

Journal of Advanced Zoology

ISSN: 0253-7214 Volume 44 Special Issue-2 Year 2023 Page 4793:4798

Assessing the Level of Satisfaction in Women with PCOS Regarding the treatment Suggestions Provided by Gynaecologists

Yashvi Panjrath 1*, Dr. Vijendra Nath Pathak 2

¹Research Scholar, Department of Psychology, School of Social Science and Language,
Lovely Professional University, Punjab, India

² Assistant Professor, Department of Psychology, School of Social Science and Language,
Lovely Professional University, Punjab, India

¹ yashvipanjrath@gmail.com, ² vijendra.26172@lpu.co.in

*Corresponding Author E-mail: yashvipanjrath@gmail.com

Article History	Abstract
Received: 08 Sept 2023 Revised: 29 Oct 2023 Accepted: 05 Nov 2023	This study aims to explore the satisfaction level of women diagnosed with Polycystic Ovary Syndrome (PCOS) regarding the treatment suggestions provided by gynaecologists. The research employed a qualitative thematic analysis method to analyse the data collected through semi-structured interviews with 20 women who were diagnosed with PCOS. The findings reveal that women's satisfaction with the treatment suggestions provided by gynaecologists is affected by several factors such as the effectiveness of the treatment, the
CC License CC-BY-NC-SA 4.0	extent of the gynaecologist's knowledge about PCOS, communication skills, and the emotional support provided during treatment. Women reported that the gynaecologists who took the time to understand their individual needs and provided emotional support were more successful in treating their PCOS symptoms. The study's implications highlight the need for gynaecologists to offer more personalized and empathetic care to women with PCOS to improve their treatment outcomes and overall satisfaction. Keywords: PCOS, gynaecologists, satisfaction, PCOS treatment.

1. BACKGROUND

Polycystic ovarian syndrome is a condition that affects women in age of reproduction and is related with enlargement of polycystic ovaries. Amenorrhea, hirsutism and obesity are all PCOS symptoms (Stein IF 1935). Excessive facial and chest hair growth are among the indications and symptoms of alopecia areata. " (Proietti S., Unfer V., Gullo G. Mental illness, like chronic stress, anxiety, depression, sleep apnea and bipolar disorder,, can have a negative impact on the person's total well-being (QoL). Diabetes, infertility, dyslipidemia, glucose intolerance, cardiovascular disease, hypertension and metabolic syndrome are the most common consequences of Polycystic ovarian syndrome. In the year 2010, three researchers from the University of Toronto (Teede, Deeks, and Moran). There are various drugs available for the treatment of PCOS, each with a different amount of efficacy and each with its own set of side effects. Polycystic ovarian syndrome is a disease in females o of reproductive age, and caused through hormonal imbalance induced by bad behaviours, a hectic and stressful lifestyle, and a stressful environment. Women who have PCOS suffer from an abnormally high quantity of the androgen, severe insulin resistance and overweight in their body.

Unfortunately, PCOS being such a common and troublesome disorder has no full proof treatment plan. Women with PCOS have been often found to be dissatisfied with the treatment plan provided by the healthcare providers like the gynecologist. Therefore to understand the gap between the suggestions and treatment plan provided by the healthcare providers and its reception by this sufferers off PCOS, the current study was carried out to assess the level of satisfaction in women with PCOS in terms of the suggestions and treatment plan provided by the gynecologist.

2. REVIEW OF LITERATURE

In a study by Gibson-Helm ME (2014) The Australian survey mentioned highlights several issues related to the diagnosis experience and information needs of women with polycystic ovary syndrome (PCOS). The survey

indicates that the diagnosis of PCOS is often delayed and involves multiple health professionals, leading to a fragmented healthcare experience for women with the condition. This can result in unmet information needs and prolonged uncertainty for those seeking a diagnosis.

The survey also suggests that the length of time taken to receive a PCOS diagnosis is associated with symptoms of anxiety and depression. This implies that the delayed diagnosis and the consequent uncertainty and lack of support may have a negative impact on the psychological well-being of women with PCOS.

Moreover, the diagnosis experience can affect self-management strategies and the ability to make lifestyle changes. Access to accurate information sources is crucial for women to understand their condition, make informed decisions about their health, and implement effective self-care practices. Additionally, the diagnosis experience can influence women's participation in regular screening for metabolic complications, which are associated with PCOS.

