

Gynecological Nursing

Editor

Nevin HOTUN ŞAHİN



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PREFACE

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Chapter 1

ENDOMETRIOSIS AND THE ROLE OF THE NURSE

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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

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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.

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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

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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.

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Chapter 3

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

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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

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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.

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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.

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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.

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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

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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.

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Chapter 6

GENITAL TRACT INFECTIONS AND THE NURSING APPROACH

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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.

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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.

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Chapter 7

ROBOTIC GYNECOLOGIC SURGERY

İnci 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

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

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