Effect of Pre-Gynecological Examination Counseling Sessions on Relieving Women's Pain, Discomfort and Enhancing their Satisfaction

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Abstract

Background: Gynecological examination is an essential part in practice and very commonly widely method. **Aim**: This study aimed to evaluate effect of pre-gynecological examination counseling sessions on relieving women's pain, discomfort, and enhancing their satisfaction. **Setting**: The study was conducted at the gynecological clinic at Beni-suef University Hospital. **Design:** A quasi experimental study design. **Sample:** A purposive sample was 120 women who attended to the previously mentioned setting for the first time. **Tools:** Five tools of data collection were used. (I): A counseling interviewing questionnaire; (II): Comfort and pain scale; (III): Patients' satisfaction questionnaire sheet; (IV): Visual analogue scale to assess pain level and (VI): An instructional supportive brochure. **Results:** There was a marked improvement in knowledge of the studied group than control group about gynecological examination after intervention with highly statistically significant difference. 73.30 % of the control group had unsatisfactory knowledge about gynecological examination. While 15% of the studied group had satisfactory knowledge about gynecological examination post intervention. 68.3% of the control group had discomfort during gynecological examination. While 80% of the studied group had comfort during gynecological examination post intervention.70% of control group were unsatisfied during gynecological examination. While 85% of the studied group were satisfied during gynecological examination post intervention. **Conclusion**: Counseling sessions regarding pre gynecological examination had positive effect on relieving women's pain ,discomfort and enhancing their satisfaction so the hypothesis was supported and accepted and the study aim was achieved after intervention with highly statistically significant difference at (P= < 0.01). **Recommendation:** Awareness program must be design and instrumented at gynecological clinic to enhance women's satisfaction and correct their misconceptions related to gynecological examination.

Keywords: Counseling, Gynecological examination, Patient satisfaction.

Introduction

Regular Gynecological Examination (Gyne. Ex.), done many times in all woman's life-cycle, is important attempts used in the estimation of women's reproductive health. Also, gynecological examination is an essential part in practice and a very commonly widely method. Moreover, gynecological examination means the examination of the genital organs which needs to be covered, hide and protected for majority of women. **(Sarpkaya & Vural 2014) .**

Furthermore, the importance of gynecological examination is to give accurate information and confidential answer to any question related to sex, changing body,

prevention through checking the internal and external reproductive organ for any health problem and finally, treatment for experience missed period, pain, and other reproductive dysfunction. Gynecological examination include, external vaginal examination, internal vaginal examination, bimanual examination, and Pap smear **(Tania & Angie's, 2013).**

Patient satisfaction is an important and commonly used indicator for measuring the quality of health care. Patient satisfaction affect clinical outcome, patient retention and nursing malpractice **(Hassan, et al., 2016).** Nursing practice " is the range of roles, functions responsibilities and activities which registered nurse is educated, competent and has authority to perform (**Altay, Kefeli, 2012).**

Furthermore, the nurses play a unique and important role in counseling, motivating and assisting patients in making health behavior changes through assisting in improving behaviors and providing self-management tools, and supporting patient self-management **(Metz & Gussman, 2014).** Moreover, counseling is a dynamic and purposeful relationship between two people, who approach a mutually defined problem with mutual consideration of each other to the end that the troubled one or less mature is aided to a self-determined resolution of his problem **(Said et al., 2018).** Furthermore, the Principles of counseling are tailor-made to the requirement of an individual's problem, emphasize thinking with the individual, avoid dictatorial attitude, and maintains a relationship of trust and confidence with the client (**Hassan, 2016).**The client's need is to be put first; everyone participating in the counseling process must feel comfortable. Skills of warmth, friendliness, openness, and empathy are ingredients of the successful counseling (**Zaić & Prosen, 2017).**

Significance of the study:

Based upon the previous study of (**Eid et al., 2019)**, who reported that fear and discomfort were the main complaint among patient undergoing gynecological examination and recommended to make a pre gynecological examination counseling to relieve patient pain and discomfort pre gynecological examination and enhance their satisfaction.

Gynecological examination is a nursing concern because nurses will play multidisciplinary role as counselor pre gynecological examination to correct and improve misconception and be life's regarding the examination while during examination as a care giver to provide safety , comfort , and pain relief as well as motivate patient satisfaction also nurse as a manager prepare clinic with available equipment and supplies which will be reflected up on comfort , and safety environment to reduce fear and pain further more nurse as a researcher most report and record all event and patient diagnosis for statistical analysis which will help as data base for anew researcher. So gynecological examination will be satisfying experience among patient through counseling session.

