

# Can rural practice nurses, physician assistants and nurse practitioners fulfil patient expectations regarding “Well Woman Checks”?

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## Abstract

### Background

Many GPs are of the opinion that a “Well Woman Check” is a ‘ticket of entry’ for the patient and an opportunity for other preventive health and screening measures. As screening tests, breast and pelvic examination in asymptomatic women during a “Well Woman Check” are not supported by evidence despite widespread practice. Consequently, debate exists regarding the ability of practice nurses (PNs), physician assistants (PAs) and nurse practitioners (NPs) to perform “Well Woman Checks” and cervical smears, particularly if they include breast and pelvic examination. Female patients express a variety of opinions regarding their expectations of, and value attached to “Well Woman Checks”.

### Aims

To improve understanding of and response to patient expectations of a “Well Woman Check”.

### Objectives

- To explore patients' expectations when attending general practice for a “Well Woman Check”.
- To explore patients' understanding or reassurance they have regarding their health after the examination has been performed and found to be ‘normal’.

### Methods

Participants were recruited via letters to general practitioners involved in teaching in the Townsville area. Advertisements were also placed in the Division of General Practice newsletter and distributed around James Cook University. Semi-structured interviews were conducted with subsequent qualitative analysis of transcripts. Ethics approval was granted by James Cook University.

### Results

The experience of the 24 women interviewed regarding attending for “Well Woman Checks” with their GPs is diverse, ranging from performance of a Pap smear only, to inclusion of breast and pelvic examination and other preventative health screening. Many women felt reassured after their ‘comprehensive’ examinations that they were healthy. The amount of information given to women about the examination process and follow-up of results was variable.

### Conclusions

In view of poor access for rural woman to “Well Woman Checks”, rural health providers such as PNs, NPs and PAs will be increasingly called upon to perform this important preventive check. An understanding of community expectations regarding “Well Woman Checks” will ensure providers can develop efficient

delivery of women's health services without affording false reassurance, and unnecessary intrusive examinations.

### Recommendations for practice

- The ability of PNs, NPs and PAs to perform Pap smears for women, should be recommended and promoted by the medical community.
- Practice guidelines for a "Well Woman Check" should be developed, based on evidence, to ensure uniformity of health delivery.
- Patient education is necessary as to the value of the various components of the "Well Woman Check" as screening procedures.

### Introduction

The "Well Woman Check" is an important, regularly performed consultation in general practice, providing a 'window' for opportunistic screening and preventive care for over half the population. Women's health checks incur costs to the government of over one million dollars annually.<sup>1</sup> Preventive care is a major component of general practice and screening procedures should be valid to use resources efficiently. We must be able to justify their value to patients, and explain what implications negative and positive results may have.

The elements of a "Well Woman Check" and the value placed upon them as screening procedures vary amongst general practitioners (GPs).<sup>2,3</sup> Shared decision making between patients and clinicians is advocated as a means of involving patients in health care decisions.<sup>4</sup> For both informed consent and shared decision making, it is important to understand patients' expectations of these 'check-ups', what they think is being 'checked' and what they understand by a 'normal' finding.

In many rural and some urban centres there is a lack of health services and medical practitioners to perform preventive health examinations.<sup>5</sup> Rural women report poorer access to screening and often have to travel long distances to attend for Pap smears.<sup>6</sup> The expanding role of practice nurses (PNs), nurse practitioners (NPs) and physician assistants (PAs) is hoped to fill gaps in service delivery. It is unknown if patients' expectations regarding screening can be met by health professionals other than medical practitioners.

