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Pap tests

What do women expect?

Background

Women express various opinions regarding expectations and experiences of having Pap tests, particularly with regards to explanation of the procedure, its implications and results, and accompanied preventive health activities.

Aim

To explore patient expectations and experiences regarding Pap tests and associated screening activities.

Methods

Semistructured interviews were conducted with volunteer female patients.

Results

Twenty-four women were interviewed. There was variation in expectations regarding consultations for a Pap test, and also of the information given as to what is meant by a 'normal' result. Many women expressed a preference for a female and regular health professional to undertake their smear.

Conclusion

Recognition of general and individual barriers to cervical screening by health professionals will enhance patient access to, and acceptance of, screening activities. Understanding patient expectations regarding Pap tests ensures practitioners deliver health services with sufficient information and without false reassurance.

Keywords: mass screening; vaginal smears; uterine cervical neoplasms/ prevention and control



The Pap test is an important, regularly performed procedure in general practice, either alone or as part of a 'well woman check'. Pap tests incur costs to the government of over \$100 million annually.¹ The value placed on elements of a woman's health check as screening procedures varies among general practitioners, in particular with regards to whether a pelvic examination is a valid screening test and an essential part of the Pap test.^{2,3}

Shared decision making between patients and clinicians is advocated as a means of involving patients in healthcare decisions.⁴ For both informed consent and shared decision making, it is important to understand patients' expectations of any screening tests involved in 'check ups', what they think is being 'checked' and what they understand by a 'normal' finding.

Patient agendas and satisfaction

There is little published data regarding patients' agendas when consulting a doctor for a Pap test. In one study, 95% of patients attending for a Pap test expected a pelvic examination, but this was actually conducted in only 47% of visits, demonstrating a discrepancy between patient and physician agendas.⁵ The fulfilment of expectations can affect outcomes such as patient satisfaction, adherence to treatment and reconsultation rates.⁶ There have been barriers specific to smear screening identified.⁷⁻¹⁰ These include patient factors (eg. more than 3 years since last Pap smear, increased age, lower educational levels, low income, lack of access, poor attitudes and knowledge to screening, and previous examination discomfort); practitioner factors (eg. age, gender, qualifications, time spent with patient, comfort level, interpersonal skills); health service factors (eg. recall system, availability of bulk billing); and

rural factors (eg. long distance travel, lack of health services, lack of continuity with health provider).

The attitudes of patients to screening are important, as those patients most likely to develop cancer are least likely to access screening, as are those with low belief in its value.^{11,12} Asymptomatic patients attending for health checks and engaging in healthy behaviours have higher screening rates and preventive services, and are more accepting of screening than those who present with symptoms.¹³

In this article we were interested in what other preventive health checks may accompany the Pap test, how much information women are given, their understanding of smear test results, and any negative factors influencing their potential future attendance for the procedure.

Methods

Women aged 18–70 years were recruited through word-of-mouth at women's health information sessions, via advertisements in GP surgeries and the local division of general practice newsletter, and through the schools of Nursing and Midwifery, and Medicine and Dentistry at James Cook University, Queensland.

The interview proforma was piloted with two participants by the principal researcher and research assistant. The research assistant conducted face-to-face, semistructured patient interviews; the questions being based on the findings of the literature review, and allowing space for the interviewees to volunteer other information and for the research assistant to explore emerging opinions (*Table 1*). The interviews were audiotaped with written consent. Data was de-identified, transcribed using a confidential digital transcribing service, and the transcripts read by two reviewers. The transcripts were independently thematically coded via deductive content analysis by two researchers

using Atlas ti 5.0™ qualitative software.¹¹ A thematic analytical framework was chosen as this method was felt by the authors to identify most transparently the concepts presented by the study participants.

Ethics approval was granted by James Cook University Ethics Committee.

Results

Twenty-four women were interviewed regarding their perceptions, expectations and experiences of Pap tests. None of the women interviewed reported attending practitioners other than a GP for their examinations. There are no practice nurses in general practices in the study region accredited to perform Pap smears except those employed by Family Planning Queensland. The participants' ages, employment status, parity and whether they identified as having a regular GP are outlined in *Table 2*. Nineteen (74%) of the 24 respondents had a regular GP, while seven of the participants (29%) were aged 25 years or less.