Aim of Study

This study aimed to evaluate the effect of pre-gynecological examination counseling sessions on relieving women's pain, discomfort, and enhancing their satisfaction.

Research Hypothesis:

Patient who received counseling session pre gynecological examination had shown better comfort, less pain ,as well as enhancing their satisfaction than those patient who didn't participated .

Subjects and Methods

Design

A quasi-experimental research design was utilized in this study

Setting

The study was conducted at the gynecological clinic at Beni-suef University Hospital.

Sampling:

Sample size

120 women who was attended to the previously mentioned study setting for the first time was included in the study was divided to two equally group 60 control group and 60 study group.

Sample type: A purposive sample was used in this study.

Inclusion Criteria

Age ranges from 20 to 35 years, firstly admitted to the gynecological clinic to perform gynecological examination, had a telephone number.

Exclusion Criteria: Pregnant women, Complaining of the following: Amenorrhea, Dyspareunia, , offensive vaginal discharge, and vulvar itching.

Tools of data collection:

Five tools were utilized in this research.

The first tool: Counseling interviewing sheet

counseling interviewing sheet following gathering model of counseling (GATHER) approach to counseling about gynecological examination adapted from **Rinehart et al. (1998) including the following parts:**

part I:

G: great the women

A: asking women about: General characteristics: (Age, name, area of residence, education level and marital status

- knowledge about (meaning, importance, types, indication and contraindication of gynecological examination)

Scoring system

Women knowledge was assessed as the following 2 for correct complete answer and 1 for correct incomplete answer. These scores were converted into percent score.

Knowledge score was classified into:

- A scoring of < 60% of the total score indicated satisfactory knowledge
- A scoring of >60% of total score knowledge indicated unsatisfactory knowledge.

Part II:

T: Telling women

(Orientation about gynecological examination clinic, position during the gynecological examination, about equipment would be utilized, types of gynecological examinations, the importance of gynecological examination, advantages, and disadvantages of gynecological examinations)

Part III:

H: Helping women

To undress her clothes. To assume a comfortable position during the examination. To save her clothes in a private place.

Part IV:

E: Explaining

- Explain gynecological examination procedure.
- Explain Rational from each step in the procedure.
- Explain laboratory investigation
- Explain medical diagnosis
- Explaining how to take medication (dose, route, time and its reaction).

Part V:

R: Referral

Give the women follow up card including the following

- The regular schedule for follow up visits
- Warning signs that need immediate consultation

- Researcher's telephone number to consult at any time

This tool would be used pre gynecological examinations, immediately post gynecological examination then four weeks post gynecological examination .

The second tool: Comfort and pain scale

A standardized tool for assessing women comfort and pain was utilized during gynecological examination. It included seven items upon each (1-3).

Scoring system:

The scoring system was utilized as from 1 to 3 score in front of each statement the researcher responds 1, 2, 3 score. The total comfort score was 8-16 indicate comfort and (17-24) indicate discomfort and pain .

The third tool: Patients' satisfaction questionnaire sheet.

This tool aims to assess patients' satisfaction with the quality of nursing care. This tool adopted from **Albashayreh, et al (2019)**. It included 15 statements and modified by the researcher upon each statement patients' respond (satisfied, extremely satisfied, dissatisfied and extremely dissatisfied,).

Scoring system

The scoring system was utilized, two likert scale (1=dissatisfied and 2 =satisfied). Total score of satisfaction was 26 Satisfy ≥ 60% (that mean ≥ 16 score). Dissatisfy < 60% (that mean

The fourth tool:

Barriers that facing women during the gynecological examination as self-reported by the women designed by the researcher; included five statements upon each statement women respond yes or no post intervention .

Scoring system

scoring system was utilized, (0=no and 1 =yes). Total score of self-reported barriers was 6.

The fifth tool: visual analogue scale

The visual analogue scale was used to assess pain degrees **(Gillian et al., 2011).** Visual Analogue Scale (VAS) is a measurement instrument that tries to measure the characteristics or attitudes that are believed to range across a continuum of values and cannot easily be directly measured. It is usually a horizontal line, 100 mm in length, anchored by word descriptors at each end, as illustrated in the figure below:

The level of pain associated with gynecological procedures would be measured by asking the participants to place a line perpendicular to the VAS line at the point that best indicates their pain at the present time.

Scoring system

The score would be considered as the following: 0=no pain, 1-6=moderate pain, 7-10=sever pain.

