

Female Health and Gynecology: across the lifespan



Sandra L. Tyler • Gail M. Woodall

FEMALE HEALTH AND GYNECOLOGY

across the lifespan

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PREFACE

When women find themselves talking with other women, the conversation will often turn to gynecology and its related issues. If a female nurse is present, she often finds that she is looked to for answers and advice. It is assumed that she is knowledgeable in all aspects of health care. Although people often consider female nurses to be a "double authority" on women's health by virtue of both gender and profession, male nurses may also be confronted with these issues.

A nurse practicing in any area of health care will at times work with women. They frequently bring their gynecological needs and questions to her. These questions also arise in non-professional settings. They come up at club meetings, over the backyard fence, at the PTA, and the grocery store. All of these women want answers and the nurse seems a comfortable and trustworthy source.

Unfortunately, the nurse may not possess much gynecologic expertise. Nursing education of the reproductive system typically focuses on obstetrics and serious disease processes. Some nursing curricula are beginning to reflect an awareness of the need for more information about gynecology, reproduction, sexuality, and women's health. However, most nurses are poorly prepared to answer questions related to such common concerns as vaginitis, contraception, menstruation, and menopause.

When caught in this situation, what does the nurse do? One of a combination of approaches may be used to find the needed information. The nurse may look for answers in a magazine article or reference book. A physician or a nurse-specialist may be approached for information. Many choose to just "wing it."

These approaches, excluding "winging it", have some merit although they all fall short of both nurse and client need. Reference or textbooks are often restricted to anatomy and physiology. They may be directed at the nurse working in the women's health specialty area, may not be designed for ready reference, and content is often difficult to relate to a clinical situation. They are usually large, clumsy, and expensive. Magazine articles are scarce, have limited scope, and may not relate adequately to a specific question or situation. The physician is generally disease-oriented and often leaves out the interpersonal aspect which is important to the client. The nurse-specialist for female health is a rarity. Even when one can be found, she is often very busy with a heavy patient load and many professional requests. "Winging it" is, of course, neither professional nor prudent, and may prove to be dangerous.

An inadequate knowledge base makes it easy to minimize, ignore, or overlook concerns of femininity, sexuality, and/or minor gynecologic problems. These concerns are often treated as if they were isolated issues, yet they pervade all aspects of a woman's life. Women will keep looking for comprehensible and integrated answers and information. It is a professional responsibility as well as a personal satisfaction to provide this information.

The purpose of this book is to provide a resource about female health and development for the professional nurse. It is primarily intended for the nurse who feels a lack of gynecologic knowledge. It builds onto the body of knowledge which was provided by the basic nursing program. It helps the nurse answer questions regarding basic physiology while incorporating concepts of femininity, sexuality, and self-esteem. It provides an approach for the nurse who may be uncomfortable with sexuality and reproductive issues. It summarizes and consolidates a great deal of information in order that it may remain a practical, useful resource book.

To meet these objectives, the material is presented in a developmental sequence. Because we feel that health and prevention of illness are of primary importance, we have placed them first. We believe that health care must be delivered to a whole person. "Wholeness" consists of the psychosocial as well as the physical. It includes the entire lifespan, past, future, and present. Because we believe this, our book has a developmental approach and integrates biopsychosocial aspects throughout.

This book is about women because our nursing practices have focused on women, and because in these practices we have found a need for a resource book with a comprehensive approach. Thus, we discuss health care, nursing, and the female client at all ages. However, we feel that a comprehensive, "holistic" approach to male health care is equally important. Health care is inadequate unless it is delivered with respect and consideration for the complete individual. We have found this approach useful in our nursing practices and hope that by sharing it, others will benefit.

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Section I

PRELIMINARY ESSENTIALS

Patient Bill Of Rights

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know, by name, the physician responsible for coordinating his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
11. The patient has the right to examine and receive an explanation of his bill regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

Nurses and Clients

In 1972 the American Hospital Association published a Patient's Bill of Rights. This document was developed to inform people of what they have a right to expect when entering a health care institution. The overall goal was to improve the quality of care. The wording infers that most of these mandates are aimed at the physician, client, and institution.

Because of the strategic position of the nursing role in the delivery of health care, the nurse is often the one who assumes the responsibility of protecting and guaranteeing these rights. This is done in any setting by a variety of methods including direct intervention and advocacy, education, interpretation of information, and coordination, monitoring, and evaluation of care. The knowledge base and skills needed to accomplish these and other activities of nursing are highly sophisticated in today's Western cultures.

Nursing and the delivery of nursing care is not just the accomplishment of a series of tasks, although tasks may be included as a part of nursing. Rather nursing is an ongoing process which is continuously being reshaped by its components—the nurse, client, and environment. The nurse assumes a leadership role in the shaping of this ongoing process of health care.

The leadership role of nursing requires the coordination of an enormous amount of information. Thus order and clarity of thought are essential tools for a nurse approaching any health care situation. The scientific method of problem solving provides this orderly approach. Nursing's application of this method is called *the nursing process* [5].

The four steps of the nursing process include assessment, planning, implementation and evaluation [4]. Although the process will be primarily involved in a given step at a given time, it is important to recognize the interplay among the steps. For example, while in the planning stage it is probable that assessment and implementation may also be somewhat involved. However it is important for the nurse to maintain the focus of that stage, that is, in this example to continue the planning [1].

Each step of the nursing process requires specialized skills and tools. Although a skill may have special application in one particular step, it will often be used throughout the whole process. A way to make this idea clearer is with a schematic representation. In Table 1-1, we have categorized some of the skills used in the nursing process, demonstrating their probable area of emphasis. Each nurse will be able to identify additional concepts relevant to accomplishment of the nursing process.

ASSESSMENT

Assessment or data gathering provides for the collection of all pertinent

information. This will ensure an accurate definition of the problem by both the nurse and the client. The data base includes the client's description of the problem, relevant personal information, the nurse's basic knowledge, and her observations. Data gathering is accomplished by communication skills, interviewing techniques, careful listening, and physical assessment. Finally, the gathered data is analyzed in order to arrive at an accurate definition of the prob-

Table 1-1. Schematic representation of some nursing skills used during application of the nursing process. Order of emphasis may vary with the situation.

Skills and tools	Assessment	Planning	Implementation	Evaluation
Observation	X		O	O
Listening	X	O	O	O
Communication	X	X	X	X
Interview	X			
Physical assessment	X		O	O
Organization	O	X	O	O
Leadership	O	O	X	O
Coordination	X	X	O	O
Negotiation		X	O	
Technical	X	O	X	
Education/Teaching	O	X	O	
Insight/Accountability	O	O	O	X
Referral		X	O	
Consultation			X	
Review				X

X = Skill emphasized in this step

O = Skill also important in this step