### Literature review

#### What is a "Well Woman Check"?

A literature search was conducted using keyword combinations (see Table 1) yielding few results through standard and medical search engines. It was difficult to find information specifically relating to a "Well Woman Check", particularly the performance of pelvic examinations with Pap smears. One study suggested that 89% of participants expected a breast examination and 78% a Pap smear during an annual check-up in Canada.<sup>7,8</sup> American references to the 'periodic health check' recommend that blood pressure, Pap, breast and pelvic examination be performed.<sup>9</sup>

**Table 1**      **Keywords used in the literature search**

- Patient check-up
- Expectations
- Patient expectation health check
- Preventive health check
- Preventive women's health check
- Women's health check
- Women's health and NPs
- Women's health and Pap
- Patient interpretation normal results
- Pap smear expectations
- Medical check

Based on available evidence, neither routine breast or pelvic examination are of value as screening tests.<sup>10,11</sup> Qualitative analysis of GPs' attitudes to and practice of these examinations shows that many doctors perform breast and pelvic examinations for asymptomatic women, even if they agree the examinations are not valid screening tests.<sup>2,3</sup> As components of the "Well Woman Check" are not uniform, the author suggests that if "Well Woman Checks" were to be performed by NPs, PAs and PNs in Australia, practice guidelines should be developed to ensure uniformity of service delivery.<sup>9</sup>

### **Patient agendas and satisfaction**

There was little published regarding patients' agendas when consulting doctors for "Well Woman Checks". One US/Canadian paper correlated positively the physicians' estimate of a patient's desire (defined as the perception that a given event is wanted) for a breast examination and a Pap smear with the patient's actual desire.<sup>12</sup> Conversely in another study, pelvic examination was expected by 95% of patients and provided at only 47% of visits demonstrating a large discrepancy between patient and physician agendas.<sup>13</sup> Unvoiced agendas were not addressed in every sixth to seventh consultation in outpatient primary care visits in nine European cultural regions.<sup>14</sup> The fulfilment of expectations can affect outcomes such as patient satisfaction, adherence to treatment and reconsultation.<sup>15</sup>

Although patients see periodic health visits as being for preventive activities, they consider them as an opportunity to have all their health needs met.<sup>13</sup> Doctors and their patients often have differing agendas regarding preventive checks. It has been suggested that:

... a better understanding of the values of patients and physicians would help guideline developers to create better targeted communication strategies to take these discrepancies into account.<sup>16</sup>

Health professionals should raise awareness that preventive health checks improve general health and well-being, including the likelihood of adherence to lifestyle advice.<sup>7,17</sup> For most women, health checks are used to gain confirmation that the woman is indeed healthy.<sup>18</sup>

### **Patient attitudes towards screening**

A patient who has low belief in the value of screening, will be less likely to attend.<sup>19</sup> The attitudes of patients towards "Well Women Checks" are important as those patients most likely to develop cancer are least likely to access screening.<sup>20</sup> 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.<sup>21</sup> Younger people and those who are sceptical about conventional medicine are also offered fewer preventive services.<sup>21</sup>

### Practitioner gender and profession

For intimate examinations, the majority of patients prefer a female practitioner whether they are a nurse or medical practitioner.<sup>20,22,23</sup> Although male and female medical practitioners have the same knowledge and intention to screen with respect to breast and cervical cancer, female practitioners have higher screening rates.<sup>24</sup> Male practitioners admit that perceived embarrassment experienced by patients may be a strong barrier to performing breast examinations and Pap smears.<sup>24</sup>

The profession of the practitioner can influence screening rates and patient satisfaction. A study in Hong Kong where Pap smear rates are low, showed that when comparing females doctors and nurses who perform Pap smears, patient satisfaction and pap smear quality were high and equivalent in both groups.<sup>22</sup> After one week's training, nurses are as skilled as physicians at providing Pap smears, proposing that a nurse who is performing smears regularly will have higher competence than a physician who performs smears rarely.<sup>25</sup>

Women attending screening with female nurses report higher satisfaction than those attending a doctor of either gender, with regards to confidence in the practitioner and information provided about the procedures performed.<sup>22</sup> Other reasons cited for patient satisfaction with nurses performing smears include "interpersonal skills, warmth and kindness."<sup>26</sup> Younger women however, feel less positive towards female PNs.<sup>23</sup> Although patient satisfaction with nursing care in screening has been noted, organisational disadvantages exist such as longer consultations, and higher recall and investigation rates.<sup>27</sup>