Ask the women to rate their current level of pain by placing a mark on the line . from " no pain marker " to the current pain mark this provide a pain intensity score out of 10 for example 6 out of 10 (6/10)

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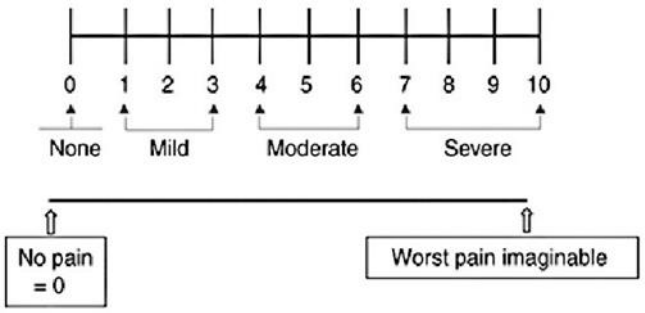

An Instructional supportive brochure

An instructional supportive brochure was designed and distributed among women at the end of the counseling session. To enhance their comfort and satisfaction. Brochure include definition of gynecological examination, position during the gynecological examination, about equipment will be utilized, types of gynecological

examinations, the importance of gynecological examination, advantages, and disadvantages of gynecological examination

Validity of the tool

Validity of the tools was done by three of Faculty's Staff Nursing experts from Gynecology and Obstetric nursing specialists who reviewed the tools for clarity relevance comprehensiveness and applicability and give their opinion , according to their comments modification were considered.

Reliability of the tool

Reliability of the study tool were tested for it's internal consistency by Chi-square (x2) test of significance in order to compare proportions between two qualitative parameters. Reliability of the study tool was highly statistically significant difference at (P= < 0.01) for knowledge sheet. while chi square. 13.007 p value. <0.01**. For comfort scale while chi square. 14.098 p value. <0.01** for satisfaction scale and highly significant difference at p value <0. For visual analogue scale.

Pilot study:

It was carried out on 10% (12 women) of the study subjects to assess applicability and practicability and the clarity of the study tools then any modifications were considered

Ethical Considerations

A letter of approval to conduct the study was obtained from dean of Faculty of Nursing Benha university. Then approval from the ethical of research committee at Beni-Suef and Benha faculty of nursing will be obtained to conduct the study. Another letter of approval for Beni-suef University Maternity Hospital director included the title and the aim of the study. Informed consent was obtained from each participant in the study; the aim of the study was explained before starting the study for each participant. Each woman had the right to withdraw from the study at any time. Tools of data collection were not touch women's dignity, culture, and ethical issues. The participant was interviewed separately in a private room. After data collection and statistical analysis, all tools of data collection were burned to maintain the confidentiality of the study.

Field work:

Preparatory phase:

Through this phase the researcher review the recent advanced national and international literature related to the study topics accordingly to them tools of data collection were designed, finally conduct pilot study .

Implementation and evaluation phase:

The researcher had visit the previously mentioned study setting three days per week from 9 am to 1 pm the researcher visited the counselling private room to ascertain that it was provided by adequate movable light, ventilation, comfortable chairs then interviewed three women with previously mentioned criteria , firstly women was selected to be interviewed and counselling according to their sequence of their attendance, the clinic registration book utilizing counselling sheet, counseling sessions were implemented through two theoretical sessions and four clinical orientation session duration of each counselling 25 minute the researcher promote eye to eye contact with the women to promote comfort and trust, each women has the opportunity to ask question and the researcher respond positively with simple Arabic language to ascertain that each women understand what they had taught , method of teaching were (lecture , group discussion, brain storming, finally bedside teaching, media for teaching (lab top, black board ,gynaecological examination equipment, this was repeated three days per week until the sample size reached to pre-determined size,

then women was asked to undress the under wear clothes in a private place, and instruct her to empty bladder before gynaecological examination to facilitate examination , ask the women to go to the examination room, the counsellor helping the women to assume comfortable position and draping her with clean linen, then orienting women about examination room regarding gynaecological examination table, gynaecological examination procedure and equipment, tray for sterile equipment and inform the women about the name of attending physician and nurse then explaining the gynaecological procedure before each conduction, during examination utilized comfort and pain scale and visual analogue scale and respond positively according to women question finally post examination the researcher instruct the women to be in setting and tell the women to go to the bath room and dress under wear then instruct her about the place to perform investigation, then the researcher utilized satisfaction scale post gynaecological examination, and give the women an instructional supportive brochure and follow up card.

Statistical analysis:

Data were analyzed using statistical program for social science (SPSS) version 20,0. quantitative data were expressed as mean +- (SD). Qualitative data were expressed as frequency and percentage. The following test was done Chi-square (x2) test of significance was used in order to compare proportions between two qualitative parameters. Significance of the result: P -value > 0.05 Not significant (NS) P-value ≤ 0.05 Significant (S) P-value ≤ 0.01 Highly Significant.

