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Review

The Role of Nursing in Gynecological Care: Strategies for Comprehensive Women's Care

El rol de la enfermería en la atención ginecológica: estrategias para el cuidado integral de la mujer

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Abstract

Gynecological health is an essential component of women's overall well-being and faces significant challenges associated with chronic conditions, neoplasms, and fragmented models of care. In this context, nursing emerges as a strategic actor in promoting comprehensive, humanized, and person-centered care models. The objective of the study was to analyze the role of nursing in gynecological care by identifying and systematizing the main strategies oriented toward comprehensive, safe, and humanized care for women, based on the available scientific evidence. The study analyzes nursing strategies aimed at comprehensive gynecological care, highlighting the humanization of care, secondary oncological prevention, multimodal management of endometriosis, and optimization of perioperative care. These interventions demonstrate the articulating role of nursing in improving clinical and experiential outcomes. The conclusions confirm that nursing constitutes a central pillar of comprehensive gynecological care. Its clinical, educational, and human-centered interventions improve the quality, safety, and continuity of care, reduce morbidity and mortality, and strengthen woman-centered care models supported by scientific evidence and care humanization.

Keywords: Gynecological nursing, comprehensive care, women's health, care humanization.

Resumen

La salud ginecológica es un componente esencial del bienestar integral de la mujer y enfrenta importantes desafíos asociados a patologías crónicas, neoplasias y modelos de atención fragmentados. En este contexto, la enfermería emerge como un actor estratégico para impulsar modelos de cuidado integrales, humanizados y centrados en la persona. El objetivo de la investigación fue analizar el rol de la enfermería en la atención ginecológica, identificando y sistematizando las principales estrategias orientadas al cuidado integral, seguro y humanizado de la mujer, a partir de la evidencia científica disponible. Se analiza las estrategias de enfermería orientadas al cuidado integral en ginecología, destacando la humanización del cuidado, la prevención secundaria oncológica, el manejo multimodal de la endometriosis y la optimización del cuidado perioperatorio. Estas intervenciones evidencian el rol articulador de la enfermería en la mejora de resultados clínicos y experienciales. Las conclusiones confirman que la enfermería constituye un eje central del cuidado ginecológico integral. Sus intervenciones clínicas, educativas y humanas mejoran la calidad, seguridad y continuidad de la atención, reducen la morbimortalidad y fortalecen modelos de atención centrados en la mujer, sustentados en evidencia científica y humanización del cuidado.

Palabras clave: Enfermería ginecológica, cuidado integral, salud de la mujer, humanización del cuidado.

Introduction

Gynecological health constitutes an essential component of women's overall well-being, as it is closely linked not only to reproductive function but also to physical, psychological, social, and cultural dimensions that directly influence quality of life throughout the life course. Globally, chronic gynecological conditions, pelvic pain disorders, and malignant neoplasms continue to generate a significant burden of female morbidity and mortality, particularly in contexts where timely access to specialized health services and effective preventive strategies is limited (Loaiza Flores & Conde Sarango, 2024). This situation is exacerbated by the persistence of care models predominantly centered on disease, which fragment care and reduce women's experiences to a set of clinical procedures disconnected from their life context (Espinoza Vidal et al., 2024)

Several studies have shown that delayed detection of cervical and breast cancer, as well as the sociocultural normalization of gynecological pain especially in conditions such as endometriosis directly contributes to the functional, emotional, and social deterioration of affected women (Sánchez-Resendis et al., 2023). Despite advances in diagnostic technologies and pharmacological therapies, significant gaps persist in the implementation of comprehensive strategies that include health education, emotional support, and women's active participation in decision-making regarding their health (Pogo Guamán, 2023). In this context, gynecological care faces the challenge of moving beyond the traditional biomedical approach and adopting person-centered models in which care is understood as a relational, continuous, and humanized process.