In the UK, nurse clinics providing Pap smears have higher screening rates than physicians.<sup>28</sup> In Australia, women have a positive attitude to nurses but are unaware (particularly older women) that nurses can provide Pap smears.<sup>20</sup> Despite this, Australian practice nurses have embraced their ability to provide Pap smears.<sup>29</sup> Australian women who consult with nurses consider nurses to be more responsive to patients' needs and well qualified to perform smears.<sup>20</sup>

Patients value the lack of social distance with nursing staff as opposed to doctors.<sup>23</sup> Patients identify the importance of communication in reducing fear associated with screening procedures and related satisfaction with practitioner confidence, rather than professional discipline or expertise.<sup>22</sup> Although patients cite information provision as being important, providing women with information about the risks and uncertainties of screening, as well as the benefits, can slightly reduce their screening attendance. Information provision however, does importantly allow women to make informed decisions about their health care.<sup>30</sup>

To a degree, patients self-select their practitioner as if they are concerned about a nurse's ability to recognise a problem during examination, they prefer to see a doctor.<sup>20</sup> In Australia the:

Introduction of Registered Nurses as Pap smear providers has been acknowledged as an important strategy in the provision of acceptable and accessible services for women who had never had a Pap smear or who do not have regular Pap smears.<sup>20</sup>

NPs who work in women's health centres in Australia are in the enviable position of providing both preventive health checks and health promotion, whilst enabling community development, particularly in culturally and linguistically diverse regions.<sup>31</sup> An increase in screening rates occurs if NPs perform screening—an effect that is strongest in the women who need screening most.<sup>32</sup>

## Access to practitioner and health services

Women's satisfaction with primary health care and preventive services is determined by co-ordination and continuity of care.<sup>33</sup> Having a regular health provider is associated with higher screening uptake rates.<sup>19</sup> In one study, 85% of patients who had a smear in the previous year, had a 'usual care' provider.<sup>9</sup> Screening uptake is higher with a 'usual' health care provider, as is the offering of preventive activities by the practitioner.<sup>30</sup>

In rural communities where the population of health professionals is reduced and labile, it is difficult for patients to maintain continuity of care with a 'usual GP', disadvantaging patients with respect to screening activities.<sup>19</sup> The intimate social structure of rural communities can increase patient embarrassment when consulting (particularly if the practitioner is male) for fear of encountering the practitioner in their everyday life.<sup>24</sup> If PNs, NPs and PAs were to offer "Well Women Checks" in rural areas, one advantage would be the higher number and availability of female nurses, and stability of the health workforce that these professionals could provide.<sup>25</sup>

## Barriers to screening

Several barriers have been identified which reduce screening rates (see Table 2).<sup>7,22,24</sup> With regards to Pap smear screening, other variables influencing attendance have been identified (see Table 3).<sup>9,18-20,22,24</sup> Rural women suffer extra disadvantage in that they are on average older, poorer and more likely to have chronic illness and disability than their urban counterparts. Even after adjustments for demographics, screening rates in rural areas are still lower than those for urban areas.<sup>19</sup>

Limitations for practice nurses to provide "Well Woman Checks" also exist. In Australia, although MBS item numbers encourage nurse autonomy, remuneration is not equivalent to the time spent with the patient which may be an issue for the GP employer. Resistance can exist with female practitioners who feel their role is being compromised by RNs.<sup>34</sup>

**Table 2 Barriers to screening in general**

Patient Factors	Practitioner Factors	Health Service Factors
<ul style="list-style-type: none"><li>• Patient perceives they are healthy.</li><li>• Dislike of screening test</li><li>• Priority for other presenting complaints.</li><li>• Cost</li><li>• Socioeconomic status</li></ul>	<ul style="list-style-type: none"><li>• Time constraints</li></ul>	<ul style="list-style-type: none"><li>• Inadequate recall system</li><li>• Mobility of the population</li></ul>