Results:

Table (1): Shows that, (40%, 36.7%) of control and study group their age was 30-<35 year with mean 30.5±4.3 year and 31.02±5.10 year, (60%, 58.3%) of them from rural, (48.3%, 46.7%) of control and study group had secondary level. While, (53.3%, 50%) of them are working. Moreover, (78.4%, 76.7%) of control and study group were married.

Table (2): Reveals that, there was a marked improvement in knowledge of the studied group than control group about gynecological examination after implementation of an instructional supportive guideline with highly statistically significant difference at (P= < 0.01), and it shows a highest percentage regarding control group incorrect knowledge about women's preparation at home in the morning was 78.3% respectively. While, 78.3% of studied group had incorrect answers during preprogram regarding knowledge about ways of gynecological examination. While, same knowledge was increased to be correct knowledge during post program 80% respectively. All items of gynecological examination knowledge were improved during post program implementation of an instructional supportive guideline among studied group

Table (3): Reveals that, (95%, 86.7%) of control and studied group were fully awake or alert, 40% among control group were very anxious, while, 70% among studied group was calm, (65%, 76.7%) of control and study group were no crying. Also, 43.3% among control group were had slight movement during gynecological examination, while 65% among studied group were not moved during gynecological examination, 40% among control group were had reduce muscle tone and Extreme muscle rigidity and flexion of fingers, while 53.3% among studied group had muscle tone relaxed. Moreover, 46.7% among control group had tension evident in some facial muscle, while 43.3% among studied group were had Facial muscle totally relaxed, (66.7%, 85%) of control and study group were BP. at base line. Also, 53.3% among control group were had heart rate above base line,

while 58.3% among studied group were had heart rate at base line. All items of discomfort scale were improved during post program implementation of counselling sessions among studied group than control group.

Table (4): Demonstrates that, 23.3% among control group was satisfied regarding competent and clear instruction during and post gynecological examination, 93.3% of them was dissatisfied regarding health provider answer your question pre, during and post gynecological examination. While, 96.7% among studied group was satisfied regarding health team promoting privacy and confidentiality during examination and 26.7% of them was dissatisfied regarding competent and clear instruction during and post gynecological examination.

Table (5): Shows that, 55% of control group suffering from moderate pain. While 46.7% of studied group were had no pain during gynecological examination post implementation of an instructional supportive guideline with highly significant difference at p value <0.01*.

Figure (1): Shows that, 73.30 % of control group were had unsatisfactory knowledge about gynecological examination. While 15% of studied group had satisfactory knowledge about gynecological examination post intervention.

Figure (2): Shows that 68.3% of control group were had discomfort during gynecological examination. While 80% of the studied group had comfort during gynecological examination post intervention.

Figure (3): Shows that 70% of control group were unsatisfied during gynecological examination. While 85% of the studied group were satisfied during gynecological examination post intervention.

Table (1): Frequency distribution according to studied group general characteristics (n=120).

Items	N= 60	%	N= 60	%	X^2 P VALUE
Age (Year) Control			**Study**		
20-<25	12	20	13	21.7	1.099 >0.05
25-<30	11	18.3	12	20	
30-<35	24	40	22	36.7	
≥35	13	21.7	13	21.7	
X S.D 30.5±4.3			**31.02±5.10**		
Area of residence					
Urban	24	40	25	41.7	1.132 >0.05
Rural	36	60	35	58.3	
Educational level					
Not write and reading	7	11.7	6	10	1.076 >0.05
Write and reading	9	15	10	16.7	
Secondary level	29	48.3	28	46.7	
High level of education	15	25	16	26.6	
Occupation					
Working	32	53.3	30	50	1.102 >0.05
Not working	28	46.7	30	50	
Marital status					
Married	47	78.4	46	76.7	1.184 >0.05
Widow	5	8.3	4	6.6	
Divorced	8	13.3	10	16.7	

Table 2 : Frequency distribution according to studied sample correct and incorrect knowledge related to gynecological examination at control and study group (n=120).