The interviewee's attendance for cervical screening was in general supported by their younger age, previous screening attendance and employment status (as an indicator of increased socioeconomic status). The parity of women has not been identified as a factor influencing screening although it may be postulated that those women contacting the medical system for

Table 1. Interview topics

Introduction and confidentiality
Consent
Participant age
Employment status
Number of children
Having a regular health provider
Length of time since 'women's health check'
Prompt to go for 'women's health check'
Expectation of what would be done at health check
Probe regarding breast and pelvic examination as part of check up
Did the doctor meet your expectations?
Explanation of procedures
Follow up and meaning of results
Reason for attending for 'well woman checks'
Improvements to 'well woman checks'

Table 2. Ages, employment status, number of children, and use of a regular GP of the women interviewed

Interviewee	Age	Working	Children	Regular GP?
1	21	Full time	3 adult	Yes
2	47	Full time	2	Yes
3	43	Full time	2	Not really
4	Not given	Full time	Yes	No
5	28	Full time	None	Yes
6	51	Full time	2	Yes
7	26	Full time	Pregnant	Yes
8	37	Full time	1	Yes
9	39	Part time	2	Yes
10	39	Full time	2	Yes
11	48	Full time	None	Yes
12	25	Full time	None	Yes
13	41	Full time	None	Not really
14	34	Full time	1	Yes
15	22	Full time	None	No
16	18	Full time	None	No
17	32	Working	2	Yes
18	20	Student	None	Yes (USA)
19	20	Full time	None	Yes
20	27	No (nursing student)	3	Yes
21	46	Part time	5	Yes
22	22	Maternity leave	2	Yes
23	19	Yes	None	Yes
24	34	Yes (nurse)	2	Yes

antenatal and postnatal care may have increased opportunistic screening.

Themes and subthemes identified in the interview transcripts are listed in *Table 3*. Participant quotes are identified by interviewee number.

Expectations of the check up and having a Pap smear

The women reported diverse expectations and experiences regarding attendance for Pap tests, particularly with respect to what other components were included in the consultation. Expectations ranged from just a Pap smear to a comprehensive examination including breast and pelvic examinations, and/or discussion about contraception and other patient initiated concerns.

'Basically just the Pap smear and the breast examination. Blood pressure, I haven't usually had that done at the same time so that was different this time.' (Interview 2)

'Just have a general chat about how things are going and if I'd had any issues. She was very thorough, looking at all aspects of and areas of my

life, in a sort of holistic approach.Even though I'd done it many a time she would still prep me as to what she would do and what to expect, and then just go ahead and perform the smear.' (Interview 9)

The women's expectations depended on their previous experiences, current medical needs and prior education.

'I don't even consider that it's a woman's health check up, to tell you the truth. It's just something that I have to do. If I felt I was going for a woman's health check up I'd want him to sit there and I would talk to him about my mental health and how the rest of my body is performing and stuff like that as well.' (Interview 11)

'Breast examination, I've never had one so I wouldn't expect it and I wouldn't know what to expect. And if she suggested doing it I wouldn't be opposed to it but again it would be very weird. I'd maybe want a bit more education around it or something, about what she's doing.' (Interview 13)

If expectations were not met this was often due to perceived time constraints.

'Like when I was on the pill I felt like I had

Table 3. Themes and subthemes from the interviews**Expectations of check up: Pap smear**

In relation to what will be done
 Expectations exceeded/met/not met
 Pelvic examination expected
 No expectations

Explanations and understanding

Communication with, and by, doctor
 Level of explanation
 Thoughts about explanation
 Reason for pelvic examination not given
 What doctor said about findings
 What understands by normal/no recall needed
 Differences in explanations in relation to frequency of having smears

Reasons for making an appointment

For early detection of problems
 Family history
 Recommended smear interval

Getting results

Negative feelings and experiences
 Lack of time
 No female doctor available
 Would prefer to stick to one doctor
 Previous experience off-putting

Suggestions for change

Financial
 Regular practitioner

quite a few questions about the pill but because the consultations seemed rushed I felt like I was taking up my GP's time by asking these questions and about other contraceptive methods. So things like that, it would be nicer if it just wasn't in such a rushed environment.' (Interview 7)

Explanations and understanding

There was wide variation in the level of explanation given to the patients. Some women felt that their GPs did not inform them of why particular examinations were being performed and what was meant by a 'normal examination'. In particular, for those women who had a pelvic examination, they were unsure what this had shown. Participants felt that lack of information provision was, again, mainly due to time constraints, and the perception by the GP that the patient had been previously been educated about procedures and the interpretation of results.

'And I think maybe because I've had some Pap smears before they probably think I'm expected to know what it's about maybe. I'm not sure but they just get in and do it, and just let me know when the results will be available. ...It would be good if there was a service where they didn't feel as rushed, and we could go in and discuss everything and cover everything I guess.' (Interview 7)

Being told an examination is normal, or not being told anything, did lead women to conclude that there was nothing to worry about. Many women assumed that a negative result meant that they were 'free of cancer' and therefore they did not understand the limitations of screening.

'I guess you just put your full trust in the doctor that they know what they're doing and if there's something wrong they're going to tell you and if there's nothing they're not going say anything.' (Interview 8)

Reasons for making an appointment

Women generally attended at the recommended screening interval of 2 years. Reasons for attending regularly included personal or family history of pelvic pathology, to gain reassurance of their health status, and because they had been recalled for screening.

Getting results

Patients were usually only contacted if their Pap results were abnormal. Patients who were not contacted regarding their results did report anxiety about the outcome of their tests.

