Assess the level of family support and quality of life of women underwent hysterectomy

Viji A

Abstract

Background: Family support may of course occur naturally through informal support system of kin, neighbors and friends. It seeks to compensate family members for the disability effects of disorder or adversely in their present or earlier life. Family support has a crucial role to play in the process of adapting to stressful life situations like hysterectomy.

Aim: To assess the level of family support and quality of life of women underwent hysterectomy.

Setting and Design: The study was conducted in Obstetrics and Gynaecology Out-patient Department at S.R.M. General Hospital, Potheri, Chennai by using a descriptive survey design.

Samples and sampling technique: Sample of 100 women underwent hysterectomy were chosen as a study sample by using non –probability sampling technique.

Statistical Analysis Used: The collected data was organized, tabulated, analysed and interpreted by using descriptive statistics like actual numbers and percentages, mean, standard deviation and inferential statistics like Chi-square test.

Results: It shows that, 95 (95%) of the women were having high family support and only 5(5%) of them were having moderate family support and none of them were having low family support and 73(73%) of the women were having neither poor nor good quality of life, 18 (18%) of them were having poor quality of life, 9(9%) of them were having good quality of life and none of them were having very poor or very good quality of life.

Conclusion: The results of the study concluded that rendering family support and nursing education to women who underwent hysterectomy was effective in improving quality of life.

Keywords: Family support, quality of life, hysterectomy

Introduction

India is a land with unique culture and tradition. India is also a developing Nation, which has developed amidst lot of binding practice of culture and tradition. The quality of life for the Indian was just survival for today, with no relevance to the future. Hysterectomy is surgical removal of uterus usually performed by gynecologists.

Family support may of course occur naturally through informal support system of kin, neighbors and friends. It seeks to compensate family members for the disability effects of disorder or adversely in their present or earlier life. Family support has a crucial role to play in the process of adapting to stressful life situations like hysterectomy. The family members who provide support will help the individual concerned to exercise her mental resources as fully and effectively as possible and the support recipient will utilize the support in order to cope with stressful situation. On the other hand, the people who provide support also share the burden of the situation with the person concerned.

Over worldwide, 18.5 million of women are undergoing hysterectomy annually. In India, 23, 10, 263 women are undergoing hysterectomy annually. Significant number of women undergo hysterectomy in their 30s and 40s. The number of hysterectomies being performed has been increased now. One in four women undergo hysterectomy before age of 60 years. 55% of all hysterectomies are performed on women ages between 35 to 49 year. In Tamil Nadu, 2, 31, 026 women are undergoing hysterectomy annually.

Research Design: Descriptive survey design.
**Research Setting:** The study was conducted in Obstetrics and Gynaecology Out-patient Department at S.R.M. General Hospital, Potheri, Chennai.

**Sampling Technique:** Non probability sampling technique.

**Sample Size:** A Total of 100 women underwent hysterectomy were chosen as a study sample.

**Data collection procedure:** The study was conducted from 01-08-08 to 31-08-08. During this period hundred patients who underwent hysterectomy who met the inclusion criteria were selected by using non-probability convenient sampling technique. The samples were seated comfortably and a brief introduction about the investigator and study were given. Consent was taken from the sample. Confidentiality of the responses were assured. The data was collected by interview method. The tool used to collect data was consisting of three parts (demographic data, family support scale and quality of life scale). Structured questionnaire was given to women to obtain demographic variables and the level of family support was assessed by using Three point rating scale ranged from 1 to 3 which were characterized as almost never, some of the times & almost always and the quality of life was assessed by using Five point rating scale ranged from 1 to 5 which were characterized as very poor, poor, neither poor nor good, good & very good. A time limit of 30-45 minutes was taken for the investigator to collect data from each sample. The data gathering process was continued till the sample size was 100. Collection of data was performed within the stipulated time of four weeks.

**Statistical Analysis Used**
Statistical analysis is a method for rendering quantitative information meaningful and intelligible. This enables the researcher to summarize, organize, evaluate, interpret and communicate numeric information. The data collected for the study was grouped and analyzed as per the objectives set for the study.

**Frequency and percentage distribution of level of family support of women underwent hysterectomy.**

![Fig 1: Percentage distribution of level of family support of women underwent hysterectomy.](image)

It is evident that, 95(95%) of the women were having high family support and only 5(5%) of them were having moderate family support and none of them were having low family support.

**Frequency and percentage distribution of level of quality of life of women underwent hysterectomy.**

![Fig 2: Percentage distribution of level of quality of life of women underwent hysterectomy.](image)

It is evident that, 73(73%) of the women were having neither poor nor good quality of life, 18(18%) of them were having poor quality of life, 9(9%) of them were having good quality of life and none of them were having very poor or very good quality of life.

**Correlation between family support and quality of life of women underwent hysterectomy.**

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Fig 3: Scatter diagram shows the moderate correlation between family support and their Quality of life of women underwent hysterectomy.

It is evident that, there was moderate positive significant correlation found between family support and quality of life of women underwent hysterectomy.

**Association of level of family support of women underwent hysterectomy with their demographic variables**

There was a significant association found between the level of family support of women with some demographic variables such as age, residence and husband status where as, there was no significant association found between the level of family support of women with other demographic variables such as education, occupation, income, type of family, no of family members, reason for hysterectomy and duration after hysterectomy.

**Association of level of quality of life of women underwent hysterectomy with their demographic variables**

There was a significant association found between the level of quality of life of women with some demographic variables such as age and husband status where as, there was no significant association found between the level of quality of life of women with other demographic variables such as education, occupation, income, residence, type of family, no of family members and reason for hysterectomy.

**Conclusion**

The present study assessed the level of family support and quality of life of women underwent hysterectomy in SRM General Hospital Potheri. The results of the study concluded that rendering family support and nursing education to women who underwent hysterectomy was effective in improving quality of life.

**References**