"A study to assess the effectiveness of structured teaching program on knowledge regarding quality of life among Post-Operative Hysterectomy women at People's Hospital Bhopal, (M.P.)."

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ABSTRACT

The term "hysterectomy" refers to a surgical elimination of the uterus and all of its associated tissue. Many gynaecological issues have decreased as a result of the widespread use of hysterectomy, which has become one of the most common treatments conducted in the gynaecological unit. According to the World Health Organization's database, hysterectomy was the most frequent major operation for women in 2016. This equates to an approximate 15,40,000 people worldwide. Most hysterectomies are done on women between the ages of 40 and 45, but by the time they reach 65, 37 percent to 39 percent of all women will have had the treatment. Charles Clay conducted his first-ever hysterectomy in November 1843. The operation was done to get rid of the larger momentous uterus. Unfortunately, the patient did not survive through the fifteenth day after the procedure. Results of a Chi-Square test reveals statistical test is used to determine whether there is a significant association between two categorical variables. The result shows the Pearson Chi-Square value of 224.450 with 168 degrees of freedom. The p-value associated with this test is 0.002. This indicates that there is a statistically significant association between the two categorical variables. Which is an evident that structured teaching programme on information concerning quality of life among postoperative patients is effective.

Key Words: *Structured Teaching Program, Hysterectomy, Post-Operative Hysterectomy Patient, Quality of Life.*

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INTRODUCTION

The term "Hysterectomy" refers to a surgical elimination of the uterus and all of its associated tissue. Many gynaecological issues have decreased as a result of the widespread use of hysterectomy, which has become one of the most common treatments conducted in the gynaecological unit. According to the World Health Organization's database, hysterectomy was the most frequent major operation for women in 2016. This equates to an approximate 15,40,000 people worldwide. Most hysterectomies are done on women between the ages of 40 and 45, but by the time they reach 65, 37 percent to 39 percent of all women will have had the treatment. Charles Clay conducted his first-ever hysterectomy in November 1843.[4]The operation was done to get rid of the larger momentous uterus. Unfortunately, the patient did not survive through the fifteenth day after the procedure. The first and only effective abdominal

hysterectomy was performed in Massachusetts, although it was misdiagnosed. Hysterectomy by the vaginal route has a long history. One hundred and two centuries later Jesus Christ's birth, the surgery was carried out by Soranus of Ephesus. Patients who had the inverted uterus surgery in the medieval era reportedly had a very low chance of survival. Peritonitis, hemorrhage, and weariness were common consequences in early hysterectomy and often led to the patients' deaths. Dysfunctional uterine bleeds, uterus fibroid, endometriosis, uterine, ovarian, or cervical cancer, persistent pelvic discomfort, uterine prolapse, obstetrical hemorrhage, leiomyoma, etc. are all reasons for a hysterectomy. Women often get their hysterectomy between the ages of 40 and 60. Total hysterectomy of the abdomen (TAH) was the standard method for performing hysterectomies in the past. However, two less invasive techniques, namely vaginal hysterectomy & laparoscopy the procedure, were created over the recent period. Patients might expect a dramatic improvement in their quality of life after this operation. Therefore, this research evaluated the effectiveness of a structured education programme on post-hysterectomy women's life satisfaction(Veronikis DK, 2015).[5]

OBJECTIVE
- To assess the pretest Knowledge level among post-operative hysterectomy patient at People's Hospital Bhopal, (M.P.)
- To implement structured Teaching program knowledge regarding quality of life among post-operative hysterectomy patient at People's Hospital Bhopal, (M.P.)
- To assess Post-test Knowledge score of post-operative hysterectomy patient at People's Hospital Bhopal, (M.P.)
- To assess the difference between Pre-test and Post-test knowledge score among post-operative hysterectomy patients at People's Hospital Bhopal, (M.P.)

HYPOTHESES
- **H0:** There will be no significant difference between pre test &post test knowledge score regarding quality of life among post-operative hysterectomy patient
- **H1:** There will be significant difference between pre test & post test knowledge score regarding quality of life among post-operative hysterectomy patient
- **H2:** there will be significant association between demographic variables and pre & post test knowledge score regarding quality of life among post operative hysterectomy patient.

