

Gynecological Nursing

Editor

Nevin HOTUN ŞAHİN



© Copyright 2025

Printing, broadcasting and sales rights of this book are reserved to Academician Bookstore House Inc. All or parts of this book may not be reproduced, printed or distributed by any means mechanical, electronic, photocopying, magnetic paper and/or other methods without prior written permission of the publisher. Tables, figures and graphics cannot be used for commercial purposes without permission. This book is sold with banderol of Republic of Türkiye Ministry of Culture.

ISBN	Page and Cover Design
978-625-375-894-3	Typesetting and Cover Design by Akademisyen
Book Title	Publisher Certificate Number
Gynecological Nursing	47518
Editor	Printing and Binding
Nevin HOTUN ŞAHİN	Vadi Printingpress
ORCID iD: 0000-0002-6845-2690	
Publishing Coordinator	Bisac Code
Yasin DİLMEN	MED058000
	DOI
	10.37609/akya.4001

Library ID Card

Gynecological Nursing / ed. Nevin Hotun Şahin.

Ankara : Akademisyen Yayınevi Kitabevi, 2025.

110 p. : figure. ; 160x235 mm.

Includes References.

ISBN 9786253758943

WARNING

The information contained in this product is only presented as a source for licensed medical workers. It should not be used for any professional medical advice or medical diagnosis. It does not constitute a doctor-patient, therapist-patient and / or any other health-presentation service relationship between the Bookstore and the recipient in any way.

This product is not a synonym or a substitute for professional medical decisions. The Academician Bookstore and its affiliated companies, writers, participants, partners and sponsors are not responsible for injuries and / or damage to humans and devices arising from all applications based on product information.

In the case of prescription of drugs or other chemicals, checking over the current product information for each drug defined by the manufacturer to determine the recommended dose, duration, method and contraindications of the drug is recommended.

It is the physician's own responsibility to determine the optimal treatment and dose for the patient, and to establish a basis for the knowledge and experience of the treating physician about the patient.

The Academician Bookstore is not responsible for any changes to the product, repackaging and customizations made by a third party.

GENERAL DISTRIBUTION

Akademisyen Kitabevi AŞ

Halk Sokak 5 / A Yenişehir / Ankara

Tel: 0312 431 16 33

siparis@akademisyen.com

www.akademisyen.com

PREFACE

Based in Ankara in Turkey, the independent academic publisher, Akademisyen Publishing House, has been publishing books for almost 35 years. As the directors of Akademisyen Publishing House, we are proud to publish more than 3800 books across disciplines so far, especially in Health Sciences. We also publish books in Social Sciences, Educational Sciences, Physical Sciences, and also books on cultural and artistic topics.

Akademisyen Publishing House has recently commenced the process of publishing books in the international arena with the “Scientific Research Book” series in Turkish and English. The publication process of the books, which is expected to take place in March and September every year, will continue with thematic subtitles across disciplines

The books, which are considered as permanent documents of scientific and intellectual studies, are the witnesses of hundreds of years as an information recording platform. As Akademisyen Publishing House, we are strongly committed to working with a professional team. We understand the expectations of the authors, and we tailor our publishing services to meet their needs. We promise each author for the widest distribution of the books that we publish.

We thank all of the authors with whom we collaborated to publish their books across disciplines.

Akademisyen Publishing House Inc.

CONTENTS

Chapter 1	Endometriosis and The Role of the Nurse.....	1
	<i>Hamide ARSLAN TARUS</i>	
	<i>Nurdan DEMİRCİ</i>	
Chapter 2	Innovative Care Models for Gynecologic Cancer: the Role of Telehealth and Artificial Intelligence Technologies.....	17
	<i>Fatma BAŞARAN</i>	
	<i>NEVİN HOTUN ŞAHİN</i>	
Chapter 3	Silent Violence in Women's Health: Understanding Medical Gaslighting Through Clinical Cases	33
	<i>Yağmur SÜRMELİ</i>	
Chapter 4	Self-Care For Nurses: the Role of Self-Compassion.....	43
	<i>Ayşe YACAN KÖK</i>	
Chapter 5	Health Policies In Turkey and Their Effect on Women's Health.....	55
	<i>Cansu AĞRALI</i>	
Chapter 6	Genital Tract Infections and the Nursing Approach	69
	<i>Çiler ÇOKAN DÖNMEZ</i>	
Chapter 7	Robotic Gynecologic Surgery.....	85
	<i>Inci ÖZ</i>	

AUTHORS

Res. Asst. Dr. Cansu AĞRALI

Osmaniye Korkut Ata University, Faculty of Health Sciences, Midwifery Department

Asst. Prof. Fatma BAŞARAN

Department of Midwifery, Faculty of Health Sciences, Ağrı İbrahim Çeçen University

Prof. Dr. Nurdan DEMİRCİ

Marmara University, Faculty of Health Sciences, Department of Nursing, Obstetrics and Gynecology Nursing

Asst. Prof. Çiler ÇOKAN DÖNMEZ

Department of Midwifery, Faculty of Health Sciences, Osmaniye Korkut Ata University

Res. Asst. Dr. Ayşe YACAN KÖK

Burdur Mehmet Akif Ersoy University Bucak Health School

Asst. Prof. İnci ÖZ

Assistant Professor - Medicana Ataköy Hospital, Obstetrics and Gynecology Clinic

Asst. Prof. Yağmur SÜRMELİ

Toros University, Vocational School of Health Services, Department of Medical Services and Techniques

Prof. Dr. NEVİN HOTUN ŞAHİN

Department of Women's Health and Diseases Nursing, Florence Nightingale Faculty of Nursing, Istanbul University Cerrahpaşa

Res. Asst. Hamide ARSLAN TARUS

Marmara University, Faculty of Health Sciences, Department of Obstetrics and Gynecology Nursing

Chapter 1

ENDOMETRIOSIS AND THE ROLE OF THE NURSE

Hamide ARSLAN TARUS¹
Nurdan DEMİRCİ²

INTRODUCTION

The World Health Organization (WHO) defines endometriosis as an estrogen-dependent, benign, chronic and inflammatory disease characterized by the growth and migration of endometrial tissue, which should normally be located within the uterine cavity, outside the cavity (1). It is estimated that approximately 10.0% (190 million) of women of reproductive age worldwide are affected by endometriosis (1, 2). In an epidemiologic study conducted in Turkey, 18.3% of women were reported to have endometriosis (3). The etiology of endometriosis, which is quite common, is still unknown. Some studies have reported an increased risk of endometriosis in women with a history of endometriosis in a first-degree relative, prolonged exposure to endogenous estrogen, short menstrual cycles (<27 days), a history of infertility and risky lifestyle behaviors (such as unhealthy diet and lack of regular exercise) (4-8).

Endometriosis is often associated with infertility and pain symptoms (dysmenorrhea, pelvic pain, dyspareunia, dysuria, dyskinesia)(1, 9). There are medical and surgical treatment options for the management of these symptoms. However, current treatment options do not promise a complete cure as medical treatments are not fully curative and there is a risk of recurrence after surgical treatments (10). Therefore, multidisciplinary care is recommended in addition to standard treatment in the management of the disease (11).

Multidisciplinary care is a team approach that brings together the competencies of experts from different disciplines to provide long-term, comprehensive

¹ Res. Asst., Marmara University, Faculty of Health Sciences, Department of Obstetrics and Gynecology Nursing, hamidearslan@yahoo.com, ORCID iD: 0000-0001-5857-980X

² Prof. Dr., Marmara University, Faculty of Health Sciences, Department of Nursing, Obstetrics and Gynecology Nursing, nurdandemirci@marmara.edu.tr, ORCID iD: 0000-0003-0489-186X

self-care management program implemented by nurses increased the quality of life of women with endometriosis and reduced the pain level (41). In another study, it was reported that structured nursing strategies reduced the symptoms of women with endometriosis, increased self-care practices and knowledge levels (42). Helmy et al. found that the nurse-led lifestyle change program increased the knowledge level and self-care practices of women with endometriosis and decreased the level of fatigue, pain and depression (40).

CONCLUSION

Endometriosis is a chronic disease that is very common in women of reproductive age. Medical and surgical treatments for the management of the disease do not promise a complete cure. Therefore, multidisciplinary care is recommended in addition to treatment. The endometriosis nurse, one of the key members of this care, makes a significant contribution to the management of the disease with its caregiving, education, counseling, communication and coordination roles. Nurse-led programs have been shown to reduce symptoms, increase awareness of endometriosis, quality of life and self-care behaviors. Therefore, defining the role of endometriosis nursing in health institutions and employing nurses specialized in this field should be encouraged. Furthermore, more randomized controlled trials should be planned to evaluate the effectiveness of nurse-led structured education and support programs.

REFERENCE

1. World Health Organization. Endometriosis. 2023 [updated 2023; cited 2025 May 8]. Available from: <https://www.who.int/news-room/fact-sheets/detail/endometriosis>
2. Matloobi M, Amini L, Shahali S, Haghani H, Tahermanesh K, Hassanlouei B, et al. Effect of sex education on sexual function and sexual quality of life in women with endometriosis: A quasi-experimental study. *Int J Gynecol Obstet.* 2022;159(3):702-10.
3. Yüksel Özgör B, Azamat S, Berkay EG, Türeli D, Özdemir İ, Topaloğlu S, et al. Epidemiology of endometriosis awareness in Turkey. *Cureus.* 2023;15(4):e37536.
4. Ali DAA, Gonied AS, Elsebeiy FI, Salem HM. life style among women with endometriosis. *J Pharm Negat Results.* 2023;14(1):1521-31.
5. Allaire C, Bedaiwy MA, Yong PJ. Diagnosis and management of endometriosis. *CMAJ.* 2023;195(10):E363-E71.
6. Oral E. *Endometriosis and Adenomyosis: Global Perspectives Across the Lifespan.* Springer Nature; 2022.
7. Schenken RS. Endometriosis in adults: Pathogenesis, epidemiology, and clinical impact. 2025.
8. Smolarz B, Szyłko K, Romanowicz H. Endometriosis: epidemiology, classification, pathogenesis, treatment and genetics (review). *Int J Mol Sci.* 2021;22(19):10554.
9. National Institute for Health and Care Excellence. Endometriosis: diagnosis and management. 2024.

