behaviours among women from rural areas and small towns, who benefited from social security programmes [6,7]. Her in-depth interviews show a peculiar rationale resulting from cultural and financial deprivation, which leads those women to neglect their health and consult almost exclusively troublesome or acute symptoms. Younger women tend to be more regular with their appointments. This is especially due to the pregnancies which, in a way, make such appointments necessary. But unfortunately, the last pregnancy often tends to be the last "legitimate" opportunity to visit a gynaecologist, although interest in such consultations is somewhat renewed during menopause (most likely because of the associated troublesome complaints).

### Patients' preferences for gynaecologists

The authors of the research projects discussed above observed that having a regular gynaecologist (described as "my gynaecologist") encourages patients to go for health check-ups<sup>1</sup>. What should such specialist be like? In terms of the doctor's gender, the preferences among female Poles tend to vary. On the one hand, there seems to be less embarrassment associated with visits to female gynaecologists, but on the other hand male gynaecologists sometimes are considered gentler during gynaecological examinations [8]. A. Łuszczynska and A. Bukowska-Durawa argue that examination by a male gynaecologist is a serious barrier to regular health check-ups for as many as 19.7% of women [4]. This claim is challenged by P. Niziurski, who argues that doctor's gender is not relevant for patients, suggesting that it is the opinions of other women about a specific doctor that are, in fact, crucial for choosing one specialist over another [11].

Some interesting regularities have been reported by English-speaking authors, who have compared the importance of gender and humanistic qualities or technical competence (HQTc). In their study, they showed the respondents photos of gynaecologists (2 female and 2 male), asking them to choose one. Initial preferences (83% opted for female doctors) changed significantly when male gynaecologists were described as competent and having what is known as humanistic qualities (62% opted for male doctors) [12]. Similar findings were reported in a representative survey into the reasons for low reporting rates for cytology examinations (2014), as conducted by W. Piątkowski et al. The characteristics of a "good" gynaecologist, as mentioned by respondents, included, inter alia., experience (56%), gentleness (46%), expertise (45%), and politeness (40%)<sup>2</sup>.

### Satisfaction with, and trust in gynaecologists

Results of quantitative studies usually show high levels of patients' satisfaction with the services provided by gynaecologists in Poland. The opinion poll mentioned above, conducted by TNS Polska at the request of W. Piątkowski et al. (2014) on a sample of 500 female Poles aged 25-59 showed that only 2% of respondents declared dissatisfaction with their gynaecologist. Extremely similar results (less than 2% of dissatisfied women) were also obtained in Lublin for female patients across 11 gynaecological and obstetric outpatient clinics. A considerable majority (90%) trusted their doctors [13]. Findings based on the *Trust in Physician Scale*, as reported by E. Krajewska-Kułak et al., confirm considerable trust (90%) placed by Polish patients in their gynaecologists [14].

Nonetheless, it should not be ignored that qualitative research facilitates a more in-depth analysis of situations regarded by the patients as undesirable, even if uncommon. An example of dissatisfaction is quoted by the Kantar Millward Brown report authors, in which a patient says "*I usually visit a gynaecologist when I actually experience some health problems and feel I have no choice... I think that a gynaecologist should be the one to perform breast examination during the visit, but nobody does it in the place where I live. Doctors treat their patients impersonally, perform only the required examinations and tests, they focus on your actual complaint exclusively, which is also the case of my GP. It's not worth talking about, real doctors with a sense of vocation are hard to find nowadays. It often happens that even if I ask for a referral to have some medical examinations done, the reply is that I am too young and they are unnecessary, or that I can have them done by a private institution instead. Well, these are the times we live in. And I have been paying health insurance contributions for almost 20 years now.*" (*IdeaBlog, secondary education, city, 38 years old*) [8, p. 117]. Patients' proactive approach to their health seems to gain more and more popularity, which is not without influence on the doctor-patient relationship. According to A. Hill, C.V. Smith and B.W. Hadden, patients experience more satisfaction if the doctor allows for their participation in the health-related decision-making process and respects their autonomy [15]. A patient-centred communication style [16] and sensitivity to patients' specific needs, as in the case of young and very young people, as well as people with disabilities and LBTQs, are essential for implementing the abovementioned objective. In the light of an Internet survey conducted in a group of 2501 women aged over 12, the aspect considered as the most significant was obtaining full and comprehensive information from the doctor (86.1%), and obtaining referrals for examinations (82.2%). Also, not without significance was refraining by the doctor from "commenting on the patients' personal decisions" and expressing the doctor's private opinions (67.3%) [17].