	Control group		Pre study Group		Post Study group		Chi-square	
							X^2	p-value
	N=60	%	N=60	%	N=60	%		
Meaning of gynecological examination								
Correct	19	31.7	20	33.3	46	76.7	[a]21.330	.000**
Incorrect	41	68.3	40	66.7	14	23.3	[b]15.774	.002**
importance of gynecological examination								
Correct	22	36.7	21	35	42	70	[a]19.004	.001**
Incorrect	38	63.3	39	65	18	30	[b]13.908	.004**
Time of performing gynecological examination								
Correct	17	28.3	18	30	45	75	[a]25.133	.000**
Incorrect	43	71.7	42	70	15	25	[b]18.564	.001**
Indication gynecological examination								
Correct	18	30	16	26.7	43	71.7	[a]22.100	.000**
Incorrect	42	70	44	73.3	17	28.3	[b]23.064	.000**
Women's information about preparation before examination								
Organs examined during gynecological examination							[a]14.002	.004**
Correct	20	33.3	19	31.7	50	83.3	[b]12.110	.005**
Incorrect	40	66.7	41	68.3	10	16.7		
ways of gynecological examination								
Correct	18	30	17	28.3	51	85	[a]15.344	.002**
Incorrect	42	70	43	71.7	9	15	[b]14.990	.003**
Women's preparation at home in the morning							[a]16.680	.002**
Correct	13	21.7	15	25	49	81.7		
Incorrect	47	78.3	45	75	11	18.3	[b]17.089	.001**
Equipment used in gynecological examination							[a]10.242	.006**
Correct	14	23.3	13	21.7	48	80	[b]12.345	.004**
Incorrect	46	76.7	47	78.3	12	20		

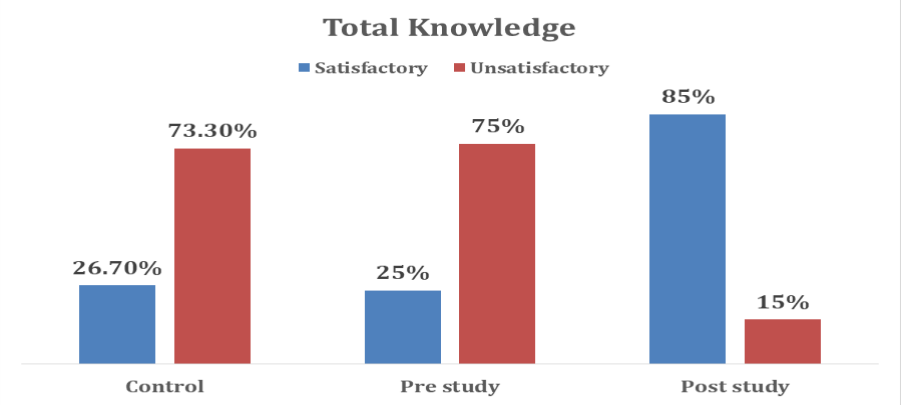

Figure (1): Frequency distribution according to the studied sample of an instructional supportive guideline regarding their total knowledge about gynecological examination at control and study group (n=120).

Table (3): Frequency distribution according to studied group comfort scale during gynecological examination at control and study group (n=120).

Items	Control		Study		Chi-square P value
	N=60	%	N=60	%	
Alertness					
Deeply sleep	0	0	0	0	5.855 0.023*
Drowsy	3	5	8	13.3	
Fully awake or alert	57	**95**	52	**86.7**	
Calmness					
Calm	20	33.3	42	70	19.404 0.000**
Anxious	16	26.7	16	26.7	
Very anxious	24	40	2	3.3	
Crying					
No crying	39	65	46	76.7	15.343 0.000**
Gasping or sobbing	15	25	13	21.7	
Crying	6	10	1	1.6	
Physical movement					
No movement	15	25	39	65	16.211 0.000**
Slight movement	26	43.3	18	30	
Vigorous movement	19	31.7	3	5	
Muscle tone					
Muscle tone relaxed	12	20	32	53.3	14.003 0.000**
Reduced muscle tone	24	40	18	30	
Extreme muscle rigidity and flexion of fingers	24	40	10	16.7	
Facial tension					
Facial muscle totally relaxed	10	16.7	26	43.3	17.003 0.000**
Tension evident in some facial muscle	28	46.7	21	35	
Tension evident throughout facial muscle	22	36.6	13	21.7	
Blood pressure					
BP. below base line	9	15	5	8.3	11.360 0.000**
BP. at base line	40	66.7	51	85	
BP. above base line	11	18.3	4	6.7	
Heart rate					
Heart rate below base line	9	15	11	18.3	9.002 0.002**
Heart rate at base line	19	31.7	35	58.3	
Heart rate above base line	32	53.3	14	23.4	

