

STUDENTARBEID

HOME ASSIGNMENT.
**SOGN OG FJORDANE UNIVERSITY
COLLEGE.FACULTY OF HEALTH STUDIES**

TOPIC; PSYCHOSOCIAL CARE AFTER
HYSTERECTOMY IN NORWAY AND ZAMBIA.

DELIVERY DATE; 14.12.2012

NAME; MIRRIAM NCHIMUNYA MWEEMBA

NUMBER OF PAGES; 11

CANDIDATE NUMBER; 2.

TABLE OF CONTENTS

Contents.....	i
INTRODUCTION.....	1
PSYCHOLOGICAL IMPLICATIONS.....	4
ANALYSIS.....	5
CHALLENGES.....	6
CONCLUSION.....	7
RECOMMENDATIONS.....	8
REFERENCES.....	10-11

INTRODUCTION

Hysterectomy is one of the most frequently performed major surgical procedures and therefore, its consequences concern a large number of women (Rannestad, 2005). Psychological and emotional factors play a large part in patients who are anticipating or who have had hysterectomy. As much as it is a curative measure, hysterectomy can alter sexuality and body image. This can have a major effect on some women's feminine identity, including feelings of shame, embarrassment and other negative emotions (Herbruck,2009).For anyone to be faced with a challenge of having part of the body removed, it brings a lot of fear and unanswered questions. Therefore, providing these patients with adequate psychological care is very critical to help them cope up with the challenges that go along with this condition and also to help improve their quality of life thereafter. Therefore, holistic health care is necessary to identify the psychological needs of the patient and help them face some of these major challenges. It is also important for the nurse to address these fears and unanswered questions in order to promote good quality of life after the hysterectomy.

During a six weeks practical experience in the gynecology ward at Forde Central Hospital, in a nurses exchange program between Norway and Zambia, the author had an opportunity to nurse women undergoing hysterectomy. This study is aimed at discussing the psychosocial implications of hysterectomy on a woman and her partner, it is going to look at the nursing care given before and after operation in Norway and contrast it to the way it is done in Zambia, and bring out some of the challenges. The author will also refer from literature and personal experience from Zambia where she has worked for 13 years.

HYSTERECTOMY

A hysterectomy is an operation to remove a woman's uterus (Todd 2012). There are several reasons why a woman may have a hysterectomy. The focus is on causes due to benign tumours (Non Malignant).The most common being:

- (1) *Uterine fibroids*, which are benign tumors that arise from the uterine muscle tissue. The signs and symptoms include pelvic pressure, dysmenorrhea, excessive bleeding, which leads to signs and symptoms of anaemia like fatigue, weakness and lethargy.
- (2) *Endometriosis*, which is an abnormal condition in which endometrial tissue is found in internal sites other than the uterus. For example, the tissue relocates into the pelvic

cavity. Manifestations include; menstrual irregularities, dyspareunia, pain before and during menstrual periods and infertility.

- (3) *Abnormal Uterine bleeding*, this is due to endometrial hyperplasia and over-thickening of the uterine lining that may cause abnormal bleeding, leading to anaemia (Herbruck, 2009).

Hysterectomy is usually considered only after all other treatment approaches have been tried without success. Depending on the reason for the hysterectomy, a surgeon may choose to remove all or only part of the uterus (Todd, 2012). According to (Johns Hopkins medicine) there are different methods used in hysterectomy which are:

- 1 *Abdominal hysterectomy*- where the uterus is removed through the abdomen via a surgical incision about six to eight inches long. It is most commonly used when the uterus is enlarged or when the disease has spread to the pelvic cavity.
- 2 *Vaginal hysterectomy*- This is where the uterus is removed through the vaginal opening.
- 3 *Laparoscope assisted vaginal hysterectomy*-where vaginal hysterectomy is performed with the aid of a laparoscope a thin, flexible tube containing a video camera, the tubes are inserted through tiny incisions in the abdomen and then the uterus is removed in sections through the laparoscope tube or through the vagina.

The benefits of vaginal hysterectomy which is commonly performed in Norway are shorter duration of hospital stay, speedier return to normal activities, and fewer wound or abdominal wall infections (Johnson N et al).