Despite recognizing the potential impacts of the diagnosis experience and information needs of women with PCOS, comprehensive studies in this area have been limited. Previous investigations into information needs have been small-scale or focused on specific aspects, providing only a limited understanding of the overall picture.

Overall, the findings of the Australian survey emphasize the importance of addressing the challenges related to the diagnosis experience and information needs of women with PCOS. By improving the diagnostic process, providing comprehensive information resources, and supporting self-management and lifestyle changes, healthcare professionals can contribute to better outcomes for women with PCOS and reduce the potential long-term consequences associated with delayed diagnosis and unmet information needs. In a study done by Helena et al (2017) it was reported The survey highlights a concerning finding that more than half of the women with PCOS reported not receiving information about long-term complications or emotional support/counseling. This suggests a significant gap in the provision of comprehensive information and support services for women with PCOS.

Notably, women in Europe were particularly likely to report a lack of information provision. This regional disparity raises concerns about the consistency and accessibility of healthcare services across different countries and healthcare systems. It suggests that there may be variations in the level of awareness, resources, and support available for women with PCOS in different parts of Europe.

The absence of information about long-term complications is problematic as PCOS is associated with various potential health risks, such as insulin resistance, type 2 diabetes, cardiovascular disease, and fertility issues. Providing women with information about these complications is crucial for their understanding of the condition, enabling them to make informed decisions about their health, and taking necessary preventive measures.

The lack of emotional support and counseling is also concerning, as PCOS can have a significant impact on a woman's emotional well-being. Dealing with the symptoms, potential fertility challenges, and the psychosocial aspects of PCOS can be emotionally challenging. Having access to emotional support and counseling can help women cope with the psychological aspects of the condition and improve their overall quality of life.

The findings emphasize the need for healthcare providers to address these gaps in information provision and support services for women with PCOS, particularly in Europe. By ensuring that women receive comprehensive information about long-term complications, as well as emotional support and counseling, healthcare professionals can better meet the holistic needs of women with PCOS and improve their overall healthcare experience. Additionally, efforts should be made to promote consistency and equity in the provision of healthcare services for women with PCOS across different regions and healthcare systems. In a study by Sills ES, et al, (2001), it was found Women identified difficulty losing weight, irregular menstrual cycles, infertility, and hirsutism as their 4 key concerns about PCOS. They expressed their concern over lack of customised and personalised plan for the same and inadequacy in terms of information provided on the same.

There are very few studies done on satisfaction women with pcos have in terms of medical help provided to them, the issues they face with the diagnosis and lack of information out there on the same. There is no single study done in this area in India addressing the concerns of women with PCOS regarding the issues they face in terms of lack of information and support from health acre providers. Therefore, this study aims to bridge the gap and explore the level of satisfaction in women of India in terms of guidance and suggestions provided by gynaecologists.

3. METHOD

The current research employed a qualitative thematic analysis to analyse the data collected through semi structured interview. To explorer the experiences and satisfaction in women with PCOS and online semi structured interview was prepared. The target population well women over the age of 18, with the diagnosis of PCOS made by a medical professional in India. The sampling used was convenience sampling where the sample was drawn from a PCOS support group. The online semi structured interview was hosted through Google forms, for constructing and analysing the responses. The questions of the interview were prepared by first, developing a pool of questions around the level of satisfaction in women with PCOS regarding the suggestions received from the gynecologist. The most relevant questions were then picked from these pool of questions which were further shown to expert for expert advice. The finalised questions were then standardized. The questions were tested for functionality before fielding. No pilot testing was performed. Qualitative interviews capture first hand experiences and was therefore found to be well suited for the study to generate data on perceptions Of health care experiences. The questions of the interview aimed to explorer women's perception and experiences with the healthcare providers in management of PCOS. The responses were gathered from 20 women diagnosed with PCOS. These women were from north India. These participants were further also interviewed telephonically after filling the line answers.

