

# Enhancing Patient Comfort During Pelvic Exams: Non-pharmacological Approaches in Primary Care

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## BACKGROUND

- **Anxiety** and past negative experiences related to pelvic exams can result in avoiding or delaying pelvic exams (O’Laughlin et al., 2021).
- **Pelvic exams** are an essential part of reproductive healthcare, helping facilitate early detection of cancer, identify infections, and safeguard reproductive and sexual health. **More than half** of cervical cancer cases are identified in women with inadequate pelvic exam screening history (Benard et al., 2021).
- **Those with inadequate pelvic exam screening** history are more likely to have a history of intimate partner violence (Holt, 2021; Weitlauf, 2008), a mental illness like anxiety or depression (James et al., 2017), and less than a high school diploma (CDC, 2020).
- **Improving** patient experience is key to increasing screenings. **Engaging patients** and understanding their experiences and preferences can guide changes in clinical practice toward more patient-centered care (McMillan et al., 2013; Carman et al., 2013; Castro et al., 2016).

## PICOT

“Do patients in a primary care setting perceive that non-pharmacologic interventions could improve their experience during pelvic exams compared to standard care alone?”



## OBJECTIVES

- ★ **Understand** the reasons patients have postponed or avoided pelvic exams.
- ★ **Identify low-cost nonpharmacologic interventions** that patients feel would positively impact their experience of pelvic exams.
- ★ **Empower providers to adjust clinical practice** to reduce patient anxiety, fear and discomfort, setting the stage for increased patient compliance with cervical cancer screenings and overall improved patient experience.

## METHODS

Setting: Urban, private Direct Primary Care practice

Population:

- Patients aged 21+ (eligible for cervical cancer screenings based on USPSTF guidelines)
- At least one previous pelvic exam

Study design:

- Cross-sectional mixed methods survey
- Convenience sampling
- Anonymous
- Internally validated

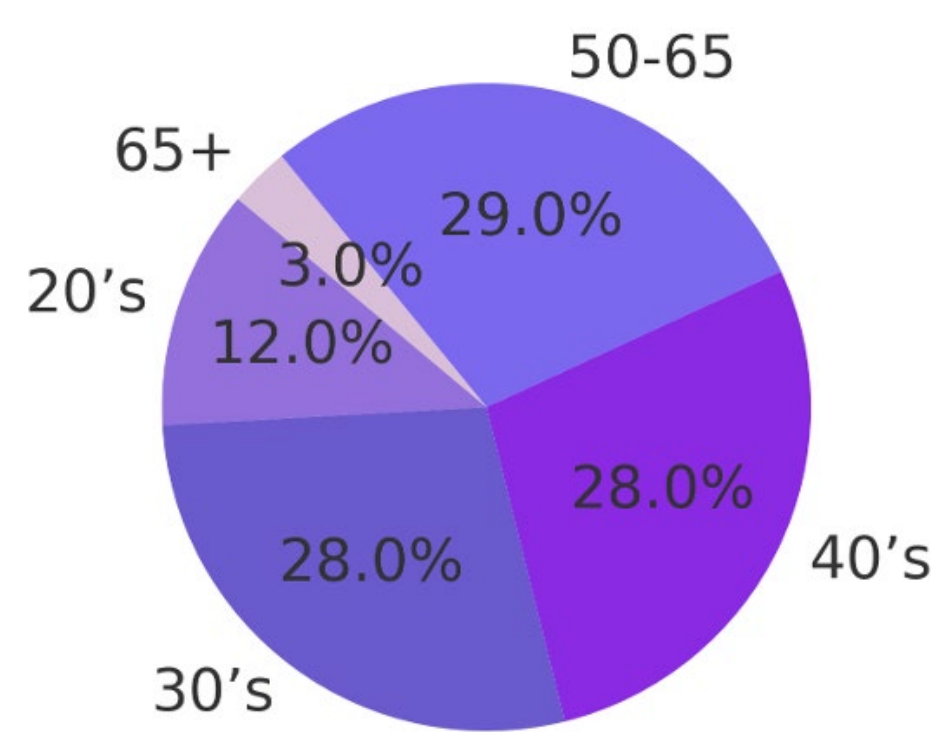
Data Collection:

- January-February 2025
- 58 surveys completed

Participant demographic overview:

- 85% identified as white, 14% POC/multiple races
- 98% identify as female

Respondent Age Distribution



## KEY FINDINGS

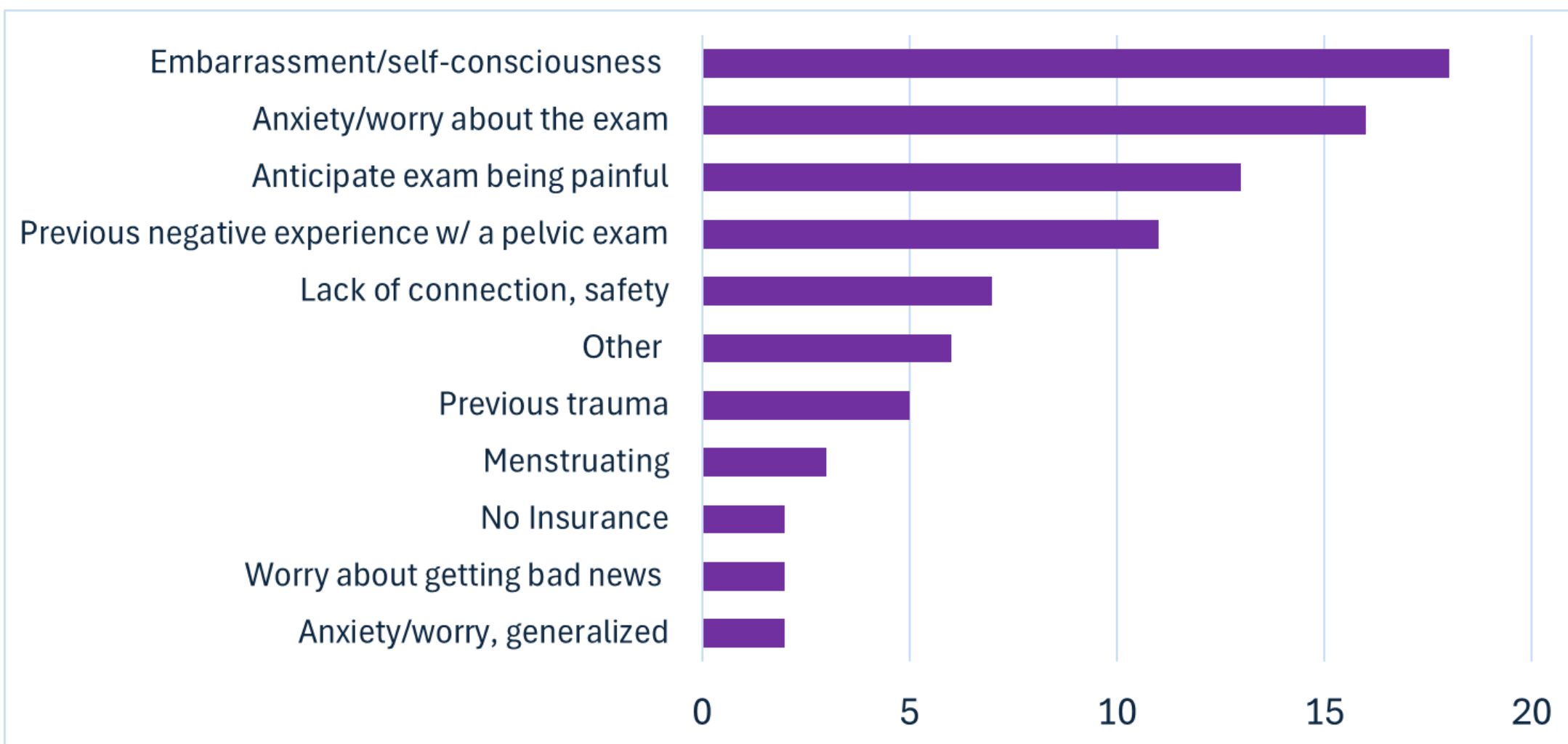
### Reasons for Canceling or Postponing

**Nearly half** of those surveyed reported that they had canceled or postponed pelvic exams.

Top reasons were related to **embarrassment, anxiety, and anticipation of pain.**