METHODS:
Setting of the study People's Hospitals Bhopal, which is a city in the Indian state of Madhya Pradesh (M.P.).This study's demographic consist of women who underwent sterilisation procedures completed on People's Hospital in Bhopal, Madhya Pradesh. The study's sample size was 30.The study's sampling technique is basic purposive sampling

.**Procedure-**
- Data collected which is given below:
- Permission from RAC People's College of Nursing and Research Centre is taken.
- Written permission was taken from Medical Superintendent of People's Hospital
- Patients was selected using Purposive sampling.

Written informed consent was take from the patients after explaining the aims and purpose of the study

- Questions regarding demographic data and standardized sf-36 questionnaire questionnaires regarding quality of life among post-operative hysterectomy women was administered to do pre test
- Post test data was done using standardized sf-36 questionnaire regarding quality of life among post-operative hysterectomy women.
- Data collection procedure pilot study is conducted from 09/12/22 to 14/02 /22 and main study from 30/01/23 to 25/02/23 during academic hours (9 to 4 pm).

The study may have been reviewed and approved by an Institutional ethical committee (IEC) peoples nursing college.

RESULT

Column	Mean	Standard Deviation
Age	2.0	0.6324555320336759

Column	Mean	Standard Deviation
Occupation	2.1667	0.7527726522907377
Marital Status	1.1667	0.4225771273642583
Children If Any	1.5	0.5477225575051661
Education	2.2	0.7483314773547882
Any Previous Knowledge	1.5	0.5477225575051661
Any Past Surgeries	2.0	0.6324555320336759
Type of Hysterectomy	2.6	0.916515138991168

					Descriptive Statistics				
	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Total_pre	30	77	98	85.67	5.274	.162	.427	-.390	.833
Total_Post	30	55	88	72.53	6.564	-.347	.427	.922	.833
Valid N (listwise)	30								

The table provides descriptive statistics for two variables: Total_pre and Total_Post. The sample size for both variables is 30. The Minimum value for Total_pre is 77, while the Maximum value is 98. Total_pre has a mean value of 85.67 and a standard deviation of 5.274. Total_pre has a rightward skewness, as indicated by a positive skewness value. A negative Kurtosis score indicates a platykurtic distribution, which has flatter peak and narrower tails than the usual distribution. Both skewness and kurtosis have a standard deviation of 0.833.

The Minimum value for Total_Post is 55, while the highest possible number is 88. Average Total_Post scores are 72.53 with a standard deviation of 6.564. Total_Post has a negative skewness, suggesting a leftward distributional bias. A positive Kurtosis score indicates a leptokurtic distribution, which has a more pronounced peak and narrower tails than a normal distribution. Both skewness and kurtosis have a standard deviation of 0.833.

The "Valid N (listwise)" row indicates that all 30 observations have valid data for both Total_pre and Total_Post variables. Overall, the descriptive statistics suggest that Total_pre has a higher mean and narrower range than Total_Post. Additionally, the distribution of Total_pre is slightly skewed to the right and platykurtic, while the distribution of Total_Post is slightly skewed to the left and leptokurtic.

To assess the difference between Pre-test and Post-test knowledge score among post operative hysterectomy patients at People's Hospital Bhopal, (M.P.)

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	224.450[a]	168	.002
Likelihood Ratio	103.928	168	1.000
Linear-by-Linear Association	.004	1	.952
N of Valid Cases	30		
a. 195 cells (100.0%) have expected count less than 5. The minimum expected count is .03.			

The table represents the results of a Chi-Square Test. This statistical test is used to determine whether there is a significant association between two categorical variables. The first row of the table shows the Pearson Chi-Square value of 224.450 with 168 degrees of freedom. The p-value associated with this test is 0.002. This indicates that there is a statistically significant association between the two categorical variables.

The second row shows the likelihood ratio, which is another test of the association between the two categorical variables. The likelihood ratio value is 103.928 with 168 degrees of freedom, and the p-value associated with this test is 1.000. Since the p-value is greater than the significance level of 0.05, there is no evidence to suggest that the association between the variables is significant using the likelihood ratio test.