10. Güvenç İB, Bozo Ö. Health-related quality of life of women with endometriosis: An Attachment-Diathesis Model of Chronic Pain perspective. *Health Care Women Int.* 2024;45(4):412-29.
11. Rohloff N, Rothenhöfer M, Götz T, Schäfer SD. Observational pilot study on the influence of an app-based self-management program on the quality of life of women with endometriosis. *Arch Gynecol Obstet.* 2024;1-14.
12. Fang QY, Campbell N, Mooney SS, Holdsworth-Carson SJ, Tyson K. Evidence for the role of multidisciplinary team care in people with pelvic pain and endometriosis: A systematic review. *Aust N Z J Obstet Gynaecol.* 2024;64(3):181-92.
13. Tyson K, Campbell N, Mooney SS, Holdsworth-Carson SJ. The endometriosis nurse coordinator-A new paradigm for endometriosis multidisciplinary care: a commentary. *J Endometr Uter Disord.* 2024;8:100086.
14. Flores I, Abreu S, Abac S, Fourquet J, Laboy J, Ríos-Bedoya C. Self-reported prevalence of endometriosis and its symptoms among Puerto Rican women. *Int J Gynecol Obstet.* 2008;100(3):257-61.
15. Morales L, Alvarez-Garriga C, Matta J, Ortiz C, Vergne Y, Vargas W, et al. Factors associated with breast cancer in Puerto Rican women. *J Epidemiol Glob Health.* 2013;3(4):205-15.
16. Singh S, Soliman AM, Rahal Y, Robert C, Defoy I, Nisbet P, et al. Prevalence, symptomatic burden, and diagnosis of endometriosis in Canada: cross-sectional survey of 30,000 women. *J Obstet Gynaecol Can.* 2020;42(7):829-38.
17. Bhattacharya S, Porter M, Amalraj E, Templeton A, Hamilton M, Lee AJ, et al. The epidemiology of infertility in the North East of Scotland. *Hum Reprod.* 2009;24(12):3096-107.
18. Ochoa Bernal MA, Fazleabas AT. The known, the unknown and the future of the pathophysiology of endometriosis. *Int J Mol Sci.* 2024;25(11):5815.
19. Advincula AP, Truong M, Lobo RA. *Endometriosis: Etiology, Pathology, Diagnosis, Management.* 8th ed. Philadelphia (PA): Elsevier; 2022. p. 409-27.e5.
20. Lamceva J, Uljanovs R, Strumfa I. The main theories on the pathogenesis of endometriosis. *Int J Mol Sci.* 2023;24(5):4254.
21. Signorile PG, Viceconte R, Baldi A. New insights in pathogenesis of endometriosis. *Front Med.* 2022;9:879015.
22. Maggiore ULR, Chiappa V, Ceccaroni M, Roviglione G, Savelli L, Ferrero S, et al. Epidemiology of infertility in women with endometriosis. *Best Pract Res Clin Obstet Gynaecol.* 2024;102454.
23. Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Australian Endometriosis Guideline. 2021 [cited 2025 May 8]. Available from: <https://ranzco.org.au/news/Australian-Endometriosis-Guideline/>
24. Chapron C, Lafay-Pillet MC, Santulli P, Bourdon M, Maignien C, Gaudet-Chardonnet A, et al. A new validated screening method for endometriosis diagnosis based on patient questionnaires. *EClinicalMedicine.* 2022;44:101275.
25. Mohamed W, Hassan H. Effect of instructional supportive guideline for improving women's awareness towards endometriosis. *Am J Nurs Res.* 2020;8(1):38-47.
26. Griffiths MJ, Horne AW, Gibson DA, Roberts N, Saunders PT. Endometriosis: recent advances that could accelerate diagnosis and improve care. *Trends Mol Med.* 2024.
27. Chapron C, Marcellin L, Borghese B, Santulli P. Rethinking mechanisms, diagnosis and management of endometriosis. *Nat Rev Endocrinol.* 2019;15(11):666-82.
28. Yoldemir T. Evaluation and management of endometriosis. *Climacteric.* 2023;26(3):248-55.
29. Becker CM, Bokor A, Heikinheimo O, Horne A, Jansen F, Kiesel L, et al. ESHRE guideline: endometriosis. *Hum Reprod Open.* 2022;2022(2):hoac009.
30. European Society of Human Reproduction and Embryology. 2022.
31. Kiesel L, Sourouni M. Diagnosis of endometriosis in the 21st century. *Climacteric.* 2019;22(3):296-302.

Gynecological Nursing

32. Alderman EM, Ananthakrishnan AN, Barth BA, Bernstein JA, Bhatt DL, Cabana MD, et al. Endometriosis – Clinical Overview. 2025.
33. Lebovic DI. Endometriosis: Surgical management of pelvic pain. In: Falcone T, editor. 2025.
34. O'Donoghue E, Kapp S, Murphy T, Kuslje S. Nursing care for patients with endometriosis and/or adenomyosis: A mixed methods systematic review protocol. *Collegian*. 2021;28(4):464-8.
35. Royal College of Nursing. Clinical nurse specialist in endometriosis. London: Royal College of Nursing; 2021.
36. Remes A, Hakala M, Oikarinen A. Endometriosis patients' experiences of the counseling they need from the nurses through the digital care pathway: A qualitative descriptive study. *Nord J Nurs Res*. 2023;43(2):20571585231172882.
37. Hasbun R. Development of an Endometriosis Toolkit to Support Clinicians in Providing Quality Care for Women. 2024.
38. Nirgianakis K, Egger K, Kalaitzopoulos DR, Lanz S, Bally L, Mueller MD. Effectiveness of dietary interventions in the treatment of endometriosis: a systematic review. *Reprod Sci*. 2022;1-17.
39. Mohamed AM, Mehaseb SH, Ibrahim RM. Effect of Instructional Nursing Strategies on Endometriosis Symptoms. *Evid Based Nurs Res*. 2021;3(4):9-.
40. Kamal Helmy H, Mohamed Magdi Fakhreldin Mohamed H, El-Sayed Ibrahim R. Effect of nursing program regarding lifestyle modification on selected outcomes among women with endometriosis. *Egypt J Health Care*. 2021;12(2):1396-410.
41. Ramadan EG, El Sayed HF, Saied DS. The Effect of Self-management Intervention on the Quality of Life Among Women with Endometriosis. *Int J Health Sci*. 2022;6(S8):6405-16.
42. Mahmoud A, Hamido S, Mohamed R. Nursing strategies for alleviating endometriosis related symptoms. *Egypt J Health Care*. 2021;12(3):631-47.

Chapter 2

INNOVATIVE CARE MODELS FOR GYNECOLOGIC CANCER: THE ROLE OF TELEHEALTH AND ARTIFICIAL INTELLIGENCE TECHNOLOGIES

Fatma BAŞARAN¹
NEVİN HOTUN ŞAHİN²

INTRODUCTION

The National Cancer Institute defines cancer as “a disease in which some cells of the body grow uncontrollably and spread to other parts of the body” (1). When such uncontrolled growth occurs in the female reproductive or genital organs, they are called “gynecologic cancers.” Gynecologic cancers, particularly those of the endometrium, cervix, ovary, vulva, and vagina, are a significant global public health problem that profoundly impacts women’s health and quality of life and contributes to a substantial disease burden (2). According to data from the World Health Organization (2022), cancer accounts for a significant portion of global mortality, with approximately one in six deaths being caused by cancer, directly or indirectly affecting nearly every household. An estimated 20 million new cancer cases and 9.7 million cancer-related deaths occurred worldwide in 2022. The cancer burden is projected to increase by approximately 77% by 2050, and this increase is expected to have profound impacts on healthcare systems and human life (3). According to GLOBOCAN 2022 data, cervical cancer ranks first among gynecological cancers and is also the fourth most common in women. Among all cancers, it ranks 8th in terms of incidence and 9th in terms of cancer-related deaths. Infections such as Human Papillomavirus (HPV) and hepatitis account for 30% of cancer cases in low- and lower-middle-income countries. Therefore, preventing infection-related cancers and managing common types like cervical

¹ Asst. Prof., Department of Midwifery, Faculty of Health Sciences, Ağrı İbrahim Çeçen University, fbasarany@agri.edu.tr, ORCID iD: 0000-0002-6866-8678

² Prof. Dr., Department of Women’s Health and Diseases Nursing, Florence Nightingale Faculty of Nursing, Istanbul University Cerrahpaşa, nevinsah@istanbul.edu.tr, ORCID iD: 0000-0002-6845-2690

CONCLUSION

Telehealth and artificial intelligence technologies can improve the quality of care in the diagnosis, treatment, and follow-up processes for gynecological cancers. These technologies, particularly for women living in geographically disadvantaged areas, facilitate access to healthcare, shorten diagnosis times, and increase opportunities for personalized care. AI-supported screening and monitoring systems offer significant advantages for gynecological cancers such as cervical and endometrial cancer, which have a high treatment success rate when diagnosed at an early stage. However, despite their benefits, these technologies also pose ethical, legal, and professional challenges. Issues such as patient privacy, data security, professional autonomy, and informed consent raise questions about the sustainability of these technologies. Therefore, obstetrics and gynecology nurses must develop digital and ethical competencies to use applications such as telehealth and artificial intelligence in a patient-centered, moral, and safe manner. In this context, it is crucial to integrate courses on digital health literacy, ethical decision-making processes, and the operation of artificial intelligence systems into nursing education programs.

Additionally, interdisciplinary committees should be established to oversee the ethics of AI-based applications in healthcare institutions, and nurses should take an active role in these committees. Consequently, an approach that protects the autonomy of the nursing profession and patient safety should be adopted by evaluating the opportunities offered by telehealth and AI within the framework of ethical responsibility. Obstetric nurses should not only be users of technology during the digital transformation process but also advocates for the moral, human-centered, and equitable application of these technologies.

KAYNAKÇA

1. National Cancer Institute. (2021). What is cancer? <https://www.cancer.gov/about-cancer/understanding/what-is-cancer>
2. Shrestha, P., Poudyal, B., Yadollahi, S., Wright, D. E., Gregory, A. V., Warner, J. D., et al. (2022). A systematic review on the use of artificial intelligence in gynecologic imaging – Background, state of the art, and future directions. *Gynecologic Oncology*, 166(3), 596–605. <https://doi.org/10.1016/j.ygyno.2022.07.024>
3. World Health Organization. (2024). World cancer day 2024. <https://www.emro.who.int/media/news/world-cancer-day-2024.html>
4. GLOBOCAN. (2022). Cancer today – World fact sheet. <https://gco.iarc.who.int/media/globocan/factsheets/populations/900worldfactsheet.pdf>
5. Garg, P., Mohanty, A., Ramisetty, S., Kulkarni, P., Horne, D., Pisick, E., et al. (2023). Artificial intelligence and allied subsets in early detection and preclusion of gynecological cancers.

