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Husband's and Health Workers Support Increase Self-acceptance After Hysterectomy

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Abstract

BACKGROUND: There have been many studies on the importance of various interventions to increase self-acceptance after hysterectomy, but in general, none of the above studies have explained the importance of husband and health workers' support in increasing self-acceptance after hysterectomy.

AIM: This study aims to analyze the correlation between husband's support and health workers with self-acceptance after hysterectomy.

METHODS: The data measured were the support of husbands and health workers as well as self-acceptance obtained from women after hysterectomy through the Self-acceptance - Scale for Persons with Early Blindness questionnaire to measure self-acceptance and a questionnaire containing support to measure support from husbands and health workers. Statistical analysis used was Chi-square to analyze the support of husbands and health workers with self-acceptance after hysterectomy.

RESULTS: This study found the importance of husband's support, especially support from health workers. The most important support from health workers is the provision of information about hysterectomy including care before and after hysterectomy.

CONCLUSIONS: In general, this study proves that husband's and health workers support increase self-acceptance after hysterectomy.

Introduction

Comprehensive understanding of several types of interventions and approaches, both individually, in groups and institutions is needed to increase self-acceptance after hysterectomy [1]. Personal intervention is needed to increase self-confidence, while group and institutional interventions are needed as a means of getting good health facility services to achieve self-confidence so as to increase self-acceptance after hysterectomy [2], [3].

Several studies on the importance of various interventions to increase self-acceptance after hysterectomy. For example, research by Ilknur *et al.* conducted a study on relationship evaluation, self-evaluation, and self-esteem of women with hysterectomy and the study found that changes in self-evaluation and self-esteem occurred after hysterectomy surgery in women [4]. Wong and Arumugam conducted a study on physical, psychological, and sexual effects on multiethnic Malaysian women who had undergone a hysterectomy. Post-operative physical and psychological effects found that participants with higher household incomes had a significantly higher number of physical and psychological problems low. Young women are more likely to experience psychological effects. There are a significant differences between ethnic groups in physical and psychological symptoms [5]. Elmoneim *et al.* conducted a study on the Effect of Roy's Adaptation Model on Sexual Function and Couples Support among Women after Total Hysterectomy and the study found that the effectiveness of educational programs based on Roy's Adaptation Model had a positive effect on sexual function and partner support among women with hysterectomy [6]. Uskul *et al.* (2017) conducted a study on Women's Hysterectomy Experiences and Decision-making and the study found that the most of the

participants' information about symptoms and possible treatment came from their consultations with other women with similar problems. The women reported that their gynecologist did not initiate a comprehensive discussion of other treatments and their advantages and disadvantages [7]. Pinar *et al.* (2018) conducted a study on the effect of hysterectomy on body image, self-esteem, and marital adjustment in Turkish women with gynecological cancer and the study found that the research findings showed that hysterectomy had a negative effect on body image, self-esteem, and dyadic adjustment in gynecological women cancer. Nursing assessments of self-esteem and indicators of marital adjustment and implementation of strategies to increase self-confidence and self-esteem are urgently needed for high-risk women [8]. Mahardika *et al.* conducted a study on the holistic needs of women with hysterectomy: A grounded theoretical study and the study found that there were seven elements that developed the concept of holistic needs in women with hysterectomy. The needs of women with hysterectomy are holistic needs. Nurses can carry out assessments to understand holistically the needs of mothers with hysterectomy [9]. Desai S *et al.* (2017) conducted a study on the effects of public health worker-led education on women's health and treatment and the study found that the role of health workers in the community and knowledge of and access to primary gynecological care – emerged as areas for strengthening future interventions [10]. EidFarrag R *et al.* conducted a study on the effect of educational support programs on self-esteem and marital relations between women through hysterectomy and the study found that self-esteem and marital relations increased after educational support program [11]. Gercek *et al.* conducted a study on information requirements and self-perception of Turkish women undergoing hysterectomy and the study found that women's information needs were high and women's self-perceptions were negatively affected after hysterectomy. It is recommended that nurses, especially health professionals, should have adequate knowledge of comprehensive care and psychosocial support after hysterectomy [12]. Shirinkam *et al.* conducted a study on sexuality after hysterectomy: A qualitative study on and the study found that women's sexual experiences after hysterectomy exploring fears of sexual behavior and consulting peer groups or psychological consultations for partners before hysterectomy can help clarify the side effects of surgery and reduce fear [13]. Chae *et al.* conducted a study on the relationship between stress coping, partner support, deliberate reflection, and post-traumatic growth in women with hysterectomy and the study found that to increase the post-traumatic growth of subjects with hysterectomy, intervention programs are needed to improve deliberate reflection to effectively deal with the trauma they have experienced [3].