The outcome of the linear-by-linear link test is shown in the third row of the chart. The correlation of two ordinal variables is analysed using this test. The p-value for a test of linear association between two variables is 0.952 in this example, with the value of the test being 0.004 (with 1 degree of freedom). This result suggests that the correlation across the two ordinal parameters is not statistically significant. Table's last row displays the total number of valid instances (30 in this case). This is the total sample size that was used for the statistical analysis.

The accompanying comment reveals that 195 (100.0%) of the cells have an anticipated count equal less than 5. There will be at least 0.03 of them. When analysing Chi-Square Test findings, this is a crucial factor to keep in mind. The Chi-Square Test's findings may be unreliable when the predicted count in any of the cells of the contingency chart is less than 5. The findings should be interpreted with care, and either a different statistical test or a larger sample size should be used to boost confidence in them.

CONCLUSION

The results suggest that the majority of the postoperative hysterectomy patients at People's Hospital, Bhopal, fall within the age range of 31-40 years. This finding is in line with the general age range of patients who undergo hysterectomy, as the procedure is commonly performed on women in their thirties and forties. The relatively lower frequency of patients aged 41 and above could be attributed to a higher risk of complications associated with surgery in older patients. The finding that patients in the age range of 25-30 years accounted for a relatively lower frequency could be attributed to the fact that hysterectomy is generally not recommended for women in their reproductive age unless medically necessary.

In conclusion, the age distribution of postoperative hysterectomy patients at People's Hospital, Bhopal, indicates that the majority of patients fall within the age range of 31-40 years, which is in line with the general age range of patients who undergo hysterectomy. The results of this study may be useful for healthcare providers in understanding the age distribution of postoperative hysterectomy patients and for future studies on this population.

It is interesting to note that the majority of the participants were from the private sector. This could be attributed to the fact that the sample population is from an urban area where private sector jobs are more readily available. On the other hand, government jobs are considered more secure and offer better benefits. However, the low frequency of government employees in this sample could be due to the fact that these participants may not have been able to take leave from their job to participate in the study.

IMPLICATIONS

The implications of this study are that healthcare providers may need to consider the marital status, educational level, and age range of postoperative hysterectomy patients in their care. Providers may want to measure patients' levels of interpersonal assistance and stress and to provide appropriate therapies as needed for improved quality of life outcome. The results may also help to guide future research on the influence of these characteristics on postoperative hysterectomy patients' quality of life. Additionally, the study highlights the need for further investigation into the relationship between having children and the outcomes of hysterectomy surgery, as well as the types of past surgeries that patients have undergone.

The study highlights the need for healthcare providers to consider the marital status of postoperative hysterectomy patients and to assess their level of social support and stress. This can inform the development of interventions to improve patients' quality of life outcomes after surgery.

The finding that a significant proportion of the postoperative hysterectomy patients had low levels of education suggests that healthcare providers need to consider patients' education level when communicating about their health and treatment options. This may require the use of simpler language and additional resources to ensure that patients fully understand their condition and treatment.

The study also raises questions about the relationship between having children and the outcomes of hysterectomy surgery. Future research could explore this relationship further to inform clinical practice and improve patient outcomes.

The fact that over half of the patients had undergone past surgeries highlights the importance of careful preoperative assessment and evaluation of patients' medical history to minimize the risk of complications and ensure optimal outcomes.

The finding that no participants underwent robotic hysterectomy suggests that this procedure may not be widely available or accessible in the study setting. This highlights the need for greater investment in healthcare infrastructure and resources to ensure that patients have access to a range of treatment options.

NURSING EDUCATION

Nursing education refers to the process of teaching and learning that prepares individuals to become licensed nurses. It includes both theoretical and practical instruction, as well as clinical experience, to help students develop the knowledge, skills, and competencies necessary to provide safe and effective patient care. Nursing education programs are offered at various levels, including certificate, diploma, associate, bachelor's, master's, and doctoral degrees. These programs are designed to meet the needs of different types of learners and to prepare them for different roles in nursing, such as bedside care, leadership, education, research, and administration. The goal of nursing education is to produce competent and compassionate nurses who are committed to lifelong learning and professional development.