**40%** of patients who cancelled or postponed exams had had prior negative experiences with pelvic exams.

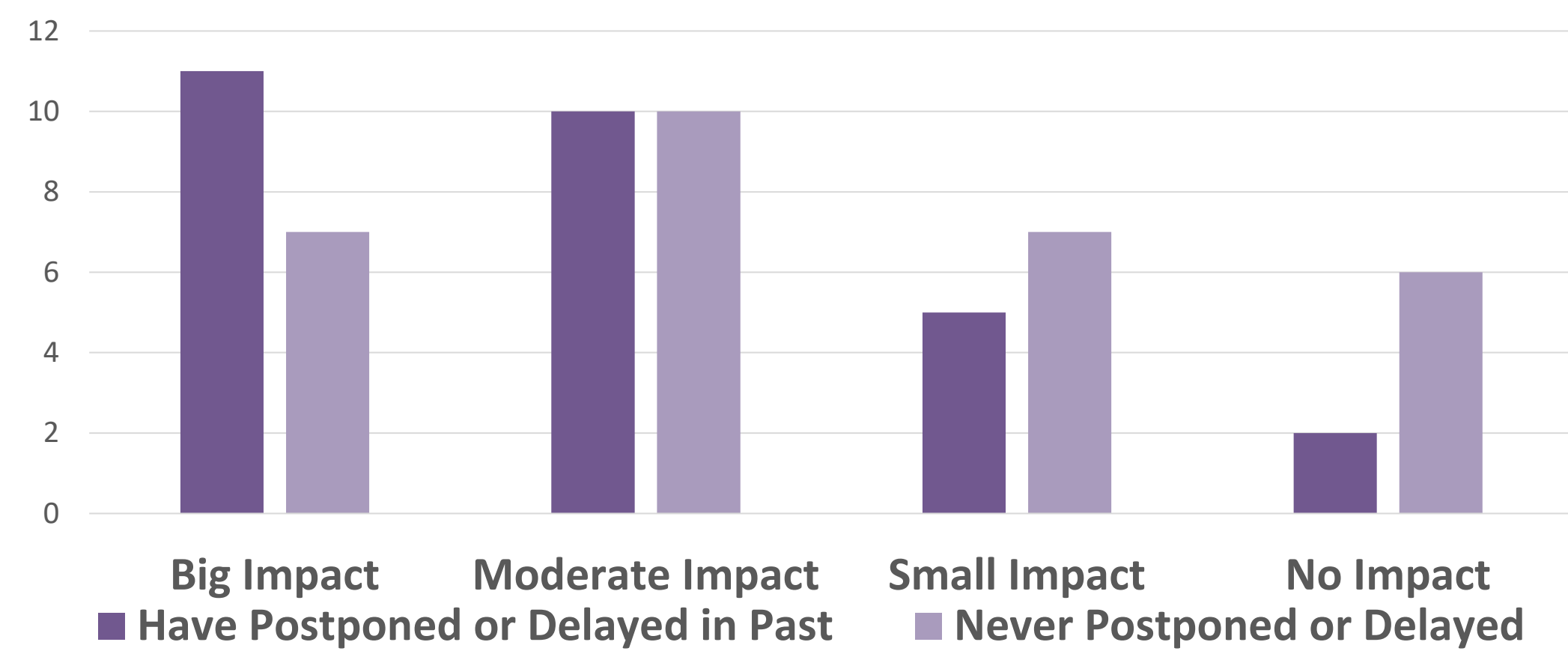
**18%** of patients reported prior trauma or assault that impacted their willingness to have a pelvic exam.



## KEY FINDINGS cont.

Providing non-pharmacological interventions was seen as helpful by 85% of all patients and 93% of patients who have postponed or cancelled pelvic exams.