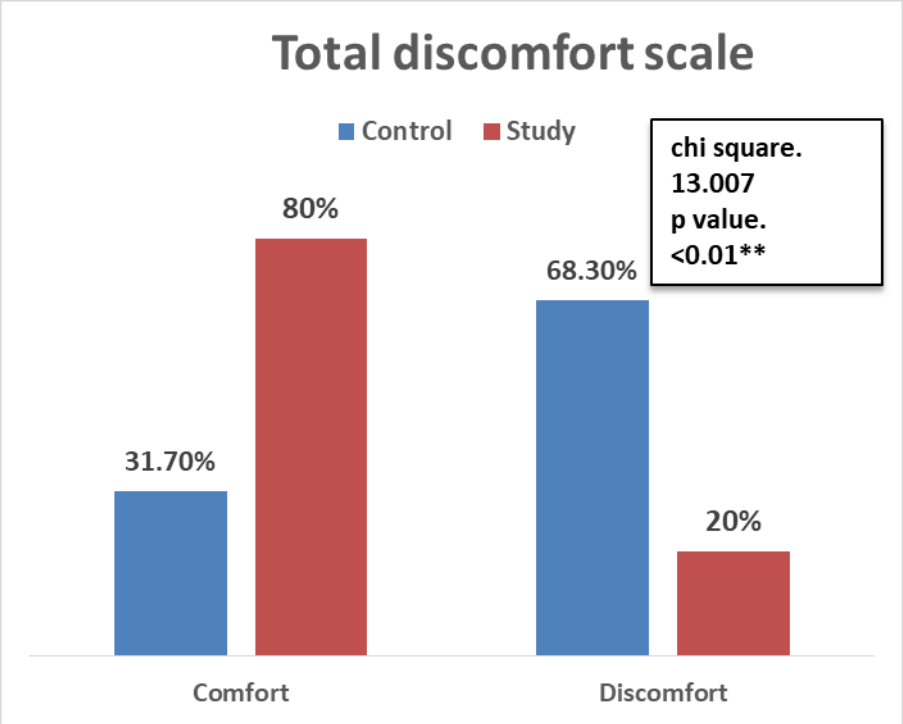

Figure (2): Frequency distribution among studied sample related their total discomfort scale at control and study group (No= 120)

Table (4): Frequency distribution according to studied group satisfaction post examination at control and study group (n=120).

Item	Control group				Study group				X^2	P-value
	Satisfy		Dissatisfy		Satisfy		Dissatisfy			
	N	%	N	%	N	%	N	%		
Instruction provided pre, during and post gynecological examination	11	18.3	49	81.7	56	93.3	4	6.7	.127	0.721
Health provider answer question pre, during and post gynecological examination	4	6.7	56	**93.3**	52	86.7	8	13.3	.505	0.477
Health team respect, promote and maintain confidentiality during examination	6	10.0	54	90.0	53	88.3	7	11.7	.881	0.348
Health team respect right and needs	7	11.7	53	88.3	57	95.0	3	5.0	3.67	0.055*
Participant Involving in care decision making	15	25.0	45	75.0	51	85.0	9	15.0	1.08	0.297
Health team flexible to meet needs	9	15.0	51	85.0	56	93.3	4	6.7	4.32	0.038*
Feeling of confidence lead to comfort	10	16.7	50	83.3	57	95.0	3	5.0	6.65	0.010**
Health team immediately respond to your needs	5	8.3	55	91.7	49	81.7	11	18.3	4.01	0.045*
Health team promote privacy and confidentiality during examination	7	11.7	53	88.3	58	**96.7**	2	3.3	4.24	0.039*
Health team cooperate while providing your confident care	11	18.3	49	81.7	55	91.7	5	8.3	1.224	0.268
Environment was comfort and satisfied	5	8.3	55	91.7	53	88.3	7	11.7	.720	0.396
Promote confidentiality and privacy during examination	12	20.0	48	80.0	47	78.3	13	21.7	3.91	0.048*
Competent and clear instruction during and post gynecological examination	14	**23.3**	46	76.7	44	73.7	16	**26.7**	5.06	0.024*

(*) Statistically significant at $p<0.05$.