Nursing plays a strategic role in this transformation process by serving as the primary link between the healthcare system and women who use gynecological services. From a disciplinary perspective, nursing integrates clinical, educational, and ethical competencies that enable direct intervention in the prevention, early detection, treatment, and follow-up of gynecological conditions, as well as in the promotion of healthy lifestyles and the strengthening of women's autonomy (Vizheh et al., 2021). Evidence indicates that nursing-led interventions, when supported by evidence-based protocols and principles of humanized care, generate significant improvements in clinical outcomes, therapeutic adherence, and patient satisfaction (Catota Tiban & Guarate Coronado, 2023).

In the field of gynecological oncology, nursing personnel have assumed a leading role in the implementation of secondary prevention strategies, particularly molecular screening based on the detection of human papillomavirus (HPV) DNA, which is recognized as one of the most cost-effective interventions for the elimination of cervical cancer (Okunade et al., 2022). The identification of genetic and behavioral risk factors allows nursing professionals to coordinate intensive surveillance actions, health education, and timely referral, thereby contributing to the reduction of morbidity and mortality associated with gynecological neoplasms (Yang et al., 2025).

The management of chronic gynecological conditions such as endometriosis has highlighted the need for multimodal care models in which nursing assumes key functions in the

early screening of symptoms, the management of pharmacological treatment, and the psycho-emotional support of affected women (Del Pino-Sedeño et al., 2024). It is noteworthy that diagnostic delay—often exceeding seven years—is associated with insufficient initial clinical assessment and the minimization of pain reported by patients, reinforcing the importance of adequately trained nursing professionals capable of recognizing and legitimizing these experiences (Ayala-Peralta, 2020).

Another area of growing relevance is perioperative care in gynecological surgery, where the implementation of enhanced recovery models and postoperative follow-up has been shown to significantly reduce hospital complications and improve the overall patient experience (Nuermanguli et al., 2025). In this scenario, advanced practice nursing coordinates interventions such as early mobilization, multimodal pain management, and self-care education, consolidating a comprehensive approach that extends beyond hospital discharge through strategies such as tele-nursing (Guano Punina et al., 2024).

Despite the growing body of evidence regarding the effectiveness of these interventions, a gap remains in the theoretical integration of nursing strategies in gynecological care, particularly in studies that systematically analyze their contribution to comprehensive women's care from a holistic perspective. The available literature tends to address these strategies in a fragmented manner, which limits the development of comprehensive models to guide clinical practice and decision-making within healthcare services (Zapata-Ramos & Vizcacho-Jimenez, 2021). Therefore, it is necessary to consolidate a theoretical analysis that articulates the technical, human, and organizational dimensions of the nursing role in gynecological care.

The objective of the present study was to analyze the role of nursing in gynecological care by identifying and systematizing the main strategies oriented toward comprehensive, safe, and humanized care for women, based on the available scientific evidence.

The methodology employed corresponded to a documentary review with a theoretical approach and descriptive scope, conducted through a systematic search of scientific literature published between 2021 and 2026 in indexed databases. Priority was given to systematic reviews, clinical studies, meta-analyses, and clinical practice guidelines that addressed the clinical, educational, and managerial roles of nursing in the gynecological field, with the aim of critically analyzing the reported strategies and their contribution to comprehensive women's health care.

Development

Nursing strategies for comprehensive care of women in gynecological care

Humanization of care and spiritual care in gynecology

The humanization of care in gynecological services has gained increasing relevance as a response to the limitations of the traditional biomedical model, which tends to prioritize technical

procedures over women's subjective experiences. From a nursing perspective, humanized care is grounded in the recognition of the person as an integral being, whose emotional experiences, cultural beliefs, and spiritual needs directly influence the health–disease (Zapata-Ramos & Vizcacho-Jimenez, 2021). In this regard, the therapeutic interaction between nurse and patient is configured as a central component of comprehensive gynecological care.