- Biochimica et Biophysica Acta (BBA) – Reviews on Cancer, 1878(6), 189026. <https://doi.org/10.1016/j.bbcan.2023.189026>
- 6. Mumtaz, H., Riaz, M. H., Wajid, H., Saqib, M., Zeeshan, M. H., Khan, S. E., et al. (2023). Current challenges and potential solutions to the use of digital health technologies in evidence generation: A narrative review. *Frontiers in Digital Health*, 5, 1203945. <https://doi.org/10.3389/fdgth.2023.1203945>
 - 7. Khan, A. Q., Touseeq, M., Rehman, S., Tahir, M., Ashfaq, M., Jaffar, E., et al. (2025). Advances in breast cancer diagnosis: A comprehensive review of imaging, biosensors, and emerging wearable technologies. *Frontiers in Oncology*, 15, 1587517. <https://doi.org/10.3389/fonc.2025.1587517>
 - 8. Paiboonborirak, C., AbuRustum, N. R., & Wilailak, S. (2025). Artificial intelligence in the diagnosis and management of gynecologic cancer. *International Journal of Gynecology & Obstetrics*. Advance online publication. <https://doi.org/10.1002/ijgo.70094>
 - 9. Lopez Burst, E., Ciolfi Felice, M., & O’Kane, A. A. (2024). Using and appropriating technology to support the menopause journey in the UK. In Proceedings of the 2024 CHI Conference on Human Factors in Computing Systems (pp. 1–14).
 - 10. Corey, L., Vezina, A., & Gala, R. B. (2020). Using Technology to Improve Women’s Health Care. *Ochsner journal*, 20(4), 422–425. <https://doi.org/10.31486/toj.19.0113>
 - 11. Abdalla Elsheikh, N. E., Abdelgadir Elhabeeb, S. M., M Osman, H. M., M Alhajri, A. H., S Alsaqoor, S. M., & M Alwadai, N. A. (2024). Effectiveness of Telehealth in Obstetric and Gynecologic Care: A Systematic Review of Health Outcomes. *Cureus*, 16(11), e73144. <https://doi.org/10.7759/cureus.73144>
 - 12. Health Resources and Services Administration. (2022). What is telehealth? <https://www.hrsa.gov/telehealth/what-is-telehealth>
 - 13. Rutledge, C. M., Kott, K., Schweickert, P. A., Poston, R., Fowler, C., & Haney, T. S. (2017). Telehealth and eHealth in nurse practitioner training: current perspectives. *Advances in medical education and practice*, 8, 399–409. <https://doi.org/10.2147/AMEP.S116071>
 - 14. Gajarawala, S. N., & Pelkowski, J. N. (2021). Telehealth Benefits and Barriers. *The journal for nurse practitioners : JNP*, 17(2), 218–221. <https://doi.org/10.1016/j.nurpra.2020.09.013>
 - 15. Zimmerman, B. S., Seidman, D., Berger, N., Cascetta, K. P., Nezolosky, M., Trlica, K., Ryncarz, A., Keeton, C., Moshier, E., & Tiersten, A. (2020). Patient Perception of Telehealth Services for Breast and Gynecologic Oncology Care during the COVID-19 Pandemic: A Single Center Survey-based Study. *Journal of breast cancer*, 23(5), 542–552. <https://doi.org/10.4048/jbc.2020.23.e56>
 - 16. Wong, J., Gonzalez, R., Albright, B., Hayes, T., Swartz, A., Havrilesky, L. J., Lee, P. S., & Previs, R. A. (2022). Telemedicine and gynecologic oncology: caring for patients remotely during a global pandemic. *AJOG global reports*, 2(4), 100124. <https://doi.org/10.1016/j.xagr.2022.100124>
 - 17. Balestra, M. (2018). Telehealth and legal implications for nurse practitioners. *The Journal of Nurse Practitioners*, 14(1), 33–39.
 - 18. Snoswell, C. L., Chelberg, G., De Guzman, K. R., Haydon, H. H., Thomas, E. E., Caffery, L. J., & Smith, A. C. (2023). The clinical effectiveness of telehealth: A systematic review of meta-analyses from 2010 to 2019. *Journal of telemedicine and telecare*, 29(9), 669–684. <https://doi.org/10.1177/1357633X211022907>
 - 19. Shalowitz, D. I., Vinograd, A. M., & Giuntoli, R. L., 2nd (2015). Geographic access to gynecologic cancer care in the United States. *Gynecologic oncology*, 138(1), 115–120. <https://doi.org/10.1016/j.ygyno.2015.04.025>
 - 20. Shalowitz, D. I., & Moore, C. J. (2020). Telemedicine and Gynecologic Cancer Care. *Obstetrics and gynecology clinics of North America*, 47(2), 271–285. <https://doi.org/10.1016/j.ogc.2020.02.003>
 - 21. Quam, N., Stenzel, A. E., Brown, K., Jewett, P., Parsons, H. M., Hui, J., Ghebre, R. G., Blae, A., Teoh, D., & Vogel, R. I. (2022). Perception of Telehealth During the COVID-19 Pan-

- demic Among Survivors of Gynecologic Cancer. *The oncologist*, 27(6), 512–515. <https://doi.org/10.1093/oncolo/oyac041>
- 22. Afiyanti, Y., Juliastuti, D., So, W. K., Setiowati, R., Nasution, L. A., & Prawesti, A. D. (2024). Feasibility and pilot study of Indonesia's first telehealth support program for gynecological cancer survivors undergoing chemotherapy. *Narra J*, 4(3), e1131. <https://doi.org/10.52225/narra.v4i3.1131>
 - 23. Kraus, E. J., Nicosia, B., & Shalowitz, D. I. (2022). A qualitative study of patients' attitudes towards telemedicine for gynecologic cancer care. *Gynecologic oncology*, 165(1), 155–159. <https://doi.org/10.1016/j.ygyno.2022.01.035>
 - 24. Kruse, C., Fohn, J., Wilson, N., Nunez Patlan, E., Zipp, S., & Mileski, M. (2020). Utilization Barriers and Medical Outcomes Commensurate With the Use of Telehealth Among Older Adults: Systematic Review. *JMIR medical informatics*, 8(8), e20359. <https://doi.org/10.2196/20359>
 - 25. Smith, A. J. B., Gleason, E. G., Andriani, L., Heintz, J., & Ko, E. M. (2024). Variation in telemedicine usage in gynecologic cancer: Are we widening or narrowing disparities?. *Gynecologic oncology*, 184, 160–167. <https://doi.org/10.1016/j.ygyno.2024.01.047>
 - 26. DeNicola, N., Grossman, D., Marko, K., Sonalkar, S., Butler Tobah, Y. S., Ganju, N., Witkop, C. T., Henderson, J. T., Butler, J. L., & Lowery, C. (2020). Telehealth Interventions to Improve Obstetric and Gynecologic Health Outcomes: A Systematic Review. *Obstetrics and gynecology*, 135(2), 371–382. <https://doi.org/10.1097/AOG.00000000000003646>
 - 27. Jiang, Y., Li, X., Luo, H., Yin, S., & Kaynak, O. (2022). Quo vadis artificial intelligence? Discover Artificial Intelligence, 2(1), 4. <http://dx.doi.org/10.1007/s44163-022-00022-8>
 - 28. Kaul, V., Enslin, S., & Gross, S. A. (2020). History of artificial intelligence in medicine. *Gastrointestinal endoscopy*, 92(4), 807–812. <https://doi.org/10.1016/j.gie.2020.06.040>
 - 29. Saida, T., Gu, W., Hoshiai, S., Ishiguro, T., Sakai, M., Amano, T., Nakahashi, Y., Shikama, A., Satoh, T., & Nakajima, T. (2025). Artificial Intelligence in Obstetric and Gynecological MR Imaging. *Magnetic resonance in medical sciences : MRMS : an official journal of Japan Society of Magnetic Resonance in Medicine*, 24(3), 354–365. <https://doi.org/10.2463/mrms.rev.2024-0077>
 - 30. Dellino, M., Cerbone, M., d'Amati, A., Bochicchio, M., Laganà, A. S., Etrusco, A., et al. (2024). Artificial intelligence in cervical cancer screening: Opportunities and challenges. *AI*, 5(4), 2984–3000. <http://dx.doi.org/10.3390/ai5040144>
 - 31. Moro, F., Ciancia, M., Zace, D., Vagni, M., Tran, H. E., Giudice, M. T., Zoccoli, S. G., Mascilini, F., Ciccarone, F., Boldrini, L., D'Antonio, F., Scambia, G., & Testa, A. C. (2024). Role of artificial intelligence applied to ultrasound in gynecology oncology: A systematic review. *International journal of cancer*, 155(10), 1832–1845. <https://doi.org/10.1002/ijc.35092>
 - 32. Restaino, S., De Giorgio, M. R., Pellecchia, G., Arcieri, M., Vasta, F. M., Fedele, C., Bonome, P., Vizzielli, G., Pignata, S., & Giannone, G. (2025). Artificial Intelligence in Gynecological Oncology from Diagnosis to Surgery. *Cancers*, 17(7), 1060. <https://doi.org/10.3390/cancers17071060>
 - 33. Wang, L., Wang, Z., Zhao, B., Wang, K., Zheng, J., & Zhao, L. (2025). Diagnosis Test Accuracy of Artificial Intelligence for Endometrial Cancer: Systematic Review and Meta-Analysis. *Journal of medical Internet research*, 27, e66530. <https://doi.org/10.2196/66530>
 - 34. Bai, G., Huo, S., Wang, G., & Tian, S. (2025). Artificial intelligence radiomics in the diagnosis, treatment, and prognosis of gynecological cancer: a literature review. *Translational cancer research*, 14(4), 2508–2532. <https://doi.org/10.21037/tcr-2025-618>
 - 35. Lecointre, L., Alekseenko, J., Pavone, M., Karargyris, A., Fanfani, F., Fagotti, A., Scambia, G., Querleu, D., Akladios, C., Dana, J., & Padoy, N. (2025). Artificial intelligence-enhanced magnetic resonance imaging-based pre-operative staging in patients with endometrial cancer. *International journal of gynecological cancer : official journal of the International Gynecological Cancer Society*, 35(1), 100017. <https://doi.org/10.1016/j.ijgc.2024.100017>