Participants

Eligibility criteria included women above the age of 18 diagnosed with PCOS. The diagnosis had to be made by a healthcare provider, that is, a gynecologist. No upper age limit was established to promote participation from a wider age group. Participants were recruited through online platforms and support groups. The responses were obtained through Google forms. Social media was also used as a recruitment strategy to reach a wider sample. This survey was voluntary and open. These participants were further interviewed over the phone using a semi structured interview. The participants were from north India.

Data Analysis

All the qualitative interview data who was quoted themes were derived entirely from the data. An inductive analysis technique was used to analyse the data this was in accordance with the technique given by Thorne et al (2004). This descriptive approach is widely used that describes thematic patterns and commonalities in the data provider.

4. RESULTS AND DISCUSSION

To assess the level of satisfaction in women with PCOS regarding the treatment suggestions provided by gynecologist the research employed a qualitative thematic analysis method to analyse the data collected through semi structured interview of 20 women who were diagnosed with PCOS. The interview of 20 participants included women from north India. The major themes that emerged in thematic analysis from the responses obtained from the subject included 1. Lack of knowledge in in the gynecologist, 2. Gynecologist not providing with sufficient and necessary information, 3. Lack of empathy in the physicians. 4. Need for more awareness and information on the condition, 5. Need for attentive and empathetic physicians. 6. Lack of information on lifestyle modification. 6. Need for support and understanding from family and friends.

5. DISCUSSION

The interview participants expressed dissatisfaction In terms of treatment plan provided to them by the healthcare providers. The key theme that emerged in the thematic analysis was lack of knowledge in the healthcare providers themselves. It was found what the health care providers could not communicate and educate the patient regarding the condition Described the need For more information. One of the participants aged 24 reported, "I was simply put on 21 day contraceptive pills without even being told the function of the same I was not told how these contraceptive pills would actually effect the condition." Another common theme that emerged from the interviews was lack of empathy in the physician One of the participants reported "The doctors want us to lose weight but prescribes us birth control pills which leads to weight gain, the doctors lack compassion towards their patient the barely take care of long term cure of the disease. Towards the patients complaints is required and it is important to motivate them to keep a healthy routine which can help them with prognosis. What is missing is empathy and understanding as the doctors also assume that the person is just lazy and eats junk all the time" The subjects expressed the feeling of being dismissed which made them feel lack of empathy from the health care provider's end. Low empathy and lack of concern and understanding towards the patient us prevalent almost in all the participants experiences which was found to be a significant barrier in the prognosis of the condition. This theme let the development of another theme which is the demand for more proactive and empathetic gynecologist who proactively listen to their patience give them a detailed account of

the condition are empathetic when interacting with the patient and simply do not just ask the patient to lose weight rather help them understand the condition and give them personalized lifestyle modification plans. However, it is not that every participant expressed dissatisfaction from the treatment plan 20% of the participants also expressed satisfaction from the medical advice received to them. While most of the participants express dissatisfaction from the treatment plan given by the gynecologist and lack of awareness provided by the gynecologists on PCOS, this Issue brought up another significant issue which is they need for self-education an education of the society friends and family on the condition of PCOS One of the participants expressed "My friends and family always comment on my weight acnes and facial hair which impacts my self esteem enormously. People should know that all this is this side effect of the condition and therefore people should be cautious while passing comments. It is so important for everyone to know about the condition and it's symptoms so that they are more empathetic and understanding." The interviews conducted during the study revealed a significant issue: many participants reported leaving the doctor's office without a clear understanding of the impacts of PCOS. They expressed not being informed about the associations between PCOS and important aspects such as insulin resistance, weight gain, and infertility. Instead, they had to rely on self-education and independent research to learn about these impacts after receiving a diagnosis.

This finding indicates a gap in the information provided by healthcare professionals during the diagnostic process. Women with PCOS should ideally receive comprehensive and accurate information about the condition, including its potential consequences and associated health risks, from their healthcare providers. This information is crucial for empowering women to making their own sound choices and take appropriate steps to manage the condition.

To address this issue, several recommendations were made by participants, including the inclusion of pamphlets or other summarized informational sources about PCOS. Providing such resources at the time of diagnosis would enable patients to access credible medical information that can supplement their understanding and serve as a reference for further education and self-management.