**Table 3 Barriers to cervical screening**

Patient Factors	Practitioner Factors	Health Service Factors	Rural Factors
<ul style="list-style-type: none"> <li>• More than three years since last Pap smear.</li> <li>• Increased age</li> <li>• Lower educational levels</li> <li>• Low income</li> <li>• Lack of access</li> <li>• Insufficient funds</li> <li>• Non-white ethnicity</li> <li>• Poor attitudes to screening</li> <li>• Poor knowledge of screening</li> <li>• Low self-assessed risk of developing malignancy</li> <li>• Knowledge and beliefs about cancer and Pap smears</li> <li>• Previous examination discomfort</li> <li>• Embarrassment</li> </ul>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Qualifications</li> <li>• Time spent with patient</li> <li>• Interpersonal skills</li> <li>• Comfort level</li> <li>• Competence</li> <li>• Profession</li> </ul>	<ul style="list-style-type: none"> <li>• Recall system</li> <li>• Availability of bulk-billing</li> </ul>	<ul style="list-style-type: none"> <li>• Long distance travel</li> <li>• Lack of health services</li> <li>• Lack of continuity of care with a health provider</li> </ul>

## Methods

Women between 18 and 70 years were recruited through GP surgeries via posters and flyers. The project was promoted via word-of-mouth, in the local Division of General Practice newsletter, at Women's Health Information Sessions, and through the School of Nursing and Midwifery at James Cook University.

Approval was granted by James Cook University Ethics Committee. The interview proforma was piloted with two participants by the principal researcher and research assistant (RA) Subsequently the RA completed semi-structured patient interviews with questions based on themes emerging from the literature. Interviews were audio taped with written consent. Data was de-identified by the RA, transcribed using a confidential digital transcribing service and independently thematically analysed by two researchers using Atlas ti 5.0™ ([www.atlasti.com](http://www.atlasti.com)).

## Findings and discussion

Twenty-four women were interviewed regarding their perception, expectations and experiences of "Well Woman Checks" (see Table 4). Quotes are identified by interviewee number.

**Table 4** Ages, employment status, number of children, and use of a regular general practitioner of 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

### Components and expectations of the “Well Woman Check”

The women reported a diverse experience of what components were included in the “Well Woman Check”.

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)

I didn't really expect anything. (Interview 21)

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

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

I don't even consider that it's a women'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 women'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)

### Explanations of examinations and results

The women interviewed felt that their GPs did not inform them of why particular examinations were being performed and what was meant by a 'normal examination'. Participants felt that lack of information provision was 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)

[Did the doctor meet your expectations?] Yes. She's a nurse. I only see a doctor when I go to get the contraception in. As a registered nurse she's very, very informative. (Interview 22)

Many women assumed that a negative result meant that they were 'free of cancer' and didn't 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)

I can just recall that when she's actually doing it she'll talk me through it. So, this might feel a little uncomfortable or, I just need to press your abdomen for this. And then at the end she says, no you look completely normal, everything is fine. You know, no abnormalities noted. She actually is quite transparent. (Interview 10)

[So if they do say it's normal, what does that mean to you?] I'm okay down there. So don't worry about anything. (Interview 18)

Patients were usually only contacted if their Pap results were abnormal although some doctors did provide confirmation of normal results. 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 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)

### Reasons for attendance at "Well Woman Checks"

Women generally attended at the recommended screening interval for Pap smears of two years. Reasons for attending regularly included personal or family history of pelvic or breast pathology, to gain reassurance of their health status, and due to the doctor recalling them.

I go yearly because my mum had cancer bad.....I had the Pap smear and about three years ago they did pick up that I was level one I think it is, the first grade. With the Pap smear that was actually picked up and I had an



operation after that... since then of course I went six monthly. So I definitely go with the checkups that I should be having and its all fine. (Interview 1)

He actually told me that he's been given recommendations that you don't have to go—like I go every two 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 five years. (Interview 2)

To ensure that I'm in the best condition that I could possibly be in. Making sure there's nothing—pre-empting cancers or something. (Interview 8)

Conversely, 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.

Just with most of the bulk billing doctors they're very sort of, get you in, get you out. They don't really want to help and stuff like that. 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 “Well Woman Check” for more than five years, mainly due to an unpleasant experience during their previous Pap smear.