36. Mathivanan, S. K., Francis, D., Srinivasan, S., Khatavkar, V., P. K., & Shah, M. A. (2024). Enhancing cervical cancer detection and robust classification through a fusion of deep learning models. *Scientific reports*, 14(1), 10812. <https://doi.org/10.1038/s41598-024-61063-w>
37. Bilal, O., Hekmat, A., & Khan, S. U. R. (2025). Automated cervical cancer cell diagnosis via grid search optimized multiCNN ensemble networks. *Network Modeling Analysis in Health Informatics and Bioinformatics*, 14(1), 67. <http://dx.doi.org/10.1007/s13721-025-00563-9>
38. Mascarenhas, M., Alencão, I., Carinhas, M. J., Martins, M., Ribeiro, T., Mendes, F., Cardoso, P., Almeida, M. J., Mota, J., Fernandes, J., Ferreira, J., Macedo, G., Mascarenhas, T., & Zulmira, R. (2024). Artificial Intelligence and Colposcopy: Automatic Identification of Vaginal Squamous Cell Carcinoma Precursors. *Cancers*, 16(20), 3540. <https://doi.org/10.3390/cancers16203540>
39. Suman, S. (2023). An integrative network analysis to reveal network biomarkers for vulvar cancer. *Human Gene*, 37, 201194. <https://doi.org/10.1016/j.humgen.2023.201194>
40. van der Cingel, M., & Brouwer, J. (2021). What makes a nurse today? A debate on the nursing professional identity and its need for change. *Nursing philosophy : an international journal for healthcare professionals*, 22(2), e12343. <https://doi.org/10.1111/nup.12343>
41. Lalor, J., Ayers, S., Celleja Agius, J., Downe, S., Gouni, O., Hartmann, K., Nieuwenhuijze, M., Oosterman, M., Turner, J. D., Karlsdottir, S. I., & Horsch, A. (2021). Balancing restrictions and access to maternity care for women and birthing partners during the COVID-19 pandemic: the psychosocial impact of suboptimal care. *BJOG : an international journal of obstetrics and gynaecology*, 128(11), 1720–1725. <https://doi.org/10.1111/1471-0528.16844>
42. AlSaluli, S. M. F., Alenazi, H. M., AlQahtani, F. S., Majrashi, H. Q. A., Alrwaili, D. R., Alruwaili, A. M. H., et al. (2024). The role of nurses in obstetric care: Comprehensive review. *Journal of International Crisis, Risk and Communication Research*, 7(S8), 156. <https://doi.org/10.63278/jicrcr.vi.633>
43. Ugurlu, M., & Kocak, D. Y. (2024). Breast and cervical cancer screening experiences and barriers among visually impaired women: A mixed method study. *Sexuality and Disability*, 42(3):1-14. <http://dx.doi.org/10.1007/s11195-024-09853-y>
44. Alharbi, A. R., AlShammari, A. H. S., Alshammari, M. H. S., Marzog, L. S., AlShabili, A., & Al-anazi, D. S., et al. (2024). The role of nurse-led telehealth interventions in improving healthcare services and patient care. *Journal of International Crisis, Risk and Communication Research*, 7(S8), 96. <https://doi.org/10.63278/jicrcr.vi.626>
45. Kabukye, J. K., Namugga, J., Mpamani, C. J., Katumba, A., Nakatumba-Nabende, J., Nabuuma, H., Musoke, S. S., Nankya, E., Soomre, E., Nakisige, C., & Orem, J. (2023). Implementing Smartphone-Based Telemedicine for Cervical Cancer Screening in Uganda: Qualitative Study of Stakeholders' Perceptions. *Journal of medical Internet research*, 25, e45132. <https://doi.org/10.2196/45132>
46. American Nurses Association (ANA). (2022). The ethical use of artificial intelligence in nursing practice. *ANA Center for Ethics and Human Rights*.
47. Abdulai, A. F., & Hung, L. (2023). Will ChatGPT undermine ethical values in nursing education, research, and practice?. *Nursing inquiry*, 30(3), e12556. <https://doi.org/10.1111/nin.12556>
48. Farhud, D. D., & Zokaei, S. (2021). Ethical Issues of Artificial Intelligence in Medicine and Healthcare. *Iranian journal of public health*, 50(11), i–v. <https://doi.org/10.18502/ijph.v50i11.7600>

Chapter 3

SILENT VIOLENCE IN WOMEN'S HEALTH: UNDERSTANDING MEDICAL GASLIGHTING THROUGH CLINICAL CASES

Yağmur SÜRMELİ¹

INTRODUCTION

The term gaslighting, derived from the 1938 British play “Gas Light” (1), is defined as the imposition of one’s own perspective, beliefs, or interpretations by an individual, group of individuals, or institution on another individual (2,3). According to the American Psychological Association Dictionary, gaslighting is manipulating another person into doubting their perceptions, experiences, or understanding of events (4). Although the concept does not directly carry sexist connotations, women are reportedly more likely to experience this situation (5).

The term “gaslighting” is used in the psychiatric literature to describe manipulative dynamics observed in close relationships (6). However, it is noteworthy that this concept has also begun to be used in the healthcare field in recent years. In a systematic study conducted by Akdeniz and Cihan in 2024, it was determined that gaslighting can occur in many different areas, including health, politics, romantic and social relationships (7). In this context, gaslighting that occurs in the healthcare field is referred to as “medical gaslighting.”

Medical gaslighting has begun to be used to describe negative experiences, such as patients’ clinical concerns being inappropriately dismissed or invalidated by attending physicians (8,9). However, unlike other forms of gaslighting, medical gaslighting is often not based on a healthcare professional’s intention to deliberately deceive the patient. It is often suggested that it stems from healthcare professionals’ lack of knowledge, bias, or arrogance (10).

This section of the book will address the term medical gaslighting, which is silently advancing in the field of women’s health and has destructive effects, and

¹ Asst. Prof., Toros University, Vocational School of Health Services, Department of Medical Services and Techniques, yagmur.surmeli@toros.edu.tr, ORCID iD: 0000-0003-3600-8568

THE ROLE AND RESPONSIBILITIES OF HEALTHCARE PROFESSIONALS IN PREVENTING MEDICAL GASLIGHTING

Medical gaslighting occurs among healthcare providers/professionals, patients, medical organizations or groups, and healthcare institutions such as hospitals (8,9). Therefore, medical gaslighting can be viewed as a complex phenomenon with no simple solutions (14). In this context, medical gaslighting can be prevented through certain behaviors exhibited by healthcare professionals. These effective behaviors can be listed as follows:

- Listen to patients.
- Believe patients.
- Show empathy.
- Allow patients to openly share their experiences.
- Participate in awareness-raising training programmes in healthcare institutions.
- Adhere to medical ethics principles.
- Be impartial and unbiased.

Through an approach centered on empathy, patients tend to feel safer and more comfortable. As a result, they can express themselves more openly. Their trust and respect toward healthcare professionals also grow, making them more willing to follow treatment plans and recommendations. Over time, this strengthens the motivation and job satisfaction of healthcare providers and helps ensure the delivery of high-quality care.

REFERENCES

1. Thomas L. Gaslight and gaslighting. *The Lancet Psychiatry*. 2018;5(2):117–118. doi:10.1016/S2215-0366(18)30024-5
2. Abramson K. Turning up the lights on gaslighting. *Philos Perspect*. 2014;28:
3. Kirk-Giannini CD. Dilemmatic gaslighting. *Philos Stud*. 2023;180:745–772.
4. American Psychological Association. *Dictionary of Psychology*. 2023. (Retrieved from <https://dictionary.apa.org/gaslight>).
5. Calef V, Weinshel EM. Some clinical consequences of introjection: gaslighting. *The Psychoanalytic Quarterly*. 1981;50(1):44–66.
6. Sweet PL. The Sociology of Gaslighting. *American Sociological Review*. 2019;84(5):851–875. doi:10.1177/0003122419874843
7. Akdeniz B, Cihan H. Gaslighting and interpersonal relationships: Systematic review. *Psikiyatride Güncel Yaklaşımalar - Current Approaches in Psychiatry*. 2024;16(1):146–158. doi:10.18863/pgy.1281632
8. Barnes E. Trust, distrust, and ‘medical gaslighting’. *Philos Q*. 2023;73:649–676. doi:10.1093/pq/pqad035
9. Sebring JCH. Towards a sociological understanding of medical gaslighting in western health care. *Sociol Health Illn*. 2021;43:1951–1964. doi:10.1111/1467-9566.13367

10. Ng IKS, Tham SZL, Singh GD, Thong C, Teo DB. Medical gaslighting: A new colloquialism. *The American Journal of Medicine*. 2024;137(10):823–825. doi:10.1016/j.amjmed.2024.06.022
11. Harris A, White A. Medical gaslighting and diagnostic overshadowing in women's health: A critical review. *Health Sociology Review*. 2022;31(2):113–127. doi:10.1080/14461242.2022.2040985
12. Dhillon JK. Psychological effect of medical gaslighting on female patients: A systematic review. *International Journal of Innovative Science and Research Technology*. 2025;10(6):845–852. doi:10.38124/ijisrt/25jun646
13. Rubin R. As their numbers grow, COVID-19 "Long Haulers" stump experts. *JAMA*. 2020;324:1381–1383.
14. Fuss A, Jagielski CH, Taft T. We didn't start the fire...or did we? A narrative review of medical gaslighting and introduction to medical invalidation. *Transl Gastroenterol Hepatol*. 2024;9:73. doi:10.21037/tgh-24-26.
15. Durbhakula S, Fortin AH. Turning down the flame on medical gaslighting. *Journal of General Internal Medicine*. 2023;38(15):3426–3427. doi:10.1007/s11606-023-08302-4
16. Shapiro D, Hayburn A. Medical gaslighting as a mechanism for medical trauma: Case studies and analysis. *Curr Psychol*. 2024;43:34747–34760. doi:10.1007/s12144-024-06935-0
17. Fagen JL, Shelton JA, Luché-Thayer J. Medical gaslighting and Lyme disease: The patient experience. *Healthcare (Basel)*. 2023;12:78.
18. Sebring JC, Kelly C, McPhail D, Woodgate RL. Medical invalidation in the clinical encounter: A qualitative study of the health care experiences of young women and nonbinary people living with chronic illnesses. *Can Med Assoc Open Access J*. 2023;11:E915–E921. doi:10.9778/cma-jo.20220212
19. Hintz EA. "It's all in your head": A meta-synthesis of qualitative research about disenfranchising talk experienced by female patients with chronic overlapping pain conditions. *Health Commun*. 2023;38:2501–2515. doi:10.1080/10410236.2022.2081046
20. Pogatzki-Zahn E, Wesselmann U, Vincent K. Pain in women. International Association for the Study of Pain. 2024 Dec 2. (Retrieved from https://www.iasp-pain.org/wp-content/uploads/2024/12/pain-in-women-fact-sheet_R1.pdf).
21. Sánchez-López S, Barrington DJ, Poveda-Bautista R, Moll-López S. A mixed method study of menstrual health in Spain: Pain, disorders, and the journey for health. *Front Public Health*. 2025;13:1517302. doi:10.3389/fpubh.2025.1517302
22. Dixon S, McNiven A, Talbot A, Hinton L. Navigating possible endometriosis in primary care: A qualitative study of GP perspectives. *Br J Gen Pract*. 2021;71(710):e668–e676. doi:10.3399/BJGP.2021.0030
23. Kramer ML, Polo JM, Kumar N, Mulgirigama A, Benkiran A. Living with and managing uncomplicated urinary tract infection: Mixed methods analysis of patient insights from social media. *J Med Internet Res*. 2025;27:e58882. doi:10.2196/58882
24. Fielding-Singh P, Dmowska A. Obstetric gaslighting and the denial of mothers' realities. *Soc Sci Med*. 2022;301:114938. doi:10.1016/j.socscimed.2022.114938
25. Moss CF, Chinna-Meyyappan A, Skovronsky G, et al. Experiences of care and gaslighting in patients with vulvovaginal disorders. *JAMA Netw Open*. 2025;8(5):e259486. doi:10.1001/jama-networkopen.2025.9486
26. Ying LY, Wu LH, Loke AY. The experience of Chinese couples undergoing in vitro fertilization treatment: Perception of the treatment process and partner support. *PLoS One*. 2015;10(10):e0139691. doi:10.1371/journal.pone.0139691
27. Redshaw M, Hockley C, Davidson LL. A qualitative study of the experience of treatment for infertility among women who successfully became pregnant. *Hum Reprod*. 2007;22(1):295–304.
28. Mete S, Fata S, Aluṣ Tokat M. Feelings, opinions and experiences of Turkish women with infertility: A qualitative study. *Health Informatics J*. 2019;26(1):528–538. doi:10.1177/1460458219839628