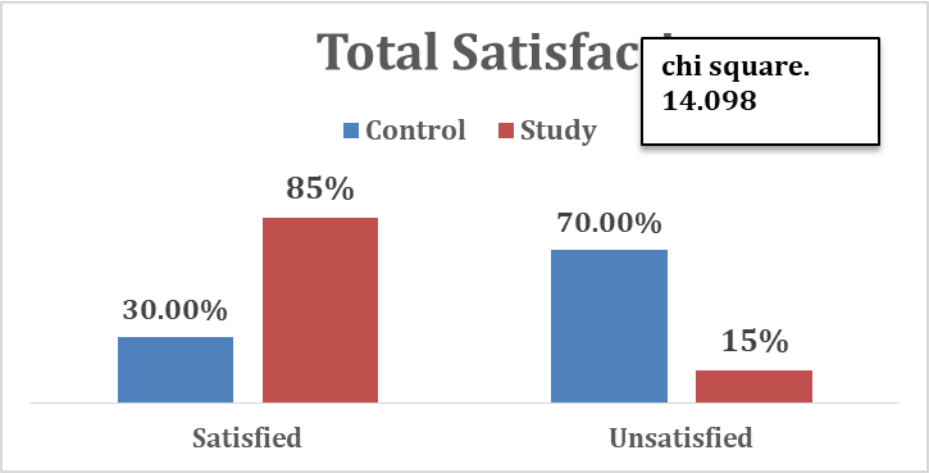

Figure (3): Frequency distribution among studied sample related their total satisfaction during gynecological examination (n=120).

Table (5): frequency distribution according to studied sample level of pain during gynecological examination at control and study group (n=120).

Level of pain	Control		Study		Chi-square P value
	N=60	%	N=60	%	
No pain	16	26.7	28	46.7	20.993 <0.01**
Moderate pain	33	55	27	45	
Sever pain	11	18.3	5	8.3	

Discussion:

The hypothesis of this study was patient who received counselling session pre gynecological examination had shown better comfort less pain , as well as enhancing their satisfaction than those who didn't participate'' this study hypothesis was supported and accepted and the aim of the present study was to evaluate pre gynecological examination counselling sessions on relieving women's pain discomfort and enhancing their satisfaction .

Regarding distribution of women's satisfactory knowledge regarding gynecological examination at control and study group, the current study revealed that, there was a marked statistically significant improvement in knowledge of the studied sample about gynecological examination at study group than control group after implementation of an instructional supportive guideline with highly statistically significant difference at (P= < 0.01), this result might be due to the positive effect of the counseling using suitable teaching methods.

This study was supported by **Cavallaro, et al, (2019)** who showed that the majority of studied women had improvement in their knowledge after application of counseling strategy. Also, this study was disagreed with **Devkota, et al, (2017)** who

had revealed that the majority among the present studied sample had improvement in their knowledge.

This study was congruence with **Suthasmalee & Siwadune, (2015)** who founded that near to all studied sample had statistically significant improvement in their knowledge regarding to pelvic examination. Also, this finding was agreed with **Zagloul, Hassan & Naser, (2020**) who founded that a majority of studied sample their knowledge about pre- gynecological examination improved after implementing instructional guidelines.

Regarding distribution of total knowledge related to gynecological examination at control and study group, the current study showed that, there was a marked statistically significant improvement in total knowledge of the studied sample about gynecological examination at study group than control group post implementation of an instructional supportive guideline with highly statistically significant difference at (P= < 0.01). This study was in correspondence with **Mohamed, et al, (2018)** who stated that more than a half of studied sample had improvement in their knowledge related to pelvic examination.

Related to an instructional supportive guideline regarding knowledge about gynecological exam at control group and study group, the present study founded that, a majority of study had satisfactory level of knowledge in contrast to two third of control group had unsatisfactory level about gynecological examination. This agrees with **Hassan et al. (2018)** who had revealed that majority among the present studied sample had incorrect knowledge concerning definition, importance, complication & preparation. This disagrees with **Norrell et al. (2017)** who found that approximately one-half of the participants stated that they knew the examination's purpose. Similarly, **Freyens et al. (2017)** who reported that that the majority of women in Egypt had incorrect knowledge regarding reproductive issue because culture and tradition prevent them from to discuss these issues of reproductive and gynecological health.

Concerning to distribution of discomfort scale during gynecological examination at control and study group, the present study founded that, there was a marked statistically significant improvement in discomfort scale during gynecological examination at study group than control group about pre gynecological -examination procedures post implementation of an instructional supportive guideline with highly statistically significant difference at P- < 0.01, this improvement might be due to positive effect of counseling.

This result agreed with **Taylor, McDonagh & Hansen, (2017)** who revealed that two third of studied sample had improvement in comfort feeling during gynecological examination.

Related to discomfort scale during gynecological examination at control group, the present study founded that more than a half of control group had unsatisfactory level of discomfort scale. This finding agreed with **O'Laughlin, et al, (2021)** who revealed that a majority of studied sample had unsatisfactory level of discomfort scale.