### Negative experiences of “Well Woman Checks”

A negative experience whilst attending for a “Well Woman Check”, and in particular a Pap smear, discourages women from attending for further health checks.

I think I've been getting regular pap smears since about 18. Probably not every two years but quite regularly since 18. And I was actually sent a letter in the mail to say that I'm due to have a pap smear...[while in the UK] When I went in the doctor basically went on about how it's inappropriate for someone my age, so young, to be having pap smears because it's quite invasive and intrusive. I said, well in Australia we have them from 18 or younger if we're sexually active. She was just going on about how it's so traumatic for young women to be having pap smears. (Interview 7)

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

Participants also noted their preference for female practitioners to perform Pap smears.

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)

### Improving “Well Woman Checks”

Increased access to regular and female practitioners, more education regarding procedures and results, reduction of the costs associated with attending, and the opportunity to discuss other health matters were discussed as improvements to “Well Woman Checks”.

I think talking prior to the doctor actually performing the examinations, and explaining to women the importance of them. (Interview 9)

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)

## Conclusion

Exploration of the experiences of women regarding “Well Woman Checks” has revealed that the components of the check differed greatly between practitioners, as did the woman's knowledge and expectations regarding what it entails. This finding supports the need for consensus amongst health professionals to allow a ‘standardised service’ to be offered to patients, who can be educated as to value of the components of the “Well Woman Check”.

Factors influencing patients' attendance for “Well Woman Checks” were essentially identical to those for Pap smears noted in the literature.<sup>18,20,22</sup> A preference was expressed for female practitioners who provide accessible, low-cost services, as was a need for the health professional to offer a comprehensive health check, and associated information regarding procedures performed and interpretation of results. Other authors have confirmed women's preference for female practitioners of any profession to provide health checks, particularly when associated with health education and promotion.<sup>20,22,23</sup>

Screening barriers in the women interviewed included cost, and lack of access to practitioners who can provide continuity of care—barriers also noted in rural women.<sup>19</sup> NPs, PAs and PNs are recognised as providing “Well Woman Checks” that are acceptable to women, due to good interpersonal skills, availability, and the increased amount of time they spend with the patient.<sup>20,22</sup>

The ability of PNs, NPs and PAs to perform Pap smears for rural women, without breast and pelvic examination should be recommended, as access of rural women to screening will be enhanced. Providing practitioners other than GPs offer women a comprehensive, timely and low-cost service, accompanied by education about the procedures and implications of a “Well Woman Check”, it can be assumed that the expectations of rural and urban women can be satisfied.

## Recommendations

Recommendations regarding the role of NPs, PAs and PNs in performing “Well Woman Checks” are outlined in Box 1.

### Box 1 Recommendations for Well Woman Checks by NPs, PAs and PNs

- The ability of NPs, PAs and PNs to provide “Well Woman Checks” should be recognised, encouraged and promoted by the medical community and the public sector.
- Consensus should be reached by health professionals regarding the components of the “Well Woman Check”, based on the evidence provided by current literature.
- Practice guidelines for “Well Woman Checks” in Australia should be developed to ensure uniformity of health delivery for women and improved education.
- Health professionals involved in “Well Woman Checks” should be encouraged to provide information to patients regarding the procedures being performed, the implications of positive and negative findings, and the follow-up of results.

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## Presenters

**Rebecca Stewart** is a senior lecturer of General Practice at James Cook University and a practising GP. Her medical training was undertaken at the University of Queensland, however she returned to her home of North Queensland to complete her general practice and subsequent training. She has an increasing involvement and interest in medical education and research, particularly in the fields of women's health and the use of simulated patients in medical education, the latter topic being the current focus of a Masters thesis in Clinical Education.

**Jill Thistlethwaite** is associate professor of medical education in the Office of Postgraduate Medical Education at the University of Sydney and a practising GP. She trained as a GP in the UK and has been an academic in Australia for five years. Her research interests are professionalism, interprofessional education and women's health. She has a long involvement in health professional education and GP vocational training and has recently co-authored books on professionalism in medicine and mental health across cultures.