Although research on several interventions to increase self-acceptance after hysterectomy has been widely carried out, in general, none of the above studies have explained the importance of husband support and health workers in increasing self-acceptance after hysterectomy [14]. Several studies such as Elmoneim *et al.* conducted research on the Effect of Roy's Adaptation Model on Sexual Function and Couples Support among Women after Total Hysterectomy and the study found that the effectiveness of educational programs based on Roy's adaptation model had a positive effect on sexual function and partner support in among women with hysterectomy. Shirinkam *et al.* conducted a study on sexuality after hysterectomy: A qualitative study on and the study found that women's sexual experiences after hysterectomy exploring fears of sexual behavior and consulting peer groups or psychological consultations for partners before hysterectomy can help clarify the side effects of surgery and reduce fear. Desai S *et al.* (2017) conducted a study on the effects of public health worker-led education on women's health and treatment and the study found that the role of health workers in the community and knowledge of and access to primary gynecological care – emerged as areas for strengthening the future interventions. Uskul *et al.* (2003) conducted a study on women's hysterectomy experiences and decision-making and the study found that the most of the participants' information about symptoms and possible treatment came from their consultations with other women with similar problems. The women reported that their gynecologist did not initiate a comprehensive discussion of other treatments and their advantages and disadvantages [15], [16].

The discussion above shows that husband and health workers support as an intervention to increase self-acceptance after hysterectomy [3]. Therefore, this study aims to propose a combined intervention between husband's and health workers support that can increase self-acceptance after hysterectomy [4].

Methods

Data obtained from women after hysterectomy as many as 113 people who live in Surabaya. The data obtained are based on data from the Hospital of Islam Surabaya Jemursari and the Hospital of Islam Surabaya Ahmad Yani. Respondent data obtained through the Self-Acceptance - Scale for Persons with Early Blindness questionnaire to measure self-acceptance and a questionnaire containing support to measure support from husbands and health workers [5]. Data analysis was performed with Chi-square statistical test with significant $p < 0.05$. The results of the analysis can be concluded that if $p < 0.05$ then H0 is rejected, meaning that the husband and health workers support is related with self-acceptance after hysterectomy and if $p > 0.05$ then H0 is accepted, meaning that there are

no correlations between husband's and health workers' support with self-acceptance after hysterectomy. Ethics approval gained from Rumah Sakit Islam Surabaya Jemursari number 046/2021. This study complied with all regulation and informed consent was obtained.

Ethics approval and consent to participate

This study was approved by Health Ethics. Health Research Ethics Committee of Jemursari Islamic Hospital Surabaya, No. 046/KEPK-RSI-JS/VIII/2021 (August 21, 2021). All participants agreed to join this study and provided written informed consent, they were allowed to withdraw during this study and this research was also anonymous and voluntary.

Results

Respondents characteristics

Table 1 shows that the most of the 113 respondents (59.3%) were in early adulthood. Almost all (76.1%) of the education levels are highly educated. The parity almost all (84%) are multipara and most (56.4%) the knowledge are high.

Table 1: Frequency distribution of respondent characteristics

Characteristics	Respondent (n = 113), f (%)
Age (years)	
Late adulthood (36–45)	46 (40.7)
Early adolescence (46–55)	67 (59.3)
Education	
Basic	17 (15)
Intermediate	10 (0.8)
High	86 (76.1)
Parity	
Primipara	18 (16)
Multipara	95 (84)
Knowledge	
Low	35 (31)
Medium	44 (39)
High	34 (30)

Table 2 shows that the most of the 113 respondents (59.3%) are intermediate husbands support. Most (53.1%) are intermediate health workers support and almost half (47%) of the self-acceptance was intermediate.

Table 2: Husbands support, health workers support, and self-acceptance after hysterctomy

Characteristics	Respondent (n = 113), f (%)
Husband's support	
Lack	20 (17.7)
Intermediate	67 (59.3)
Good	26 (23)
Health team support	
Lack	27 (23.9)
Intermediate	60 (53.1)
Good	26 (23)
Self-acceptance	
Lack	31 (27.4)
Intermediate	53 (47)
Good	29 (25.6)

Table 3 shows that of the 67 respondents who with husband's support, most (52.2%) of the self-acceptance is moderate. Meanwhile, of the 60 respondents with health workers support, most (53.3%) the self-acceptance is moderate. The results of cross-tabulation the correlation between husband's and health workers support with self-acceptance after hysterectomy were analyzed using the Chi-square test, the result was p = 0.000 which means that there is a correlation between husband's and health workers support with self-acceptance after hysterectomy.