Nursing care.

In Norway, hysterectomy operations are done at referral hospitals like the central hospital where the author was attached. Most of the patients who came for elective hysterectomy were generally elderly aged 50 years and above with a few aged between 40 and 49 years. On average, the gynecology ward received 2 to 3 clients per week coming for hysterectomy. The operation was done as an elective surgery. The patients came for admission a day before operation. Once admitted in the hospital, patients would be prepared pre operatively and few guidelines are told since the patient would have already been fully informed about the operation by the Doctors from the gynecology clinics. The nurses were responsible for preparing the patient and reinforce on psychological care that was initially given. After hysterectomy the patients were assigned to their own gynecology nurses per shift who were responsible to perform nursing care and attend to their needs.

The author also participated in the same. Each nurse would look after one or two patients with a maximum of three. This type of nursing model is referred to as *primary nursing*, where each client is assigned a primary nurse who is a Registered Nurse (RN), and that nurse provides care for that client when he or she is working (Pike, 2009). This type of nursing care allows the nurses to carry out their duties in an organized manner. The patients were ambulated the same day after operation, this was done by the primary nurse who would walk the patient around in the room and this led to patients having few days of hospital stay for they were discharged on the second or third day. Early ambulation is very important in the care of hysterectomy patients. During this time the nurses observed for signs of depression post operatively and offered psychological care. The author also observed that most Norwegian women were educated which made it easy for them to understand and cope well post operatively.

On the other hand in Zambia, specifically Livingstone General Hospital (L.G.H) - where the author comes from, once the patient is admitted in the gynecology ward, pre operative care starts. The nurses give psychological care to the patients in order to make them understand and make well informed decision to consent to the operation. The decision to undergo an operation is not made by the patient alone, relatives are involved. Once the decision is made the consent is signed and the patient is prepared a night before the operation. The anesthetist and the surgeon would review the patient as well. L.G.H does not have a recovery room, so after the operation patients are taken back to the ward to be monitored by the ward nurses. The patients usually would be nil orally for 24 hours after abdominal hysterectomy, which is the common approach to the surgery in Zambia, then start on sips, fluids, and semi solid foods by the third day and they will be encouraged to ambulate. However, in the ward the nurses are expected to attend to a lot of tasks like giving medication, carrying out all the investigations, ordering drugs, doing doctors rounds and report writing just to mention a few. This puts pressure on the nurses and it affects the psychological care that should have been given to the patient. Discharge is usually on the fourth or fifth day if there are no complications.

In the author's experience, most women who come for hysterectomy at L.G.H are not well educated, which may have an effect on the way they understand the relevant information regarding hysterectomy.

PSYCHOSOCIAL IMPLICATIONS

A hysterectomy represents an end to a woman's childbearing years. Facing the reality of such a change may prove challenging. Even women with children or those who never wanted any may feel sad about this loss (Blake 2010). This may affect their psychological and social wellbeing. Some of the psychological effects are directly influenced by the cultural beliefs and practices of the ethnic group from which the patient hails from. Culture is defined as shared beliefs and values of group, that is, the beliefs, customs, practices, and social behaviour of a particular nation or people (Encarta 2008). Beliefs about hysterectomy vary from one culture to another. In a study conducted in Mmabatho University of Bophuthatswana in south Africa by Mwaba and Letloenyane, it revealed that cultural beliefs had influences on many women. They believed that hysterectomy went against their culture and gave reasons such as "It is a taboo for a woman to stop bearing children before menopause", Hysterectomy changes a woman into a man" and, "A woman would lose her physical attractiveness". According to the author's experience, this is in line with beliefs that exist in Zambia. In Ghana Blankson (1999) states that there is a Yoruba saying which says "*Children are the cloth of the body. Without children, you are naked.*" A man's wealth may be measured in part by the number of children he has and a woman's value to her husband is determined by her ability to bear children. He further states "Children are precious gifts of God and our expressions of our love. They enrich our lives and provide line of lineage to sustain humanity. Children are also status symbol in Ghana and all married adults are expected to have children. In the past, the greater the number of children you had, the higher the respect you earned in the society. It is also a fact that in Ghana children are the focus of marriage. *Marriages without children are, therefore, seen as a bad omen and prone to failure.*

Frank & Henry (2009) observed that some of the community effects of barrenness include status and respect loss including considered as a social failure; ridicule including insults and verbal abuse; stigmatization or recognizable marginalization and isolation (including exclusion from ceremonies and social gatherings; rejection and being considered as an outcast and physical abuse perpetrated by community members.