The inclusion of informative materials can serve as a valuable tool for healthcare providers to ensure that patients receive accurate information about PCOS and its implications. It can help bridge the gap in knowledge and empower patients to actively participate in their own care. Additionally, these resources can provide a consistent and reliable source of information, reducing the need for patients to rely solely on self-education and potentially unreliable online sources.

By enhancing the provision of information through pamphlets or other summarized resources, healthcare professionals can improve the diagnosis experience for women with PCOS. This approach promotes patient education, fosters better communication between healthcare providers and patients. (Soucie K, 2021) One of the sub-themes that emerged from the interviews was the lack of screening for or acknowledgment of mental health by physicians. The participants shared that their gynaecologist rarely asked about their mental health or provided information about the impacts of PCOS on mental well-being. This lack of attention to mental health concerns was a significant gap in their healthcare experience.

Several participants expressed the need for information from their healthcare providers regarding the potential mental health impacts of PCOS. They highlighted the increased risk for conditions such as eating disorders, anxiety, and depression. Understanding these potential mental health implications is crucial for women with PCOS as it can influence their overall well-being and quality of life. (TAY CT, 2019)

Individuals with eating disorders often find the conventional advice of reducing calorie intake and increasing physical activity to be harmful, as it can worsen their disordered eating behaviors. Consequently, it is crucial for these individuals to receive personalized guidance and support that acknowledges the specific challenges associated with both polycystic ovary syndrome (PCOS) and disordered eating. When addressing PCOS, lifestyle interventions should prioritize overall well-being rather than focusing solely on body weight. Research suggests that implementing non-restrictive, weight-neutral nutrition programs can effectively facilitate lifestyle changes while simultaneously reducing disordered eating patterns.

These findings highlight the need for healthcare providers to address the mental health aspects of PCOS and integrate them into patient care. Physicians should proactively inquire about mental health concerns, provide information about the potential impacts of PCOS on mental well-being, and offer appropriate support and resources. Taking a holistic approach to PCOS management that considers both physical and mental health is crucial for providing comprehensive care to women with the condition.

By acknowledging and addressing the mental health aspects of PCOS, healthcare professionals can contribute to better overall outcomes and improve the well-being of women living with the condition. This includes providing tailored guidance, support, and access to appropriate resources that consider the unique challenges and needs of each individual. (Clifford D, 2015).

The study findings highlighted notable and unforeseen patterns of self-advocacy and self-education observed among the participants. Numerous individuals expressed the necessity of advocating for themselves in order to persuade their doctors that their symptoms were genuine and significant, warranting additional testing or referrals. These participants found it crucial to actively engage in advocating for their own well-being and acquiring knowledge about their condition.

The participants often engaged in both self-advocacy and self-education simultaneously. Their self-education efforts, which involved gathering information about PCOS, its symptoms, and potential diagnostic criteria, supported their self-advocacy at the doctor's office. By being knowledgeable about their condition, they were better equipped to communicate their concerns effectively and advocate for the necessary medical attention.

These findings align with previous studies in the literature, which also highlighted the themes of self-advocacy and self-education among women with PCOS. It appears that in this study population, few participants had the luxury of having easy and straightforward diagnosis experiences or receiving care from doctors who were well-informed about PCOS and could provide more help during diagnosis. (Soucie K, 2021)

In the absence of sufficient support from their doctors, participants took it upon themselves to educate themselves about PCOS and actively advocate for their needs. Their self-education efforts, both before and after diagnosis, played a significant role in their journey to obtain a diagnosis that explained their symptoms.

The emergence of self-advocacy and self-education themes underscores the importance of empowering patients to take an active role in their healthcare. It highlights the need for healthcare providers to recognize and support patients in their efforts to self-educate and advocate for their health. By fostering a collaborative and supportive relationship with patients, healthcare professionals can enhance the diagnosis experience, address information gaps, and ultimately improve the overall healthcare outcomes for women with PCOS.

6. CONCLUSION

The poor experiences reported by women with PCOS in attaining a diagnosis highlight several barriers that need to be addressed.

One key area for improvement is enhancing PCOS awareness among professionals, particularly at the primary care physician level. Many participants expressed encountering doctors who lacked knowledge about PCOS or did not take their symptoms seriously. Increasing awareness about PCOS among healthcare providers can lead to earlier recognition of the condition and improved access to appropriate testing and referrals.