Scientific evidence indicates that the application of nursing models focused on empathy, effective communication, and respect for human dignity contributes to reducing anxiety, fear, and the perception of vulnerability experienced by women during gynecological care, particularly in contexts of hospitalization or invasive procedures (Kongsuwan et al., 2025). Active listening, emotional support, and the validation of pain and concerns expressed by patients strengthen the relationship of trust and promote greater adherence to prescribed treatments.

The spiritual dimension of care, often neglected in clinical practice, has been shown to be a protective factor against stress and emotional distress associated with complex gynecological diagnoses. Recent studies show that nursing interventions aimed at recognizing women's spiritual beliefs and values are associated with better emotional adjustment and a more positive perception of the care process (Başaran et al., 2025). These actions do not involve specific religious practices, but rather a professional attitude of respect and openness that allows women to express their spiritual needs in a safe environment.

From a critical perspective, the humanization of care should not be understood as an isolated individual competence, but as an institutional practice that requires favorable organizational conditions. Work overload, staff shortages, and care pressure limit the possibility of providing truly humanized care, highlighting the need for management policies that recognize the strategic value of nursing in comprehensive gynecological care (Rôlo et al., 2024).

Secondary prevention and oncological screening with a nursing focus

Secondary prevention of gynecological neoplasms constitutes one of the fundamental pillars of comprehensive women's health care. In this area, nursing plays a key role in the implementation and sustainability of screening programs, particularly those related to cervical and breast cancer. The transition from conventional cytological screening to molecular methods based on the detection of human papillomavirus (HPV) DNA has redefined preventive strategies, requiring greater participation of nursing personnel in the education, implementation, and follow-up of these interventions (Adigun et al., 2023).

The literature shows that nurses not only perform screening tests, but also act as educational agents who facilitate understanding of procedures, reduce associated fears, and promote women's active participation in prevention programs (King & Busolo, 2022). This educational function is decisive in improving coverage rates, especially in populations facing sociocultural barriers or limited access to reliable health information.

The role of nursing is further expanded to the identification of individual and family risk factors, including genetic backgrounds associated with mutations in genes such as BRCA1 and BRCA2. Early detection of these factors makes it possible to coordinate intensive surveillance actions, referral to genetic counseling, and continuous follow-up, thereby strengthening a personalized preventive approach (Middelton et al., 2002). These interventions reinforce women's capacity to make informed decisions regarding their health, in line with the principles of autonomy and empowerment.

Several studies warn that the effectiveness of oncological screening largely depends on continuity of care and follow-up after testing. In this sense, nursing positions itself as the articulating axis between diagnosis, referral, and therapeutic support, preventing fragmentation of care and loss of patients within the health system (Haroen et al., 2025).

Comprehensive and multimodal management of endometriosis

Endometriosis represents one of the most complex and underdiagnosed chronic gynecological conditions, with a significant impact on quality of life, mental health, and social functioning of affected women. Evidence indicates that diagnostic delay often extending over several years is associated with the normalization of severe menstrual pain and insufficient initial clinical assessment (Allaire et al., 2023). In this context, nursing plays a fundamental role in the early recognition of symptoms and in validating the pain reported by patients.

The comprehensive nursing approach to endometriosis includes systematic screening of symptoms such as severe dysmenorrhea, dyspareunia, and chronic pelvic pain, as well as education about available therapeutic options. The management of hormonal treatment, particularly through levonorgestrel-releasing intrauterine devices, has proven to be an effective strategy for pain control and improvement of quality of life, requiring continuous nursing-led follow-up (Mick et al., 2024).

Complementarily, the literature highlights the importance of integrating psychoeducational and emotional support interventions, such as cognitive-behavioral therapy programs and group support sessions. These strategies, coordinated by nursing, contribute to strengthening resilience, reducing anxiety, and improving perceived control over the disease (Lista et al., 2025). This multimodal approach acknowledges the biopsychosocial nature of endometriosis and overcomes reductionist views focused exclusively on pharmacological treatment.