However, a study done by Rannestad, T, (2005) states the new female role, where an active life and control over one's own life is highly valued. This may mean women in developed

countries like Norway are less affected by hysterectomy compared to those in developing countries like Zambia.

Psychological Effects

Hysterectomy increases the risk of depression in women (Sehlo, M.G. and Ramadan, H, 2010). Furthermore, when reproductive ability is lost, the client may undergo a grief response. It is important for the nurse to understand the grieving process and to be able to help the woman understand that this response is normal (Herbruck, 2009). Additionally, according to a study by Wade, et al. (2000), some women described emotional distress which continued for months after hysterectomy and noted that they had not received desired information and support. In line with this finding, the author can safely suggest that the nurse has a huge responsibility to offer the much needed information about the psychological effects of hysterectomy prior to surgery.

Pain and Sexual effects

Pain and sexual impairments appear to be associated more with abdominal hysterectomy compared to other approaches and can vary from one individual to another. Painful intercourse may also result from possible scarring, narrowing and shortening of the vagina during removal of the cervix and uterus (Flory, et al. 2005). Therefore, it is important to involve these women's sexual partners in the psychological preparation by enhancing their understanding of hysterectomy in order to adopt and clarify the importance of their role. This is in line with Hoga, et al. (2011), who stated that husbands may want to be supportive of women undergoing hysterectomy but they may not know the best way to give support.

Few studies have actually evaluated vaginal length following hysterectomy: In some cases the hysterectomy resulted in a vaginal shortening of 1-4cm, which interfered with intercourse (Flory et al (2005). The interference of intercourse can seriously affect the marital life of the couple.

ANALYSIS

Despite the fact that women get some form of relief as a result of hysterectomy, they experience a sense of incompleteness (Herbruck, 2009). In the ward where the author was

attached, nurses spent quality time talking to the patient after hysterectomy in order to alleviate their anxiety that might lead to depression. As the author noted, after the hysterectomy, some patients would become too emotional and break into tears. Therefore, psychological care in hysterectomy patients is important because patients acquire information which may help alleviate their anxiety.

In a study in the Brazilian context, it demonstrated that women had a strong fear related to loss of their uterus. According to their experiences, the men consider women without uterus as “cold”, “empty”, or “incomplete”. The existence of a strong cultural value attributed to the body’s integrity, and the significant stigma suffered by women without a uterus could be observed (Oliveira and Hoga, 2005). Andrews (1997a) states that among some West Indians, following hysterectomy, a woman might be seen as less of a woman in the eyes of a man. Among the Muslims, hysterectomy can be devastating as their cultural role is dependent on fertility Andrews (1997b).

The foregoing is an indicator that in most cultures, especially in Africa the psychosocial effects of a hysterectomy have devastating implications on women. The question one might ask is what kind of psychological care is needed in such a hostile environment to ensure that the quality of life for such patients is guaranteed? The simple answer is, “a lot”. Psychological care for the sake of taking an operation is not enough. Perhaps more counseling appointments could be necessary for most cultures especially those of the African descent where the author comes from.

On the other hand, it should also be appreciated that as much as hysterectomy has these negative psychosocial effects, it can also enhance a sense of well being. Positive outcomes of hysterectomy include decreases in chronic pelvic pain and pain during intercourse as well as elimination of menstrual pain and dysfunctional uterine bleeding. This is also supported by Blake (2010), who states that often, women who have endured chronic pain for years become pain free and not having to deal with menstruation, which certainly has its benefits-especially if one experienced heavy bleeding and serious cramps. A hysterectomy can give such a one that enhanced sense of well-being that accompanies a good sex life. Furthermore, Hoga, et al. (2011) found that some men whose wives underwent hysterectomy revealed that their sexual intercourse improved because their wives showed an intense sexual desire and a better sexual performance. For other men, the

wives seemed more tranquil and attractive after surgery.

