Emotional Needs of Women Undergoing Sub Fertility Examination: HSG
A Qualitative Study

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Three things you may have discovered in Gateshead
Gateshead Millennium Footbridge
Worlds First Tilting Bridge
Baltic Centre for Contemporary Art
Largest Contemporary Art Centre in Europe
Gateshead Angel of the North

Seen by 33 million people each year as they visit or drive by on A1
Background

- The profile of the Nurse is high in the field of Hysterosalpingography (HSG)
- HSG is an extended role for nurses in many hospitals
- Nurses from Radiology and Gynaecology perform this role
As a profession undertaking extended roles nurses need to be taken seriously

Nurses need to develop their own body of research in areas where they are acting as the practitioner

In this case HSG
Background (cont)

• Radiology nurses have not kept pace with research contributions to this field
• Nurses undertaking HSG - still using medical research
• We wanted to carry out nurse led research.
Hysterosalpingogram

• An invasive examination performed transvaginally to demonstrate the anatomy of both the uterine cavity and fallopian tubes.

• Performed in Radiology Department as an Out Patient examination
Getting Started

• Funding from Research & Development Committee was granted

• Authorisation from the Ethics Committee was obtained
Literature Review

• What was available?
• Medical research is focused on describing the examination or comparison it to other procedures.
• No nursing research was found
Literature Review (cont)

- By year 4 to 6 of sub fertility 40% will have episodes of depression
- By year 7 to 9 of sub fertility 40% will have severe depression
- 86% will have ongoing anxiety
Literature Review (cont)

• Shevrin (2001) found a correlation between anxiety and depression
• Tyrell (1993) looked at the patients understanding of HSG via a medical audit … 15 years ago
Conclusion of literature review

• High incidence of anxiety and depression in sub fertile women

• Low incidence of qualitative studies aimed at reducing anxiety in the early stages of sub fertility
Aims

• To inform our knowledge about the specific needs of this group of women.
• Discover the underlying issues that women have at the start of sub fertility investigations
• Raise awareness of the need of research by nurses in areas where they are practicing.
Method

• Qualitative study using grounded theory research
• We used interviews and scheduled them prior to HSG
• During interview we asked 12 Core questions allowing the women to expand their answers to each question
• 10 Recorded Interviews: approx one to one and half hour duration.
Method (cont)

• As interviews progressed we identified common themes
• Analysed data after each interview until no new information was obtained
• That point was data saturation
Question Categories

- Background to their sub fertility
- or their story
- Expectations: pain, dignity, results.
- Importance of HSG to them
- Formal support from professionals
- Informal support from families
Inclusions/Exclusions

• Inclusions:
  Referral from within GHNHSFT for sub fertility.

• Exclusions:
  Referral for reasons other than sub fertility or from outside GHNHSFT
Emerging Themes and Discussion
Women see HSG as a defining moment

- Women rated the importance of HSG between 8 and 10.
- 10 being the most important
- Signpost to further treatment
- Watershed moment
- No progress can be made without it
Attention focused away from conception

• Fear & anxiety about process of HSG

• Focus of attention moved to procedure.

• Questions about procedure
Sub fertility- a taboo subject

• Loss of well being

• Loss of self confidence

• Anticipatory grief at potential childlessness.
Sub fertility - a taboo subject (cont)

• Women found infertility hard to talk about.

• ‘I don’t want to be the source of other peoples gossip’
Delay in getting appointment

- Some women not appointed in first cycle
- Women found delays frustrating
- Mismatch surrounding this service provision
Written information does not meet all of women's needs.

- Information giving is not as simple as often thought
- Written information not always read and often produces additional questions
- One woman said “I was horrified” after seeing the information leaflet
Little NHS support was available

• Emotional support gained from family & friends.

• Wouldn’t phone a help line

• Only one offered a “chat” by GP
Little NHS support was available (cont)

- Sometimes partner
- Sometimes internet
- Sometimes close friends
- Less often parents or siblings
Towards a Conclusion

Anxiety permeated all of the emerging themes

Conclusion directed to anxiety reduction
Conclusion
• Sub fertility investigations are rated highly important amongst women. Service providers need to address a possible mismatch in perception.
• Effort should be made to meet demand for HSG during first menstrual cycle following referral.
• Recognition that written information meets only part of the information requirements of women.
• Women need verbal support from professionals along with written material.
• This allows their specific needs to be addressed leading to an increased ability to cope and reduction in anxiety.
Implications for Practice

- The role of the Advanced Nurse Practitioner should be reviewed
- Nurse Practitioners can take a lead
- Nurse Practitioners can use their role to advance education and communication between all specialities involved in the sub fertility field
- This would produce a seamless service
Implications for Wider Practice

• Health care professionals in all fields should recognise that written information may not reduce patient anxiety levels – verbal support should be available to compliment the patient information leaflet.
Implications for Wider Practice (cont)

• Sub fertility should stop being a taboo subject.

• Raising the profile of focus groups eg cancer research

• eg Cancer Research

• Mind

• MS Society
• Support from GHNFT: funding, time and equipment enabled the research to occur
• We have been accepted for publication in International Journal of Clinical Practice
References


Any Questions?