In concern to discomfort scale during gynecological examination at study group, the present study founded that two third of study group had satisfactory level of discomfort scale because of implementation of an instructional supportive guideline. This finding was disagreed with **Ulker, & Kivrak, (2016)** who founded that half of studied sample had unsatisfactory level of discomfort scale post implementation of instructed to read a paper that contained brief information

about the gynecological examination procedure, that me be due to differences in culture, education and environment.

Regarding to patient satisfaction post gynecological examination, the current study revealed that, there was a marked statistically significant satisfaction during gynecological examination at study group than control group post implementation of an instructional supportive guideline with highly statistically significant difference at P- < 0.01.

This result agreed with **Wang & Yao, (2021)** who found that a majority of studied patients had statistically significant satisfaction post gynecological examination after implementation of continuous quality improvement measures for gynecological examination quality. Also, this finding was in agreement with **Alqersh, (2021)** who revealed that two third of studied women had satisfactory level post gynecological examination.

Concerning to visual analogue scale, the current study revealed that, there was a marked statistically significant improvement during gynecological examination regarding level of pain during gynecological examination between control group and study group post implementation of an instructional supportive guideline with highly statistically significant difference at P- < 0.01, it revealed that, slightly more than half of control group had moderate pain during gynecological examination, only one quarter of them had no pain during gynecological examination. This study was supported by **Hassan, Abdel Hakeem Hanseen Aboud, & Mohamed Elkayal, (2018)** who founded that two third of studied patients had high frequency of pain and anxiety.

The present study revealed that, more than one third of study group had no pain, and only one quarter of study group had severe pain during gynecological examination post implementation of counseling. This study was congruence with **Tzeng, (2018)** who revealed that a half of studied patients had no pain during gynecological examination after implementation of education program. Also, this result supported by **Ozbek & Sumer, (2019),** who revealed that a majority of studied patients had no pain after implementation of interventional program.

Conclusion:

Counseling sessions regarding pre-gynecological examination had positive effect on relieving women's pain ,discomfort and enhancing their satisfaction so the hypothesis was supported and accepted and the study aim was achieved

Recommendations:

- Reapplication of the present study intervention in another setting and another sample.
- Hospital administrator must pay attention for importance of presence of women gynecologist instead of male gynecologist to improve patient confidence and trust to attend gynecological examination.
- Awareness program must be design and instrumented at gynecological clinic to enhance women's satisfaction and correct their misconception related to gynecological examination.

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تأثير المشورة قبل فحص أمراض النساء على تخفيف الألم و عدم الراحة و تعزيز رضا السيدات

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يعد الفحص المنتظم لأمراض النساء الذي يتم إجراؤه عدة مرات في حياة كل امرأة محاولات مهمة تستخدم في تقدير الصحة الإنجابية للمرأة. يعد فحص أمراض النساء أيضًا جزءًا مهمًا من الضوابط الخاصة بأمراض النساء، وعمليًا يُضاف إلى أنه طريقة شائعة جدًا. ومع ذلك، فإن الفحص النسائي يعني فحص الأعضاء التناسلية التي تحتاج إلى تغطيتها وإخفائها وحمايتها بالنسبة لمعظم النساء, لذلك هدفت هذه الدراسة إلى تقييم تأثير جلسات الإرشاد قبل فحص أمراض النساء على تخفيف آلام المرأة وعدم الراحة وتعزيز رضاها. أجريت هذه الدراسة في عيادة أمراض النساء بمستشفى بني سويف الجامعي- محافظة بني سويف. تم تطبيق الدراسه علي120 سيده من السيدات اللائي حضرن الي مكان الدراسه لاول مره.تم تصميم كتيب دعم تعليمي وتوزيعه على المرضى في نهاية المشوره . حيث خلصت الدراسة بأن لجلسات الارشاد قبل فحص أمراض النساء تأثير إيجابي في تخفيف آلام المرأة وعدم الراحة وتعزيز رضاها ، لذلك تم دعم الفرضية وقبولها وتم تحقيق هدف الدراسة بعد التدخل مع وجود فروق ذات دلالة إحصائية عالية ، وأظهرت أن أعلى نسبة تتعلق بالمعرفة الخاطئة للمجموعة الضابطة عن تحضير المرأة في المنزل في الصباح كانت ثلثيهم بينما كانت إجابات ثلثي المجموعة المدروسة خاطئة أثناء البرنامج التمهيدي فيما يتعلق بمعرفة طرق الفحص النسائي. كما اوصت الدراسة بأنه يجب تصميم برنامج التوعية وتشغيله في عيادة أمراض النساء لتعزيز رضا النساء وتصحيح المفاهيم الخاطئة المتعلقة بفحص أمراض النساء