Gynecological Nursing

29. Cohen Shabot S. 'Amigas, sisters: we're being gaslighted'. In: *Childbirth, Vulnerability and Law*. Routledge; 2019, p.16. doi:10.4324/9780429443718-2
30. Li W, Wang RQ, Attiq-Ur-Rehman, Peng XY, Ge MW, Shen LT, Hu FH, Jia YJ, Tang XL, Chen HL. The moral dilemma of obstetric violence: A meta-synthesis. *Nurs Ethics*. 2025;32(5):1681–1704. doi:10.1177/09697330251333403
31. Fraser LK, Cano-Ibáñez N, Amezcuá-Prieto C, Khan KS, Lamont RF, Jørgensen JS. Prevalence of obstetric violence in high-income countries: A systematic review of mixed studies and meta-analysis of quantitative studies. *Acta Obstet Gynecol Scand*. 2025;104(1):13–28. doi:10.1111/aogs.14962
32. Annborn A, Finnbogadóttir HR. Obstetric violence: A qualitative interview study. *Midwifery*. 2022;105:103212. doi:10.1016/j.midw.2021.103212

Chapter 4

SELF-CARE FOR NURSES: THE ROLE OF SELF-COMPASSION

Ayşe YACAN KÖK¹

1. INTRODUCTION

The nursing profession is a discipline that requires high emotional labor and requires managing the care of individuals who are suffering. The COVID-19 pandemic has highlighted these challenges and highlighted the urgent need for effective self-care strategies that support nurses' mental health and professional sustainability (1, 2). While the importance of nurse self-care has long been emphasized, recent studies have suggested that self-compassion (approaching oneself with compassion and understanding during challenging times) can be a protective psychological resource against burnout and compassion fatigue (3, 4).

The concept of self-compassion was conceptualized by Neff (2003) and consists of three components: self-compassion and self-judgment, common humanity and isolation , and awareness and overidentification (5). Self-compassion involves relating to oneself with warmth and understanding, particularly during moments of perceived failure or inadequacy (6). During challenging experiences frequently encountered in clinical practice, such as patient loss, demands that create ethical dilemmas, or intense workloads, self-compassion helps nurses regulate their emotions without resorting to harsh self-criticism. Understanding and developing self-compassion can help nurses increase their resilience, reduce the risk of burnout, and sustainably maintain the emotional resources necessary for compassionate patient care.

This chapter examines the theoretical foundations, evidence, practical implications, and implications of self-compassion in nursing. Understanding and developing self-compassion is a powerful tool for increasing nurses' resilience, reducing the risk of burnout, and sustaining compassionate patient care.

¹ Res. Asst. Dr. , Burdur Mehmet Akif Ersoy University Bucak Health School, ayseyacan13@gmail.com , ORCID iD: 0000-0003-3634-2136

strategies that can increase the effectiveness of self-compassion programs (13, 14). Incorporating technological advances into self-compassion interventions, mobile applications, online training programs, and virtual reality-based interventions offer research opportunities that could enable nurses to practice self-compassion in accessible and flexible ways amidst their busy work schedules (8, 12).

8. CONCLUSION

Self-compassion offers a powerful, evidence-based approach to self-care for nurses. When nurses learn to extend the same kindness and understanding they extend to their patients, they can preserve their emotional resources, increase their resilience, and maintain their capacity to provide compassionate care throughout their careers. This chapter has attempted to demonstrate that self-compassion is not a “luxury” or a “sign of weakness” but rather a core professional competency for improving the quality of nursing care.

Cultivating self-compassion requires both individual commitment and organizational support. Nurses can begin small steps toward developing a more understanding and supportive inner attitude toward themselves by incorporating brief self-compassion practices into their daily routines. Healthcare organizations should support this transformation with policies, leadership practices, and working conditions that make employee well-being a strategic priority.

As the nursing profession continues to systematically address the increasing demands of the healthcare system, self-compassion offers a more humane, sustainable path for both nurses and patients. Embracing self-compassion enables nurses not only to “survive,” but also to thrive and find meaning throughout their professional lives.

REFERENCES

1. Slatyer S, Craigie M, Heritage B, Davis S, Rees C. Evaluating the effectiveness of a brief mindful self- care and resilience (MSCR) intervention for nurses : A controlled trial *Mindfulness*. 2018;9(2):534–546. doi:10.1007/S12671-017-0795-X
2. MBCARE: A mindfulness - and self- compassion - based intervention to decrease burnout and promote self- compassion in health resort providers . *BMC Psychology* . 2025. doi:10.1186/s40359-025-02745-6
3. Crandall J, Harwood L, Wilson BL, Melnyk BM. Mindful self- compassion training and nephrology nurses’ self- reported levels of self- compassion , burnout , and resilience: A mixed methods study . *Nephrology Nursing Journal* . 2022;49(5):405–418.doi:10.37526/1526-44x.2022.49.5.405
4. Pepper DD. Mindful self- compassion for nurses: A systematic review.*Nursing Management* . 2021;28(7):e2028. doi:10.7748/nm.2021.e2028

5. Craigie M, Slatyer S, Heritage B, Davis S, Rees C. A pilot evaluation of a mindful self- care and resilience (MSCR) intervention for nurses *Mindfulness* . 2016;7(3):764–774. doi:10.1007/S12671-016-0516-X
6. Croston M, Rutter SB. Becoming an inner ally: The compassionate minds approach to self- compassion – an online programme. *British Journal of Nursing*. 2023;32(1):S20–S26. doi:10.12968/bjon.2023.32.1.S20
7. Cifuentes I. Practicing meditation to prevent and reverse burnout in nursing *Holistic Nursing Practice*. 2012;26(1):35–38.
8. Sigillò E. Benefits of mindful self- compassion for frontline nurses *nursing* 2022;52(5):48–52. doi:10.1097/01.nurse.0000827152.10997.19
9. Emotional wellness and stress resilience . In : *Nurse burnout : Overcoming stress in nursing* . CRC Press ; 2022.p 89–112. doi:10.1201/9781003178330-6
10. Alexander GK, Rollins K, Walker D, Wong L, Pennings J. Yoga for self- care and burnout prevention among nurses *AAOHNJournal*.2015;63(10):462–470. Doi:10.1177/2165079915596102
11. Backer C, Ulibarri J. Caring for ourselves as nurses . In: *Holistic Nursing: A handbook for practice* 8th ed. Springer; 2021.p. 97–118. doi:10.1007/978-3-030-60043-3_5
12. Armstrong JW, Turner LN. mindfulness-based interventions to reduce stress and burnout in nurses : An integrative review . *British Journal of Mental Health nursing* 2022;11(1):1–15. doi:10.12968/bjmh.2020.0036
13. The new era of mindfulness and compassion-based therapy in developing nurses ‘ self- care . *The Journal of Nursing* . 2025;72(2). doi:10.6224/JN.202504_72(2).02
14. Self -care in nurses . *Journal of Radiology nursing* 2022;41(1):44–48. doi:10.1016/j.jrad-nu.2021.11.001
15. Compson J. The CARE heuristic for addressing burnout in nurses . *Journal of Nursing Education and Practice* . 2015;5(7):63–71. doi:10.5430/JNEP.V5N7P63
16. Neff KD. Self- compassion: An alternative conceptualization of a healthy attitude toward one-self. *Self and Identity* . 2003;2(2):85–101.

Chapter 5

HEALTH POLICIES IN TURKEY AND THEIR EFFECT ON WOMEN'S HEALTH

Cansu AĞRALI¹

INTRODUCTION

Changing socio-economic conditions, demographic shifts, increasing health expectations and global political processes around the world and in our country necessitate the continuous review and restructuring of health policies. Women have specific health needs at every stage of the life cycle (childhood, adolescence, reproductive age, menopause and old age), and these needs are directly affected by health policies. This section examines the historical development of health policies in Turkey with a focus on women's health. It presents a comprehensive overview of women's social status, gender-based inequalities, women's health indicators, national and international agreements, legal regulations, and the impact of current programmes on women's health.

THE CONCEPT OF WOMEN'S HEALTH AND ITS DETERMINANTS

Maternal mortality and inequalities

Women's health is not merely the absence of disease or disability, but rather a state of complete physical, mental and social well-being. This state of well-being is strongly influenced by the socio-cultural structure of the society in which women live, by social gender roles and by the status attributed to women (1) A woman's status is a combination of many psycho-social factors, such as income level, employment status, economic independence, education level, role within the family and value in society, and is considered an important indicator of women's health (2). Throughout history, men have been valued more than women in many areas of social life, leading to marked inequalities in education, employment, political participation, access to healthcare, participation in decision-making

¹ Res.Asst.Dr., Osmaniye Korkut Ata University, Faculty of Health Sciences, Midwifery Department
agralicansu9@gmail.com, ORCID iD: 0000-0002-9923-0521

6. Encourage the active participation of men in gender equality and reproductive health processes.

In Conclusion women's health is a strategic field situated at the intersection of the health system with education, employment, social policy, justice, and cultural transformation. The economic, social, and political empowerment of women; the reduction of gender-based inequalities; and full enjoyment of women's right to health will directly and positively affect the overall health status and development capacity of society.