'Then a couple of weeks later when they [another doctor] questioned me about the results, I said, well I didn't hear anything. They said, were there any abnormalities? I said, well I didn't get a phone call so I am assuming no. I can't guarantee that, but... Just something just to say everything is fine. Because for the next couple of weeks you are sitting there thinking, is it okay? Are they going to call me?' (Interview 20)

Negative feelings and experiences

A negative experience while attending for a Pap test discourages women from attending for further health checks.

'They're very embarrassing, they're very uncomfortable. Obviously I haven't been for quite some time.' (Interview 8)

Receiving conflicting advice, particularly

regarding screening intervals also confused and deterred patients from attending for Pap tests.

'He [GP] actually told me that he's been given recommendations that you don't have to go – like I go every 2 years. He said a lot of people go in longer than that and he said to me, really strictly you could go longer but because you can't be sure of the results it's better to do this biannually or even yearly because you just can't be sure and there's too long a gap if you wait 5 years.' (Interview 2)

Some patients did not believe in regular attendance as they did not feel unwell, did not have time, did not enjoy the experience, or did not believe themselves to be in a high risk group.

'And just trying to find the time. There's hardly any time and I guess I just don't want to do it.' (Interview 16)

Nine women reported that they had not attended for a check for more than 5 years, mainly due to an unpleasant experience during their previous Pap smear. Participants also noted their preference for female practitioners to perform Pap smears to reduce their dislike of the procedure; not having access to a female practitioner meant some women did not attend for screening. Both previous unpleasant experiences with screening and lack of access to a female practitioner have been identified as barriers to cervical screening.⁷

'I would get a male to do it if I had to, but I'd feel more comfortable with a female. Especially if it was my GP. If my GP was a male I'd probably still go somewhere else to get a Pap smear. ...But I think they'd still be thorough. I just think the nurses where I went were really informative... They cover everything; they've got the leaflets there to show you, they walk you through it.' (Interview 22)

Suggestions for change

The women suggested that increased access to female practitioners, more education regarding procedures and results, reduction of the costs associated with attending, and the opportunity to discuss other health matters would improve their experience of attending for a Pap test, as well as the manner of receiving results.

'I suppose even just calls to say everything is fine. That would be cool, for something like to happen instead of, if we don't call you then it's okay. Because sometimes you feel like you're just a number going in. Lift your legs up, see you later, next one.' (Interview 11)

Discussion

We found a wide variation in women's expectations of having a Pap test. Some expected to have a pelvic examination, some did not; many did not know what it was for. There was often a lack of explanation as to what was meant by 'normal'. Being told that a pelvic examination is normal should not be understood as an outcome of screening for pelvic pathology, as the examination is not a reliable screening test.¹⁵ The women expressed a wish for more time and would prefer to receive results, both normal and abnormal, and to have an understanding of what this means.

Having a smear will always be embarrassing for some women, but the experience may be made more comfortable if the woman perceives that the consultation is not rushed, if she is able to see a regular practitioner for her screening, and if the practitioner is female. In this study, although only GPs were consulted, practitioner communication and confidence were cited as being important for the participants. We found that factors influencing patients choosing to consult for Pap tests are similar to those in the literature.^{7,10,15} A preference was expressed for female practitioners who provide accessible, low cost services and associated information regarding procedures performed and interpretation of results. This is consistent with previous findings that reduced access to services, cost of attending, and lack of provision of information are barriers to cervical screening.⁸

Women's satisfaction with primary healthcare and preventive services is determined by coordination and continuity of care.⁵ Screening uptake and preventive activities are higher with a 'usual' healthcare provider.^{8,16} Other authors have confirmed women's preference for female practitioners to provide health checks.^{5,7,17}

In view of the factors that continue to influence women to consult and return for regular Pap tests, and their preference to be informed about the examination and its results, there is scope to increase awareness of the aforementioned factors among health professionals. Time limitations and cost were also important themes identified by the participants, some of which can be addressed by encouraging and training health professionals other than GPs to become involved in cervical screening.

Study limitations

The primary limitation in this study is the small number of participants. The recruitment method also favoured those participants attending their GPs for smears, rather than those who may attend for screening in hospital or community health settings. There are no practice nurses in the study region accredited to perform Pap tests, so women's experiences were limited to GP services. However, qualitative research is not undertaken to provide generalisations from data but to explore questions, perceptions and experiences, in this case focusing on the experience of having a Pap test.

We also noted the difficulty in defining the term 'well woman check'. There is considerable debate among well informed health professionals as to the components of, and expectations regarding, a 'well woman check', so it is unlikely that our lay study participants will have a uniform definition of the term and hence respond accordingly when exploring issues surrounding a 'well woman check'.

Recommendations

- Recognition of general and individual barriers to cervical screening by health professionals will enhance patient access to, and acceptance of, screening activities.
- Health professionals involved in taking cervical smears should be encouraged to spend adequate time with patients and provide information regarding the procedures being performed, the implications of positive and negative findings, and the follow up of results. This will enhance informed consent to the procedure.
- Being able to choose the gender of their practitioner for intimate examinations continues to be an important factor for women with respect to attending for cervical screening.

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