

Pelvic Exam Experiences Among Spanish-Speaking-Only Patients



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Background

- Limited data exists on the experience of Spanish-speaking patients undergoing pelvic exams.
- AIM: explore the experiences of Spanish-speaking-only patients to identify factors that foster a more positive experience

Methods

- Approved under COMIRB #22-0439
- Mixed methods qualitative study
- Setting: Academic tertiary health center
- Population: Nulliparous, Spanish-speaking-only patients aged 18-35 who had a routine pelvic exam within the past 4 weeks
- Data source: online survey and semi-structured interview
- Data analysis: descriptive statistics performed of survey questions, qualitative content analysis using Health Belief Model as theoretical framework to generate themes

References



Results

Theme	Summary	Selected Quotes
Perceived Benefits	The pelvic exam was necessary for self-health.	<i>“And the truth is, more than anything, it is so that I can take care of myself as a woman. And if one doesn’t do it, then who will? So, everything is on oneself, to take care of one’s health and most of all in the part of gynecology.”</i>
Perceived Severity	The pelvic exam prevents and screens for diseases. However, there were many misconceptions about the limitations of the exam.	<i>“I understand that this test is to find out if there is cancer in our cervix or any other cancer.”</i> <i>“To confirm if there is some kind of infection or not in the vagina be it with a cotton swab, or to recollect secretion, or well cells, I don’t know exactly what they collect with the cotton swabs, but to do the exams.”</i> <i>“I wanted to know if everything was suitable for having children”</i> <i>“Of course, because if at least one has not had relations with a man, then I imagine that [the exam] will be different”</i>
Perceived Risks	Patients cited fear of the unknown, fear of being hurt, embarrassment of exposing themselves, and fear of results.	<i>“I was really afraid, I was very afraid, I was trembling because I didn’t know what it was like. I mean, I knew, but it is not the same what they tell you and what they do. But you don’t know, you know?”</i> <i>“[I felt] uncomfortable, like a little bit of frustration that another person is seeing you or touching that area. Maybe like it must not be comfortable for the doctor to also be checking your parts. So, you say, ‘Oh, how must she feel? How embarrassing.”</i>
Clinical Factors	Several factors contributed to a more comfortable experience, including provider communication, female provider, audio/video interpreter, sense of control during the exam, and use of clean technique.	<i>“And then the doctor introduced herself, she made me feel very confident, she explained everything, although she didn’t speak Spanish very well, she tried to make a great effort for me to understand, and so that I didn’t feel afraid, or ashamed, so that I felt confident, and that nothing was going to happen.”</i> <i>“Yes, [I felt] a bit of embarrassment too because it is weird for a person to look at your private parts. But I felt confident because the doctor was a woman.”</i>

Results

- 12 interviews with 10 surveys
- Average age 27.9, with participants from 5 different non-USA countries
- Majority had 3 or more pelvic exams in lifetime
- Most participants felt comfortable during the exam (average 86.1 on 100 point scale)

Limitations

- Limited generalizability as only able to recruit from one health care system
- Possible self-selection bias
- Sensitive nature of questions may limit participant openness

Conclusions

- Patients view the pelvic exam as necessary for their health and are willing to receive future exams
- Patients prefer: female providers, provider attempt (not ability) to speak Spanish, audio/video interpreter, sense of control
- Interventions are needed to improve knowledge of the limitations of the pelvic exam, to prevent a false sense of security