REFERENCES

1. Şimşek AÇ, Çakmak D. Legislation On Women's Health Protection Policies İn Force İn Our Country. *Journal Of Gynecology-Obstetrics And Neonatology Medicine*. 2019;16(1):45–50.
2. Uskun E, Çelik A, Ersoy P, Sönmez Y, Kişioglu AN. Status Of Women In Isparta: Education, Work, Reproductive Health And General Health Parameters. *Med J Süleyman Demirel Univ*. 2019;26(4):370–81.
3. Coşkun A, Özdilek R. Gender Inequality: Its Reflection İn Health And The Role Of The Women's Health Nurse. *Education And Research İn Nursing*. 2012;9(3):30–9.
4. Türkçelik E, Akin A. Social Gender, Gender-Based Inequalities And Health. *Turkey Clin Public Heal Top*. 2018;4(3):46–54.
5. Ayten D. The Effect Of Gender Inequality On Women's Health. *Recent Stud Heal Sci*. 2019;297.
6. Turkstat. Life Tables, 2018-2020 [Internet]. News Bulletin 37226. Ankara: Turkish Statistical Institute; 2023. Available From: <Https://Data.Tuik.Gov.Tr/Bulten/Index?P=Hayat-Tablolari-2018-2020-37226>
7. Crimmins EM, Shim H, Zhang YS, Kim JK. Differences Between Men And Women İn Mortality And The Health Dimensions Of The Morbidity Process. *Clin Chem*. 2019;65(1):135–45.
8. Calabro A, Accardi G, Aiello A, Caruso C, Candore G. Sex And Gender Affect Immune Aging. *Front Aging*. 2023;4:1272118.
9. Scheel-Hincke LL, Möller S, Lindahl-Jacobsen R, Jeune B, Ahrenfeldt LJ. Cross-National Comparison Of Sex Differences In ADL And IADL In Europe: Findings From SHARE. *Eur J Aging*. 2020;17(1):69–79.
10. World Health Organization. Maternal Mortality [Internet]. WHO Fact Sheets. Geneva: World Health Organization; 2025. Available From: <Https://Www.Who.Int/News-Room/Fact-Sheets/Detail/Maternal-Mortality>
11. TÜİK. Women İn Turkey Statistics: 2024. Women İn Statistics. Turkish Statistical Institute; UN Women Turkey; 2024. Available From: Https://Www.TÜİK.Gov.Tr/Media/Announcements/Istatistiklerle_Kadin2024.Pdf
12. UNESCO. Literacy Rates Continue To Rise From One Generation To The Next [Internet]. UIS Fact Sheet. UNESCO Institute For Statistics; 2017.
13. General Directorate Of The Status Of Women. Reports Of The Research On Domestic Violence Against Women İn Turkey [Internet]. General Directorate Of The Status Of Women; 2019. Available From: <Https://Www.Aile.Gov.Tr/Ksgm>
14. TDHS. 2018 Turkey Demographic And Health Survey (TDHS 2018). Ankara: Hacettepe University Institute Of Population Studies; 2018.
15. Biglari Abhari M, Sabetrohani H, Saghfian Larijani S, Ghafori R, Nafei A. Social Determinants Of Women's Reproductive Health: A Systematic Review. *Healscope*. 2024;13(1):1–15.
16. TUIK. Labor Statistics, October 2025. Turkish Statistical Institute; 2025. Available From: <Https://Data.Tuik.Gov.Tr/Bulten/Index?P=Isgucu-Istatistikleri-Ekim-2025-54067>

17. Terefe B, Workneh BS, Zeleke GA, Mekonen EG, Zegeye AF, Aemro A, Et Al. Uncovering Women's Healthcare Access Challenges In Low-And Middle-Income Countries Using Mixed Effects Modeling Approach: Insights For Achieving The Sustainable Development Goals. *Plos One*. 2025;20(1):E0314309.
18. Nesipoğlu G. Health Policies As A Factual Structure: The Historical Path Of The Republican Period Between 1920 And 1960. *Hacettepe Health Administration Journal*. 2018;21(1):165–77.
19. Durmaz A, Yıldız Ö. A General Overview Of Education Policy In Turkey (1920-1930). *Electron Turkish Stud*. 2016;11(19).
20. Aycan N, Aycan Ş. A Look At Women's Education In Turkey. 2018;233–41.
21. Yüksel SR. Equality Between Women And Men In Terms Of The Turkish Civil Code. *Ankara Hacı Bayram Veli University Faculty Of Law Journal*. 2014;18(2):175–200.
22. Kurt AÖ, Şaşmaz T. Socialization Of Health Services In Turkey: 1961–2003. *Mersin University Faculty Of Medicine Lokman Hekim Medical History And Folk Medicine Journal*. 2012;2(1):21–30.
23. Oguz AB. Turkish Health Policies: Past, Present, And Future. *Soc Work Public Health*. 2020;35(6):456–72.
24. Köse M, Sertkaya Doğan Ö. Demographic Transformation, Structural Change, And Future Of The Turkish Population In The Context Of Population Policies. *Dumlupınar Univ J Soc Sci University Social Science Journal*. 2022;74).
25. Oktay EY. Population Policies Implemented In Turkey From The Proclamation Of The Republic To The Present Day. *Yalova Social Science Journal*. 2014;4(7).
26. Çerezci S. The Political Life Of Prof. Dr. Peyman Türkan Akyol, The First Minister Of Women's Affairs Of The Republic Of Turkey. *Pamukkale University*; 2018.
27. Uyanık A, Şahan FU, Koç G. A View Of Women's Health Within The Framework Of National And International Health Policies And Global Meetings. *Nursing Science Journal*. 2024;7(2):236–49.
28. Alkaşı AM. Women's Equal Access To Civil Rights Under Article 9 Of The Convention On The Elimination Of All Forms Of Discrimination Against Women (CEDAW). *Kadın/Woman* 2000. 2024;25(2).
29. Uyumaz A, Avcı Y. Pregnancy Termination In Turkish Law. *İnönü University Faculty Of Law Journal*. 2016;7(1):579–638.
30. İbrahim A, Dağ AN. Violence Against Women In Terms Of Human Rights Law. *Selçuk University Journal Of Sociology And Technology Research*. 2021;(19):86–101.
31. Akin A, Türkçelik E. Gender Equality In Access To Health Services [Internet]. 2020. Available From: [Www.Ceid.Org.Tr](http://www.ceid.org.tr)
32. Dinçer O. The Shared Construction Of The Imagination Of Equality: An Analysis Of The Working Priorities And Emerging Policy Documents Of The United Nations Commission On The Status Of Women. Ankara, Republic Of Turkey, Ministry Of Family And Social Politics, General Directorate Of The Status Of Women. 2014;
33. Yıldırım DF, Özsoy S. Women's Use Of Their Sexual Rights And The Role Of The Nurse. *Journal Of Women's Health Nursing* [Internet]. 2021;7(2):120–34. Available From: [Https://Dergipark.Org.Tr/Tr/Pub/Kashed/Issue/932528](https://dergipark.org.tr/tr/pub/kashed/issue/932528)
34. Akyıldız Y. Paradigm Shift In Social Assistance Practices. 2018;
35. Atasay B, Arsan S. Barcelona Declaration On Mother And Newborn Rights. *Sted*. 2001;10(12):457–9.
36. Ministry Of Health. National Strategic Action Plan For Sexual And Reproductive Health (2005–2015) [Internet]. Ministry Of Health; 2005. Available From: [Https://Ekutuphane.Saglik.Gov.Tr/Home/Getdocument/303](https://ekutuphane.saglik.gov.tr/home/getdocument/303)
37. TDHS. 2003 Turkey Demographic And Health Survey (TDHS 2003) [Internet]. HUIPS; 2003. Available From: [Https://Hips.Hacettepe.Edu.Tr/Tr/2003_Turkiye_Nufus_Ve_Saglik_Arastirmasi-76](https://hips.hacettepe.edu.tr/tr/2003_turkiye_nufus_ve_saglik_arastirmasi-76)

Gynecological Nursing

38. Duman B. Part-Time Work Leave Due To Birth And Adoption Within The Framework Of Labor Law No. 4857. İnönü University Faculty Of Law Journal. 2019;10(1):187–201.
39. Özkan G. Violence Against Women-Domestic Violence And A Review Of International Texts On The Subject. Hacettepe Faculty Of Law Journal. 2017;7(1):533–64.
40. Öztürk N. Some Innovations And Recommendations Introduced By The Law On The Protection Of The Family And The Prevention Of Violence Against Women. İnönü University Faculty Of Law Journal. 2017;8(1):1–32.
41. HGSM. General Directorate Of Public Health (HSGM) [Internet]. 2025. Available From: [Https://Hsgm.Saglik.Gov.Tr/Tr/](https://Hsgm.Saglik.Gov.Tr/Tr/)
42. Ministry of Health. Official Website of the Ministry of Health of the Republic of Turkey [Internet]. 2025. Available From: <https://Www.Saglik.Gov.Tr>

Chapter 6

GENITAL TRACT INFECTIONS AND THE NURSING APPROACH

Çiler ÇOKAN DÖNMEZ¹

INTRODUCTION

Genital tract infections are among the most common gynaecological problems affecting women. They are defined as infections caused by microorganisms transmitted through oral, anal or vaginal sexual intercourse that affect the reproductive system (1). The World Health Organisation (WHO) states that nearly one million women worldwide experience GTI each year and that approximately 75% of women in developing countries encounter GTI at least once in their lifetime (2). In our country, the prevalence of GTI is reported to be between 52% and 92% (1). GYE is of great importance because most cases can be treated with early diagnosis. If left untreated, GYE can lead to problems such as infertility, pelvic inflammatory disease, cervical cancer, abortion, low birth weight babies, intrauterine maternal-foetal transmission, ectopic pregnancy, sepsis, and anxiety in women (3). Therefore, it is essential to diagnose and treat these diseases early, to educate women and provide them with accurate information to replace incomplete or incorrect information, and to raise women's awareness of genital tract infections. In this context, it is extremely important for nurses, who are an important part of the healthcare system, and especially women's health nurses, to provide education and counselling to women on STIs. It is believed that this education and counselling will increase women's awareness of GTI and encourage them to undergo regular gynaecological examinations. This section contains information about genital tract infections, STIs (sexually transmitted infections), diagnosis, treatments, and nursing approaches.

¹ Asst. Prof., Department of Midwifery, Faculty of Health Sciences, Osmaniye Korkut Ata University
cilercokandonmez@osmaniye.edu.tr, ORCID iD:0000-0001-8706-3685

way, women and society become more aware, and existing or potential GYE can be diagnosed and treated at an early stage (5).

CONCLUSION

Genital tract infections are infections that have negative effects on women's health and, if left untreated, can cause other women's health problems. The WHO emphasises that STIs and STDs are a growing global health problem and are important because most of these infections are treatable diseases with early diagnosis. Therefore, it is essential to diagnose and treat these diseases early, to educate women and their sexual partners about GTI through accurate information rather than incomplete or incorrect information, and to raise their awareness of GTI. In this context, it is extremely important for nurses, who are an important part of the healthcare system, and especially women's health nurses, to provide education and counselling to couples about GTI.