Table 3: Correlation between husband's and health workers support with self-acceptance after hysterectomy

Variable	Self-acceptance, f (%)			
	Low	Moderate	High	Total
Husband's support				
Low	5 (25)	9 (45)	6 (30)	20 (17.7)
Moderate	18 (26.7)	35 (52.2)	14 (20.7)	67 (59.3)
High	8 (30.8)	9 (34.6)	9 (34.6)	26 (23)
Health workers support				
Low	9 (33.3)	12 (44.4)	6 (22.2)	27 (23.9)
Moderate	15 (25)	32 (53.3)	13 (21.7)	60 (53.1)
High	7 (27)	9 (34.6)	10 (38.4)	26 (23)
p				0.000

The results showed that there was a correlation between husband and health workers' support with self-acceptance after hysterectomy with p = 0.000. Husband's support makes a big contribution to the respondent's self-acceptance process, especially if it begins with full support when hysterectomy is to be carried out so that a sense of optimism and confidence will grow toward any conditions that will occur after the hysterectomy.

The results showed that there was a correlation between husband's and health workers' support for self-acceptance after hysterectomy with p = 0.000. Husband's support makes a big contribution to the respondent's self-acceptance process, especially if it begins with full support when a hysterectomy is to be carried out so that a sense of optimism and confidence will grow towards any conditions that will occur after the hysterectomy.

Discussion

The support of health workers has a very big influence on self-acceptance after hysterectomy. The support of health workers, both nurses and doctors, is to provide health education about hysterectomy which includes a description of hysterectomy, examination, treatment, effects, and prevention about the effect of hysterectomy, both before and after surgery have positive effect on sexual function and spousal support among women with total hysterectomy [6]. Correct knowledge of something will have a positive impact on someone in living life after hysterectomy so that the quality of life will be good [15]. This is in accordance with research from Thakar which states that post-hysterectomy self-acceptance is influenced by psychological conditions, namely, the presence of social support (husband, family, and health workers) [17].

Psychological factors also affect self-acceptance after hysterectomy because they

consciously and positively believe that hysterectomy does not have a negative impact on life with their partner [18]. Research by Wulandari, B (2016) found that the most of the results of self-acceptance after hysterectomy were in the good category, this was related to the loss of the main complaint, the loss of anxiety, and the attitude and attention of the partner. Another study from Anindyawati, A (2016) is the existence of fear, distrust after hysterectomy, and the patient's psychological response due to side effects of therapy [6]. Hence, it takes emotional support from the husband and information support from health workers about hysterectomy and its treatment [19].

Several factors that influence self-acceptance after hysterectomy besides husband's support and health workers support are age, education, number of children, and knowledge about hysterectomy. Based on Table 1, the results show that most (59.3%) are in early adulthood, this shows that the most of the respondents are in their productive period. In general, at that age, they are in a mature physical and psychological state, so that everything that happens in their life will be considered good and bad (Sardeshpande, 2014). At that age, the psychological condition is in the maturity phase of living in pairs at the highest level so that problems related to reproductive symbols will be discussed together with the partner so that decisions will be made that can benefit both [20].

Based on Table 1, almost all (76.1%) of the respondents' education have higher education. The high level of education possessed by respondents is because the most of the respondents live in big cities where education and life are modern. The number of diverse and quality universities motivates city dwellers to compete in pursuit of the best education to improve their standard of living[21]. Higher education will influence a person to seek information about everything that happens in his life so that when a person faces life's problems, it will be easy for him to find the best solution [17]. Self-acceptance in post-operative patients can be increased with knowledge and knowledge will be obtained well when a person has higher education [18].

Based on Table 1, almost all (84%) of parity status were multiparous or had more than 1 living child. The number of children owned by respondents is mostly more than 1 which can be related to age, where the age of most respondents is 46–57 years, thus respondents have gone through the marriage process for a long time and include the age of having many children [19]. The number of children can affect a person in accepting himself after undergoing a hysterectomy because the more children they have, the more they consider themselves perfect [12].

Based on Table 1, almost half (39%) of respondents' knowledge about hysterectomy is moderate, this is because knowledge about hysterectomy is new knowledge for respondents and is not general knowledge that is easily conveyed by anyone but competent people in their fields who can convey information about hysterectomy and treatment [18]. This is in accordance with the research of Thompson, J. C *et al.* 2016 that health workers can provide health education about hysterectomy and its treatment to patients, husbands, and families during pre- and post-surgery [8], [21].

Conclusions

The purpose of this study was to determine the correlation between husband's and health workers support with self-acceptance after hysterectomy. This study found the importance of husband and health workers support to increase self-acceptance. The nurse's role in this case is as an educator, namely, providing information about hysterectomy and care givers before, during, and after hysterectomy. Suggestions for further researchers are to add qualitative methods, variables, number of respondents, and expand the research area.

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