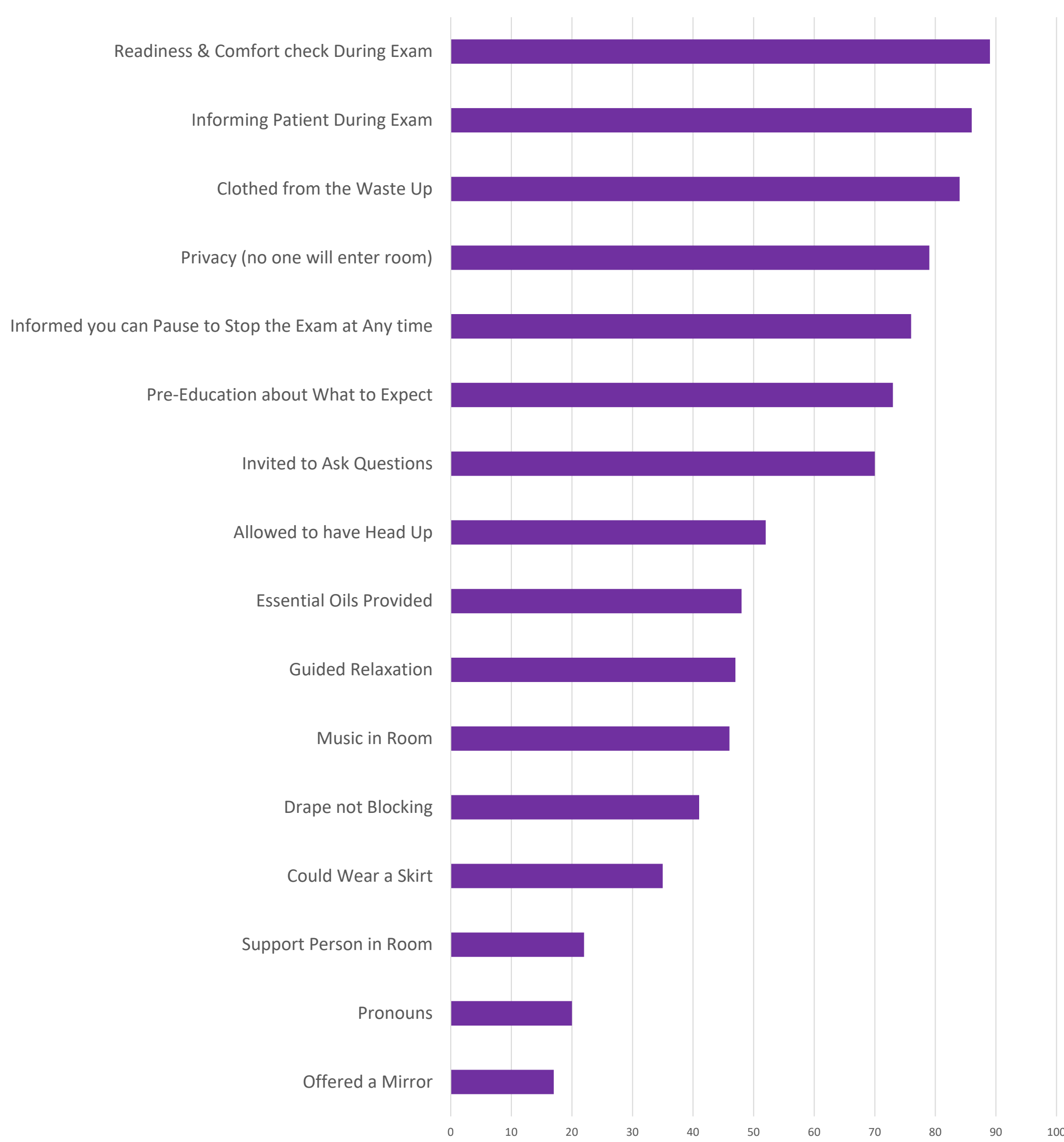
Impact of Proposed Interventions on Experience



### Impact of Individual Intervention Options

Areas related to provider communication resonated most strongly with patients.

Privacy, wearing clothes from the waist up, positioning, aromatherapy, guided relaxation, and music were also seen as helpful by most patients.



### In their own words:

*“There is something about laying on the table on cold paper that feels so degrading in that vulnerable position.”*

*“I have had many exams, ranging from hardly feeling it to painful and bloody. The manner of the physician makes a huge difference. Maintaining a calm, accepting manner helps and being open to questions helps a lot.”*

*“My most recent experience was wonderful. I felt supported, respected and safe.”*

*“It is helpful when the provider is not in a hurry and I feel like we have adequate time to take it slow, take breaks, etc.”*

*“My best [pelvic exams] have been when I was told what would happen, warned before it happened, and provided descriptions while it happened.”*

## DISCUSSION

- Addressing barriers could **increase screening rates, reduce no show rates, and improve patient comfort.**
- Providers play a key role in **educating and reassuring** patients.
- Communication matters. Providers may improve trust and rapport by using **trauma-informed care** techniques, providing **clear explanations, inviting questions**, and offering **choice and control** during the exam.
- Clinics can **enhance the treatment environment** by creating **warm, inviting exam rooms** with calming elements (lighting, fabric sheets, music, essential oils) and ensuring **privacy**.
- **Patients are individuals.** Trends suggest certain interventions are supportive to most patients, but providers should treat each patient as an individual and assess their unique preferences.



## NEXT STEPS

- Review findings as a clinic team to determine learning opportunities and areas for change to clinical practice.
- Develop plan to implement indicated changes at individual provider and clinic-wide levels.

### Future opportunities for further study:

- How does offering identified interventions impact actual patient experience and visit show rates?
- What type of training on these interventions most effectively impacts provider skills and comfort?
- How can beneficial interventions be incorporated into larger, higher-volume clinic settings?

## REFERENCES

Full reference list available at QR code