REFERENCES

1. Erenoğlu, R. (2025). Genital yol enfeksiyonları. Yaman Sözbir, Ş., Kaplan, S., Gönenç, İ. M. (Ed.) *Doğum ve Kadın Hastalıkları Hemşireliği* İçinde, (1. Baskı, ss. 214-231). İstanbul Tıp Kitabevi. ISBN: 978-625-5967-63-3.
2. World Health Organization. (2022, 18 July). *Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030*. WHO. [Erişim Tarihi: 10.11.2025]. <https://www.who.int/publications/i/item/9789240053779>
3. Can Gürkan, Ö. (2019). Üreme sistemi enfeksiyonları ve cinsel yolla bulaşan enfeksiyonlar. Arslan Özkan, H. (Ed.) *Kadın sağlığı ve hastalıkları* İçinde, (ss. 589-622). Akademisyen Kitabevi. ISBN: 978-605-258-141-4.
4. Hotun Şahin, N., Bilgiç, D. (2016). Üreme sistemi infeksiyonları. Kızılkaya Beji, N. (Ed.) *Kadın sağlığı ve hastalıkları* İçinde, (2.Baskı, ss 118-140). Nobel Tıp Kitapevleri. ISBN:978-605-335-246-4.
5. Hotun Şahin, N., Gümüşay, M. (2024). Genital yol enfeksiyonları ve cinsel yolla bulaşan enfeksiyonlar. Hotun Şahin, N. (Ed.) *Kadın sağlığı hastalıkları ve doğum* İçinde, (ss. 433-447). Nobel Tıp Kitapevleri. ISBN: 978-605-335-845-9.
6. World Health Organization. (2025a, 10 September). *Sexually transmitted infections (STIs)*. WHO. [Erişim Tarihi: 5.11.2025]. [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))
7. World Health Organization. (2025b, 21 November). *Chlamydia*. WHO. [Erişim Tarihi: 5.11.2025]. <https://www.who.int/news-room/fact-sheets/detail/chlamydia>
8. Mohseni, M., Sung, S., Takov, V., & Doerr, C. (2021). Chlamydia. (Nursing). <https://euro-pepmc.org/article/nbk/nbk568744>
9. World Health Organization. (2016, 1 January). *WHO guidelines for the treatment of Chlamydia trachomatis*. WHO. [Erişim Tarihi: 2.11.2025]. <https://www.who.int/publications/i/item/978-92-4-154971-4>
10. World Health Organization. (2021, 15 July). *Guidelines for the management of symptomatic sexually transmitted infections*. WHO. [Erişim Tarihi: 2.11.2025]. <https://www.who.int/publications/i/item/9789240024168>

11. Hufstetler, K., Llata, E., Miele, K., & Quilter, L. A. S. (2024). Clinical Updates in Sexually Transmitted Infections, 2024. *Journal of women's health* (2002), 33(6), 827–837. <https://doi.org/10.1089/jwh.2024.0367>.
12. World Health Organization. (2025c, 22 October). *Gonorrhoea (Neisseria gonorrhoeae infection)*. WHO. [Erişim Tarihi: 10.9.2025]. <https://www.who.int/news-room/fact-sheets/detail/multi-drug-resistant-gonorrhoea>
13. Unemo, M., Ross, J., Serwin, A. B., Gomberg, M., Cusini, M., & Jensen, J. S. (2021). Background review for the '2020 European guideline for the diagnosis and treatment of gonorrhoea in adults'. *International journal of STD & AIDS*, 32(2), 108–126.
14. World Health Organization. (2012, 4 May). *Global action plan to control the spread and impact of antimicrobial resistance in Neisseria gonorrhoeae*. WHO. [Erişim Tarihi: 10.9.2025]. <https://www.who.int/publications/i/item/9789241503501>
15. World Health Organization. (2025d, 13 October). *Maldives becomes the first country to achieve 'triple elimination' of mother-to-child transmission of HIV, syphilis and hepatitis B*. WHO. [Erişim Tarihi: 4.9.2025]. <https://www.who.int/news/item/13-10-2025-maldives-becomes-the-first-country-to-achieve-triple-elimination-of-mother-to-child-transmission-of-hiv-syphilis-and-hepatitis-b>
16. Centers for Disease Control and Prevention. (2023, 22 July). *National Overview of STIs*. CDC. Available at: <https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm>
17. Sankaran, D., Partridge, E., & Lakshminrusimha, S. (2023). Congenital Syphilis-An Illustrative Review. *Children (Basel, Switzerland)*, 10(8), 1310.
18. Shah, D., & Marfatia, Y. S. (2019). Serological tests for syphilis. *Indian journal of sexually transmitted diseases and AIDS*, 40(2), 186–191. https://doi.org/10.4103/ijstd.IJSTD_86_19
19. Santiago-Wickey, J.N., Crosby, B. Granuloma Inguinale. [Updated 2023 Mar 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513306/>
20. Cleveland Clinic. (2022, 30 September). *Granuloma Inguinale (Donovanosis)*. [Erişim Tarihi: 4.10.2025]. <https://my.clevelandclinic.org/health/diseases/24232-granuloma-inguinale>
21. Centers for Disease Control and Prevention. (2021, 22 July). *CDC-Sexually Transmitted Infections Treatment Guidelines. Granuloma Inguinale (Donovanosis)*. [Erişim Tarihi: 6.10.2025]. <https://www.cdc.gov/std/treatment-guidelines/donovanosis.htm>
22. World Health Organization. (2024a, 5 March). *Cervical cancer*. WHO. [Erişim Tarihi: 8.11.2025]. <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>
23. Baba, S. K., Albloushi, S. S. E., Yaqoob, R., Behl, S., Al Saleem, M., Rakha, E. A., Malik, F., Singh, M., Macha, M. A., Akhtar, M. K., Houry, W. A., Bhat, A. A., Al Menhali, A., Zheng, Z. M., & Mirza, S. (2025). Human papilloma virus (HPV) mediated cancers: an insightful update. *Journal of translational medicine*, 23(1), 483.
24. Çevik, E., & Coşkun, A. (2021). HPV Enfeksiyonuna Güncel Yaklaşım ve Ebenin Rolü. *Kadın Sağlığı Hemşireliği Dergisi*, 7(3), 215-229.
25. World Health Organization. (2025f, 15 July). *HIV and AIDS*. WHO. [Erişim Tarihi: 01.09.2025]. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
26. Centers for Disease Control and Prevention (CDC). (2023). *HIV risk reduction tool*. [Erişim Tarihi: 10.11.2025]. <https://hivrisk.cdc.gov/can-decrease-hiv-risk/>
27. World Health Organization. (2024b, 9 April). *Global hepatitis report 2024: action for access in low- and middle-income countries*. WHO. [Erişim Tarihi: 01.09.2025]. <https://www.who.int/publications/i/item/9789240091672>
28. World Health Organization. (2024c, 29 March). *Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection*. WHO. [Erişim Tarihi: 01.09.2025]. <https://www.who.int/publications/i/item/9789240090903>
29. World Health Organization. (2025e, 23 July). *Hepatitis B*. WHO. [Erişim Tarihi: 01.09.2025]. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-b>

30. Yazıcı, S., & Çuvadar, A. (2019). Genital sistem enfeksiyonlarının önlenmesi ve ebelik. Sağlık Profesyonelleri Araştırma Dergisi, 1, 33-37.
31. Braunstein, M., & Selk, A. (2024). Bacterial vaginosis. *CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne*, 196(21), E728.
32. Bagnall, P., & Rizzolo, D. (2017). Bacterial vaginosis: A practical review. Journal of the American Academy of Pas, 30(12), 15-21.
33. Graves, K. J., Novak, J., & Muzny, C. A. (2025). *Trichomonas vaginalis* Virus: Current Insights and Emerging Perspectives. *Viruses*, 17(7), 898.
34. World Health Organization. (2025f, 21 November). *Trichomoniasis*. WHO. [Erişim Tarihi: 01.09.2025]. <https://www.who.int/news-room/fact-sheets/detail/trichomoniasis>
35. Kissinger, P. J., Gaydos, C. A., Seña, A. C., Scott McClelland, R., Soper, D., Secor, W. E., Legende, D., Workowski, K. A., & Muzny, C. A. (2022). Diagnosis and Management of Trichomonas vaginalis: Summary of Evidence Reviewed for the 2021 Centers for Disease Control and Prevention Sexually Transmitted Infections Treatment Guidelines. *Clinical infectious diseases: an official publication of the Infectious Diseases Society of America*, 74(Suppl_2), S152–S161.
36. Van Gerwen, O. T., Opsteen, S. A., Graves, K. J., & Muzny, C. A. (2023). Trichomoniasis. *Infectious disease clinics of North America*, 37(2), 245–265.
37. Cooke, G., Watson, C., Deckx, L., Pirotta, M., Smith, J., & van Driel, M. L. (2022). Treatment for recurrent vulvovaginal candidiasis (thrush). *The Cochrane database of systematic reviews*, 1(1), CD009151
38. de la Mora, L., Mallolas, J., & Ambrosioni, J. (2024). Epidemiology, treatment and prognosis of HIV infection in 2024: A practical review. *Epidemiología, tratamiento y pronóstico de la infección VIH en 2024: revisión práctica*. *Medicina clinica*, 162(11), 535–541. <https://doi.org/10.1016/j.medcli.2023.12.007>
39. Bhosale, V. B., Koparde, A. A., & Thorat, V. M. (2025). Vulvovaginal candidiasis-an overview of current trends and the latest treatment strategies. *Microbial pathogenesis*, 200, 107359.

Chapter 7

ROBOTIC GYNECOLOGIC SURGERY

Inci ÖZ¹

INTRODUCTION

Robotic surgery represents one of the most advanced stages in the evolution of minimally invasive surgical practices, introducing high precision, three-dimensional visualization, and sophisticated instrumentation into contemporary operative techniques. This technological transformation reshapes not only the technical skillset required of surgeons but also the entire workflow of the operating room. Within this evolving landscape, nursing emerges as a critical professional domain, essential for ensuring the sustainability, safety, and overall efficacy of robotic surgical procedures. In gynecologic robotic surgery in particular where complex anatomical structures demand highly precise interventions the scope of perioperative nursing roles has expanded considerably.

Robotic surgical nursing extends far beyond traditional perioperative care, encompassing multifaceted responsibilities such as mastery of advanced technology, rapid problem-solving, effective team communication, prevention of position-related injuries, system safety assurance, equipment management, and patient-centered care. Ensuring the coordinated and safe functioning of the surgical team, managing system setup and verification, identifying technical and clinical complications early during the intraoperative period, and maintaining a comprehensive approach to postoperative care constitute fundamental professional duties of the robotic surgery nurse.