What are some of the challenges faced when giving psychosocial support in Zambia?

- As a result of the strong belief in child bearing and the strong attachment to a child in the Zambian culture and indeed most African cultures, it becomes a big challenge for the medical personnel even to convince women to give consent to take a hysterectomy. Even in an event where there is consent, no amount of counseling is sufficient to prepare a woman to cope up with the hostility of the community surrounding her as to regard to barrenness.
- In Zambia, there are very few institutions that offer professional counseling. Therefore, combined with low nurse-patient ratio, it becomes difficult for the few counselors to give effective counseling to patients to enable them stand the hostility of their environment in respect to their condition. Therefore, the major focus of the counseling here is mainly medical, hence the need for the nurse to give a holistic and comprehensive psychological care that should not only involve the woman but the man as well if the quality of life for the patient is to be guaranteed. Therefore, psychological care for the sake of the operation is not enough.
- In Zambia decision making is not done by an individual. Family members and other extended members of the family are also involved. Therefore, it is so difficult for the women to decide on their own to undergo a hysterectomy before these relatives are informed. Sometimes these relatives might not allow her to undergo hysterectomy and instead they would decide to use the traditional medicine. This poses a challenge to the nurse who would want to give psychosocial care to the women and improve their quality of life.

CONCLUSION

Hysterectomy always implies that the woman will never have children in her life time. Looking at the importance society attaches to a child in marriage in the foregoing, it is obvious that women that undergo the operation of hysterectomy suffer from a lot of psychological, psychosocial and emotional effects. Apart from loss of body image, the effects of hysterectomy can predominantly be looked at from its effects associated with unavoidable or the resultant barrenness that is linked to it. Therefore, the nursing care that should be given to hysterectomy patients must give the medical, psychosocial,

psychological and emotional care the same weight. This is important because society does not take kindly a woman that is not able to give it its most prized gift- the child. This is revealed in the fact that the effects of hysterectomy as it relates to child bearing are heavily influenced by the culture and the cultural practices of the tribe from which the patient comes from. In Zambia, and indeed where this problem has more effects on the lives of women, there are fewer medical personnel that can give comprehensive psychological care to patients. As a result, deliberate policy by government to increase number of medical personnel to reduce the patient medical personnel ratio is the only way that can reduce the gap between the Quality of health services provided in Norway and that provided in Zambia. To enhance psychological and psychosocial care that these patients desperately need, involving women that have had a hysterectomy in giving counseling will not only give the empathy these patients need but can also be a way of increasing awareness of this condition in the community and the necessity to take it in order to improve the quality of life of women.

RECOMMENDATIONS:

To carry out an effective psychosocial care that would improve the quality of life for hysterectomy patients in Zambia, the following recommendations are made:

- Women undergoing hysterectomy express a need for information for both themselves and their partners. In *Zambian* set up men do not fully participate in women's gynecology programmes, this therefore, means that they might lack the understanding that is needed in support of a woman whose life style may change due to a removal of part of her body. Hence measures should be put in place to enlighten and encourage them to fully participate at all stages in their women's care.
- It is clear that hysterectomy has some implications that may be devastating to a woman in some cultures. It therefore, means that, for women especially those coming from cultures that consider child bearing as a very critical component in the life of a woman, hysterectomy treatment solves one problem and creates another. This therefore means there is need to spend much time in giving health education to the patient, family and community in order to dispel the myths and misconception

about hysterectomy so that women can seek medical attention early and freely.

- More research should be done on the negatives and the positives of hysterectomy, it is not very clear as which one outweighs the other. Identify which women are mostly affected so that special attention is directed to them.