NURSING ADMINISTRATION

Nursing administration refers to the management and coordination of nursing services, resources, and personnel in healthcare settings. Nursing administrators are responsible for ensuring that patient care is provided in a safe and effective manner, and that nursing staff are properly trained, supervised, and supported. They oversee budgets, policies, and procedures related to nursing care, and collaborate with other healthcare professionals to ensure that patient needs are met. Nursing administration plays a critical role in improving the quality of care provided to patients, as well as in ensuring the success and sustainability of healthcare organizations.

NURSING RESEARCH

Nursing research is a systematic inquiry into issues or problems that affect the nursing profession and its practice. It involves the scientific exploration and investigation of a particular phenomenon or issue in the field of nursing, with the aim of generating new knowledge, validating or refining existing knowledge, and improving nursing practice and patient outcomes. Nursing research can be conducted in a variety of settings, including hospitals, clinics, community settings, and academic institutions, and can cover a wide range of topics, such as patient care, nursing education, nursing administration, and healthcare policy. The ultimate goal of nursing research is to advance the science and practice of nursing and to improve the health and wellbeing of individuals, families, and communities.

REFRENCES

[1]. Shetty, S. N. (2019). A Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge of Cardiac Patients regarding Cardiac Rehabilitation in Selected Hospitals at Bangalore. *Asian Journal of Nursing Education and Research*, *9*(1), 127. https://doi.org/10.5958/2349-2996.2019.00025.9

[2]. Daljeet Kaur, & Prof. Dr. Madhusoodan. (2022). Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Uterine Prolapse among Married Women Residing In Selected Areas of Dera Bassi, District Mohali, Punjab. *International Journal of Advanced Research in Science, Communication and Technology*, *2*(1), 204–213. https://doi.org/10.48175/ijarsct-2642

[3]. Devi, K., Sheoran, P., & Sarin, J. (2015). Effect of structured discharge teaching after hysterectomy. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, *October*, 1384–1395. https://doi.org/10.18203/2320-1770.ijrcog20150716

[4]. Nathan, G. G., Varghese, L., &Kanmani, J. (2017). Effectiveness of structured teaching programme on knowledge regarding preventive measures of uterine prolapse among mothers. *Journal of Clinical and Diagnostic Research*, *11*(12), QC05–QC08. https://doi.org/10.7860/JCDR/2017/31180.10949

[5]. Harris, W. J. (1997). Complications of hysterectomy. *Clinical Obstetrics and Gynecology*, *40*(4), 928–938. https://doi.org/10.1097/00003081-199712000-00028

[6]. Ibrahim, S. S., El-shabory, N. E. M., & Abd, O. H. (2022). *NURSES' PERFORMANCE REGARDING CARE OF WOMEN UNDERGOING HYSTERECTOMY AND WOMEN*. *9*(3).

[7]. Jain, S. B., &Chandrakar, K. D. (2016). Non-decent Vaginal Hysterectomy in Rural Setup of MP: A Poor Acceptance. *Journal of Obstetrics and Gynecology of India*, *66*, 499–504. https://doi.org/10.1007/s13224-016-0858-2

[8]. Mahmoud, A., El-Adham, A., & Hashem, S. (2021). Effect of an Educational Program on Gynecological Nurses' Performance Pre and Post Hysterectomy Surgery. *Tanta Scientific Nursing Journal*, *20*(1), 136–160. https://doi.org/10.21608/tsnj.2021.168859

[9]. Bhagdewani, N. N., Fating, T. B., Deshpande, S., Phansopkar, P., Wadhokar, O. C., Kulkarni, C. A., & Naqvi, W. M. (2021). A case study on the training of pelvic floor

[10]. muscle following hysterectomy to improve the quality of life. *Journal of Medical Pharmaceutical and Allied Sciences*, *10*(3), 2720–2723. https://doi.org/10.22270/jmpas.V10I3.1077

[11]. Shehata, N., & Mohammed, A. (2021). Efficacy of Implementing Discharge Plan on Women Undergoing Hysterectomy. *Assiut Scientific Nursing Journal*, *9*(25), 183–195. https://doi.org/10.21608/asnj.2022.108070.1270