Recent studies indicate that nurses in robotic surgery occupy a central role not only as practitioners but also as educators, researchers, coordinators, and advocates for quality and safety. The increasing diversity of robotic platforms, the introduction of novel instrumentation technologies, and the rising number of robotic procedures have heightened the demand for advanced nursing

¹ Asst. Prof., Assistant Professor - Medicana Ataköy Hospital, Obstetrics and Gynecology Clinic, opdrincioz@gmail.com, ORCID iD: 0000-0001-9160-2733

these developments will remain a fundamental driver of quality improvement in healthcare services.

REFERENCES

1. Francis, P. (2006), The evolution of robotics in surgeryan dimplementing a perioperative robotics nurse specialist role, *AORN journal*, 83(3), 629-65.
2. Çatal, E., Porto, C.S.T., (2022).Ameliyathane Hemşirelerinin Robotik Cerrahiye İlişkin Görüşleri, Deneyimleri ve Bireysel Yenilikçilik Özelliklerinin Karşılaştırmalı İncelenmesi,4. Uluslararası & 12. Ulusal Türk Cerrahi ve Ameliyathane Hemşireliği Kongresi (pp.543), Antalya, Türkiye
3. Uslu, Y., Altınbaş, Y., Özercan, T., Van Giersbergen, M. Y. (2019). The process of nurse adaptation to robotic surgery: A qualitativedstudy. *The International Journal of Medical Robotics and Computer Assisted Surgery*, 15(4), e1913.
4. Keten Edis E (ed.). *Sağlık & Bilim 2022: Hemşirelik-IV*. 1. baskı. İstanbul: [Yayinevi bilgisi verilmemiş]; 2022. ISBN: 138-625-6114-89-2.
5. Palep, J.H. (2009), Roboticas sisted minimally invasive surgery *Journal of minimal accesssurgery*, 5(1), 1.
6. Ucuzal, M., Kanan, N. (2008), Robot yardımcı laparoskopik radikal prostatektomi ve hemşirelik bakımı, *Florence Nightingale Journal of Nursing*, 16(61), 57-64.
7. Zambrano Moreira EL, Angulo Vera PC, Villapradó Vélez SG, Carreño Navia LM, Vite Solorzano FA, Alarcón Cano DF. Nursing in robotic surgery: adapting skills and new roles. *Nursing Depths Series*. 2025;4:291. doi:10.56294/nds2025291.
8. Gonzalo de Diego B, González Aguña A, Fernández Batalla M, Herrero Jaén S, Sierra Ortega A, Barchino Plata R, et al. Competencies in the robotics of care for nursing robotics: a scoping review. 2024.
9. Redondo-Sáenz D, Cortés-Salas C, Parrales-Mora M. Perioperative nursing role in robotic surgery: an integrative review. *Journal of PeriAnesthesia Nursing*. 2023; Published online 6 February 2023. doi:10.36/j.jopan.2022.11.001.
10. Kang MJ, De Gagn, JC, Kang HS. Perioperative nurses' work experience with robotic surgery: A focus group study [Internet]. *Comput Inform Nurs*. 2016[cited 2024 Jun 19];34(4):152-8. DOI:10.33/CIN.0000000000000224
11. Tiferes J, Hussein AA, Bisantz A, Higginbotham DJ, SharifM, Kozlowski J et al. Are gestures worth a thousand words? Verbal and nonverbal communication during robot-assisted surgery [Internet]. *Appl Ergon*. 2019[cited 2024 Jun 19]; 78:251– 62, DOI: 10.36/j.apergo.2018.02.015
12. Celik SS, Koken ZO, Canda AE, Esen T. Experiences of perioperative nurses with robotic-assisted surgery: A systematic review of qualitatives studies [Internet]. *J Robot Surg*. 2023[cited 2024 Jun 19];17:785– 11. DOI: 10.27/s2701-022-01511-9
13. da Silva Ângelo C, da Silva EAL, da Souza, A, de Bonfim IM, Joaquim EHG, de Pinho Apezzato ML. Posicionamento cirúrgico em cirurgia robótica pediátrica: Relato de experiência. *Revista SOBECC* [Journal of Brazilian Association of Nurses in Surgical Centers, Anesthetic Recovery and Material and Sterilization Centers]. 2020
14. Porto C, Catal E. A comparative study of the opinions, experiences and individual innovativeness characteristics of operating room nurses on robotic surgery 2024.
15. da Silva MN, Scherer AB, de Oliveira Makiyama AC, Sary DLZ, D'Almeida Miranda FM, Kallinke LP. Recomendações de enfermagem para o cuidado em cirurgias oncológicas robóticas: revisão de escopo [Nursing care recommendations for robotic cancer surgeries: A scoping review] [Internet]. *Revista SOBECC* [Journal of Brazilian Association of Nurses in Surgical Centers, Anesthetic Recovery and Material and Sterilization Centers]. 2022

16. Schuessler Z, Stiles A, Mancuso P. Perceptions and experiences of perioperative nurses and nurse anaesthetists in robotic-assisted surgery [Internet]. *J Clin Nurs.* 2019[cited 2024 Jun 19];29(1–2), 60–74. DOI: 10.1111/jocn.15053
17. Vitoriano L, Bridi A, Silva O, Silva C, Louro T, Machado D. Sistematização da assistência de enfermagem perioperatória na cirurgia robótica: validação de instrument [Systematisation of perioperative nursing care in robotic surgery: Instrument validation [Internet]. *Rev Bras Enferm* [Brazilian Journal of Nursing]. 2023
18. Çelik S, Tunçbilek Z, Sarıköse S, Topaktas G, Canda A. Roles, experience and views of nurses working in robotic surgery settings: A mixed methods study [Internet]. *J Periop Pract.* 2024[cited 2024 Jun 19];34(7–8):248– 56. DOI: 10.277/175045892433200
19. Gillespie BM, Gillespie J, Boorman RJ, Granqvist K, Stranne J, Erichsen-Andersson A. The impact of robotic-assisted surgery on team performance: A systematic mixed studies review[Internet]. *Human Factors.* 2021[cited 2024 Jun 19];63(8):1352–79. DOI: 10.277/0018720820928624
20. da Silva Ângelo C, de Meira Pachioni CF, Joaquim EHG, da Silva EAL, dos Santos GG, Bonfim IM et al. Efetividade do protocolo prevenção de lesões de pele em cirurgias urológicas robóticas [Effectiveness of the protocol for the prevention of skin lesions in robotic urological surgeries] [Internet]. *Revista SOBECC* [Journal of Brazilian Association of Nurses in Surgical Centers, Anesthetic Recovery and Material and Sterilization Centers]. 2017[cited 2024 Jun 19];22(3):152–60. DOI: 10.5327/z1414- 4425201700030006
21. Møller L, Hertz P, Grande U, Aukdal J, Fredensborg B, Kristensen H et al. Identifying curriculum content for operating room nurses involved in robotic-assisted surgery: A Delphi study [Internet]. *Surg Endosc.* 2023[cited 2024 Jun 19];37(4):2729–48. DOI: 10.27/s00464-022-01351-4
22. Bjørø B, Ballestad I, Rustøen T, Fosmark MH, Bentsen SB. Positioning patients for robotic-assisted surgery: A qualitative study of operating room nurses' experiences [Internet]. *Nurs Open.* 2023[cited 2024 Jun 19];10(2):469–78. DOI: 10.22/nop2.1312
23. Terzoni S, Ferrara P, Maruccia S, Pinna B, Parozzi M, Gaia G, et al. Postoperative nursing in robot-assisted urologic surgery: are there any platform-based differences? *International Journal of Urological Nursing.* 2024; Published online 29 October 2024. doi:10.1111/ijun.3424.
24. Pires, S., Maurício, A., Jerônimo, L., Teixeira, B., Ramos, A., Gomes, I., & Sá, E. (2025). Nursing interventions to promote safety in robotic surgery: A systematic literature review. *Journal of Perioperative Nursing*, 38(1), 29–37. <https://doi.org/10.26550/2209-192.1374>
25. Nunes da Silva M, Scherer AB, Makiyama ACO, Sary DLZ, Miranda FMDA, Kalinke LP. Nursing care recommendations for robotic cancer surgeries: scoping review. *Revista SOBECC.* 2021;26(4):253–261.
26. Oh S, Park J. A literature review of simulation-based nursing education in Korea. *Nursing Reports.* 2023;13(1):506–517. doi:10.3390/nursrep40246.
27. Harrison N, Edmonds M, Meads C, Abdulmohdi N, Prothero L, Shaw S. *Simulation in nursing education: an evidence base for the future.* Anglia Ruskin University; 2024.
28. Chen S, Huang J, Zhang L, Xu Y, Zhang Z. Simulation-based training in robotic surgery education: bibliometric analysis and visualization. *J Robot Surg.* 2024 Aug 17;18(1):324. doi: 10.27/s2701-024-02076-5. PMID: 39153017.
29. Shahrezaei, A., Sohani, M., Taherkhani, S. et al. The impact of surgical simulation and training technologies on general surgery education. *BMC Med Educ* 24, 397 (2024). <https://doi.org/10.286/s3909-024-06299-w>
30. Park O, Jeon M, Kim M, Kim B, Jeong H. The effects of a simulation-based patient safety education program on compliance with patient safety, perception of patient safety culture, and educational satisfaction of operating room nurses. *Healthcare.* 2023;11(21):2824. doi:10.3390/healthcare133824.
31. Lai YH, Chang MY, Weng MR, Chiu PL, Wu TY, Wang SC. Effectiveness of virtual reality in training operating room nurses for robotic arm surgery.

32. Gudeloglu A, Parekattil SJ. A nurse training program for robotic skills acquisition and career advancement. *Acta Medica*. 2021;52(2):32–35.
33. Qin, W., Dai, X., Huang, P. *et al.* Development of a core competency evaluation index system for specialist nurses in robot-assisted surgery: a Delphi study. *BMC Nurs* **24**, 163 (2025). <https://doi.org/10.286/s3912-025-03729-y>
34. Paskaleva D, Gyurova-Kancheva V, Taneva D. Duties of nurses in the field of robotic surgery: advantages and perspectives. *Journal of IMAB*. 2024;30(4).
35. Wang, G., Zeng, Y., Sheng, X. (2021). Quality Management of Robotic Surgical Nursing. In: Wang, G., Zeng, Y., Sheng, X. (eds) Robotic Surgery and Nursing. Springer, Singapore. https://doi.org/10.27/978-981-16-0510-9_5
36. College of Nurses of Ontario. *An introduction to the Nursing Act, 1991*. Toronto: College of Nurses of Ontario; 2025.
37. Sinmaz T, Kara Ö, Seyhan Ak E, Özbaş A. Experiences of robotic surgery nurses regarding technostress: a qualitative study. 2024. PMID: 40221310; PMCID: PMC2913945.