From a critical perspective, the implementation of these comprehensive models requires specialized training of nursing personnel and effective interdisciplinary collaboration. The absence of specific protocols and limited training in chronic gynecological conditions remain significant barriers to comprehensive care for these women (Bendowska & Baum, 2023).

Optimization of perioperative care and continuity of care

Perioperative care in gynecological surgery constitutes a highly complex area in which nursing assumes decisive functions for patient safety and recovery. The implementation of

comprehensive care models and enhanced recovery protocols has demonstrated a significant reduction in postoperative complications, nosocomial infections, and prolonged hospital stays (Tong & Qin, 2025). These strategies require effective nursing-led coordination, from preoperative preparation to post-discharge follow-up.

Nursing interventions include preoperative education, early mobilization, multimodal pain management, and prevention of thromboembolic and respiratory events. Evidence indicates that these actions, when applied systematically, improve clinical outcomes and the perceived care experience of women undergoing gynecological surgery (Reaza-Alarcón & Rodríguez Martín, 2019).

An emerging component of comprehensive care is tele-nursing, used as a strategy for postoperative follow-up and continuous education. Proactive contact through digital technologies allows early identification of signs of complications, reinforcement of self-care instructions, and provision of emotional support during the recovery process (Jeyanthi et al., 2024). This modality contributes to ensuring continuity of care and reducing the burden on hospital services.

From an analytical perspective, the optimization of perioperative care highlights the need to strengthen the role of advanced practice nursing and to promote institutional environments that support autonomous, evidence-based decision-making. The consolidation of these models represents an opportunity to improve the quality of gynecological care and to advance toward more efficient, woman-centered health systems (Guo et al., 2025).

Conclusions

It is evident that the role of nursing in gynecological care constitutes a strategic axis for the implementation of comprehensive care models aimed at promoting women's health and well-being throughout their life cycle. It is also demonstrated that nursing transcends the execution of technical procedures, positioning itself as an articulating agent of clinical, educational, and human-centered interventions that directly impact the quality, safety, and continuity of gynecological care. This centrality of the nursing role is grounded in its ability to integrate scientific evidence with a holistic understanding of women's physical, emotional, and sociocultural needs.

It is confirmed that care humanization strategies led by nursing significantly contribute to improving women's care experiences within gynecological services. Empathic communication, active listening, and recognition of the spiritual dimension emerge as essential components for strengthening the therapeutic relationship, reducing anxiety, and promoting adherence to treatment, particularly in contexts of high emotional vulnerability such as the diagnosis of chronic or neoplastic conditions. These strategies reinforce the need to conceive gynecological care from a person-centered perspective rather than one focused exclusively on disease.

The review shows that the active participation of nursing in secondary prevention and oncological screening is decisive in reducing morbidity and mortality associated with gynecological neoplasms. Nursing leadership in health education, the performance of molecular screening tests, and the follow-up of women with risk factors strengthens early detection and promotes informed decision-making regarding sexual and reproductive health.

With respect to the management of chronic gynecological conditions, such as endometriosis, the analyzed evidence highlights the relevance of a comprehensive and multimodal approach led by nursing. Early identification of symptoms, management of pharmacological treatment, and psycho-emotional support contribute to reducing diagnostic delay and improving the quality of life of affected women, thereby overcoming reductionist approaches focused solely on pain control.

It is also evident that the optimization of perioperative care and continuity of care, through enhanced recovery models and tele-nursing strategies, represent significant advances in improving clinical outcomes and the care experience in gynecological surgery. Nursing coordination in these processes enables the reduction of complications, the strengthening of self-care, and the assurance of timely follow-up after hospital discharge, thereby consolidating a comprehensive and safe approach.

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Conflict of Interest

The authors declare that they have no conflicts of interest.

Author Contributions

The authors contributed to the development of the manuscript.