### Sense of uneasiness related to a gynaecologist appointment

The uneasiness and anxiety experienced by patients during a gynaecologist appointment constitute considerable obstacles in attending consultations on a regular basis. The element of such a consultation that is the most stressful for patients is the necessity to be seated in the examination chair and the exami-

<sup>1</sup> The importance of gynaecologists in cytology-based prevention measures will be the subject of a separate study.

<sup>2</sup> Project entitled "The Problem of Attendance of Women to Cytological Tests in Poland. An Attempt at Socio-medical Analysis" financed by the National Science Centre (DEC-2011/03/B/HS6/04503) and conducted between 2012 and 2015 by a team led by Włodzimierz Piątkowski, PhD, UMCS Professor (Project Manager), Prof. Wiesława Bednarek, MD, PhD, Marcin Bobiński, MD, PhD, and Anna Sadowska, MA.

nation itself, especially in the case of rectal examinations (the least discomfort is experienced during breast exams). Most women perceive the presence of third parties, such as another doctor, midwife, or even a family member or friend as undesirable [11]. At the same time, according to the recommendations of the Royal College of Obstetrics and Gynaecologists (RCOG), a *chaperone* should be offered to every patient for an intimate examination [18]. The access to such assistance seems particularly valuable for minor patients, and the research conducted in Canada included both medical staff and family members in this role. According to the surveyed girls, a chaperone guarantees additional safety (65%), provides emotional (63%) and informative (55%) support, and can even speak up for patients (44%) [19].

When compared to the abovementioned example, other methods of relieving stress during a gynaecological examination referred to by foreign researchers, seem to introduce merely cosmetic changes. These include disposable wrap skirts which facilitate the examination and allow the patient to move from the changing area to the examination chair without having to expose her intimate parts. This solution is rated very highly, especially in the case of male gynaecologists [20]. The use of special gynaecological garment in the form of dressing gowns or kimonos, or even relaxing music, can reduce anxiety experienced by patients [21]. R.L. Volpe goes even further in her deliberations, giving a description of a gynaecologist appointment experience: *“Meeting the doctor for the first time in one’s own clothes may seem like a minor point. Perhaps it is. But this minor point is best understood as part of a larger practice: that of seeing the patient as a person, not a sexualized woman, not a disembodied set of organs, not a depersonalized and disempowered patient, but as a person who will play an equal role in her health care if given the opportunity. (...) To a certain point, the gynecological exam may always be a disempowering experience for women. (...) But don’t we have an obligation to minimize the loss of power to the extent that it is possible? If something small—like taking the extra time required to meet the patient with their clothes on—helps patients be more engaged in their own health and interact as equal partners with their physicians, shouldn’t we do it?”* [22, p. 69-70].

## CONCLUSIONS

An analysis of gynaecologist appointment experiences poses an exceptionally interesting research problem as it offers the possibility to use analysis results in the following fields: 1) patient empowerment which fosters patients’ proactive approach to their health, including attending gynaecology clinic for preventive and informative purposes; 2) creating an atmosphere that enables communication focused on the patient and her needs; 3) training medical personnel in interaction and communication with patients depending on their age, education, financial status, health, culture and experience; 4) increasing the quality of medical services by encouraging doctors’ professionalism and eliminating behaviour that would infringe on patients’ rights. It should also be remembered that satisfactory and regular contacts with a gynaecologist provide better diagnostic opportunities and, above all, facilitate the implementation of a holistic model of care.

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