Clear guidelines can help healthcare professionals make accurate diagnoses and provide consistent care based on best practices. By adhering to established guidelines, healthcare providers can reduce the variability in diagnostic experiences for women with PCOS.

The provision of credible medical information at the time of diagnosis is also crucial. Participants expressed the need for accurate information about PCOS and its implications. Providing reliable resources, such as pamphlets or other informational materials, can empower patients to make informed decisions and engage in self-management.

The study findings also emphasize the importance of knowledgeable and informative physicians. Participants reported benefiting greatly from physicians who were well-versed in PCOS and provided comprehensive information and support. However, even physicians who were attentive and willing to investigate and address patient concerns, despite limited knowledge of PCOS, played a positive role in the diagnostic journey. Encouraging healthcare professionals to stay updated on PCOS and equipping them with the necessary knowledge can significantly improve patient experiences.

While self-advocacy has been vital for many participants, it is essential for patients with PCOS to feel that their physicians are acting as healthcare advocates on their behalf. Establishing a trusting and supportive relationship between patients and healthcare providers can alleviate the burden of self-advocacy and ensure that patients receive the necessary care and support.

In summary, improving PCOS awareness among medical professionals and the general population, providing credible medical information, and fostering knowledgeable and supportive physicians can all contribute to better patient experiences and outcomes for women with PCOS. By addressing these opportunities for improvement, healthcare systems can ensure that women with PCOS receive timely and appropriate care, leading to improved health and well-being.

References:

- Gibson-Helm ME, Lucas IM, Boyle JA, Teede HJ. Women's experiences of polycystic ovary syndrome diagnosis. *Fam Pract*. 2014;31(5):545–549
- Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome. *Fertil Steril*. 2004;81(1):19–25.
- Teede H, Deeks A, Moran L. Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic manifestations that impacts on health across the lifespan. *BMC Med.* 2010;8:41
- Sills ES, Perloe M, Tucker MJ, Kaplan CR, Genton MG, Schattman GL. Diagnostic and treatment characteristics of polycystic ovary syndrome: descriptive measurements of patient perception and awareness from 657 confidential self-reports. *BMC Womens Health*. 2001;1(1):3
- Misso M, Boyle J, Norman R, Teede H. Development of evidenced-based guidelines for PCOS and implications for community health. *Semin Reprod Med.* 2014;32(3):230–240
- Bazarganipour F, Taghavi SA, Montazeri A, Ahmadi F, Chaman R, Khosravi A. The impact of polycystic ovary syndrome on the health-related quality of life: a systematic review and meta-analysis. *Iran J Reprod Med.* 2015;13(2):61–70.
- Humphreys L, Costarelli V. Implementation of dietary and general lifestyle advice among women with polycystic ovarian syndrome. *J R Soc Promot Health*. 2008;128(4):190–195
- Wijeyaratne CN, Dilini Udayangani SA, Balen AH. Ethnic-specific polycystic ovary syndrome: epidemiology, significance and implications. *Expert Rev Endocrinol Metab*. 2014;8:71–79
- Carmina E, Oberfield SE, Lobo RA. The diagnosis of polycystic ovary syndrome in adolescents. *Am J Obstet Gynecol*. 2010;203(3):201.e1–201.e5.
- Lombard C, Deeks A, Jolley D, Ball K, Teede H. A low intensity, community based lifestyle programme to prevent weight gain in women with young children: cluster randomised controlled trial. *BMJ*. 2010;341:c3215
- Soucie K, Samardzic T, Schramer K, Ly C, Katzman R. The diagnostic experiences of women with polycystic ovary syndrome (PCOS) in Ontario, Canada. Qual Health Res. 2021;31:523–34.
- Tay CT, Teede HJ, Hill B, Loxton D, Joham AE. Increased prevalence of eat- ing disorders, low self-esteem, and psychological distress in women with polycystic ovary syndrome: a community-based cohort study. Fertil Steril. 2019;112:353–61.
- Clifford D, Ozier A, Bundros J, Moore J, Kreiser A, Morris MN. Impact of non-diet approaches on attitudes, behaviors, and health outcomes: a systematic review. J Nutr Educ Behav. 2015;47:143-155.e1.