In Africa and in Zambia to be specific, this poses a big challenge for health personnel to perform their duties in a conducive sphere because of so many obstacles, like the number of doctors is not enough to be able deliver the best for the benefit of the patients. As much as they would want to do their best the workload is too much for them. This shortage of staff first and foremost is attributed to inadequate training facilities for medical personnel. Therefore, only a few are trained at a time. Secondly, in Zambia the individual has to pay for their education and very few people manage to go to college to access this education. Therefore this only leaves a few privileged ones to access this education and the few lack ones who access government bursaries. So there is need for the government to make health education free as it does for the army and police. In any field of choice are limitless because of free education. Lastly but not the least, brain drain has had its own toll in reducing medical personnel. In the light of this there is need for the Government to have different and better conditions of service for medical personnel from the rest of the civil service because a health people mean a health nation.

This is work that government can do through increasing enrolment levels of medical professionals in institutions of learning by lowering the entry requirements and building more health related institutions of learning. This will help to reach the standard that is obtaining in Norway.

REFERENCES

Andrews G.,(1997) Women's Sexual Health .London: Bailliere Tindall

Bailey, R.,and Clark,M.,1989.Stress and Coping in nursing.London.with Chapman and Hall.

Clark,J.,1993. Hysterectomy and the Alternatives.London Virago Press.

DeSandies.M.D .Hysterectomy Advice from Oxon Hill,Gynaecologist.Available:

www.hysterectomyadvice.com. Accessed;(9 December,2012)

Encyclopedia of Surgery . Hysterectomy . Available;

<http://www.surgeryencyclopedia.com/Fi-La/Hysterectomy.html>

Flory,N., Bissonnett, F., and Binik, M.Y., 2005.Psychosocial effects of hysterectomy
Literature review:Journal of psychosomatic Research(59) pp 117-129

Frank & Henry (2009) The Social and Cultural Consequences Of being Childless in poor
resources. http://issuu.com/walkingegg/docs/van_balen

Retrieved on 02/12/12

Heisler. J. (2012); In depth overview of hysterectomy surgery. Available:
<http://surgery.about.com/od/proceduresaz/ss/Hysterectomy.htm>

accessed: (5 December,2012)

Herbruck, L.M. Management of women with reproductive Disorders in Black,J.M and
Hawks,J.H (2009).Medical-Surgical Nursing.Clinical Mangement for positive outcomes.8th
ed.st.Louise:Saunders Elsevier

Hilary, W. Johns Hopkins Medicine, Health Library : Hysterectomy

http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gynecology/hysterectomy_procedure_92,P07777/ Accessed on(7 December,2012)

Hoga, L.A.K., Higashi,A.B., Sato,P.M., Bozzini,N., Baracat,E.C and
Manganiello,A.,2011.Psychosexual Perspective of the Husbands of Women Treated with an
Elective Hysterectomy: Health Care for Women International. (33) pp799-813

Hoga L.N.K.,Mello, D.S.,&Dias, A,F(. 2011). Psychosocial perspectives of the Husbands of
Women Treated With an Elective Hysterectomy.Department of Gynaecology,Faculty of
Medicine, University of Sao Paulo, Brazil

(Kaye,.D.) Childlessness Transformed: Stories of Alternative Parenting

A Cross Cultural and Historical Overview of the Roles of Childless People - <http://www.eheart.com/BOOKS/childless/history.html> Retrived on(2 Deceber,2012)

(Obi,A.;C) Marriage Among the Igbo of Nigeria

<http://www.afrikaworld.net/afrel/igbo-marriage.htm> Retrieved on 02/12/12

Pike, M.E.(2009) Acute Health Care:in Black, J.M and Hawks, J.K.,(2009). Medical-Surgical Nursing. Clinical Management of Positive Outcomes. 8th ed. St. Louis: Saunders Elsevier
Rannestad,T., 2005. Hysterectomy: effects on quality of life and psychological aspects. Best Practice & Research Clinical Obstetrics and Gynaecology Vol. 19. (3) pp 419-430.

Todd, N. (2012). Hysterectomy. WebMD Medical Reference. Available at: <http://women.webmd.com/guide/hysterectomy>. (Accessed on 10th December 2012)

Walsgrove ,H (2001) Nursing Standard Hysterectomy Available : .
<http://nursingstandard.rcnpublishing.co.uk/archive/article-hysterectomy> Accessed (8
thDecember,2012)