

Quality of Life in Thai Women after Hysterectomy

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Abstract

Aim: Aims of this research were to examine the quality of life and compare the quality of life in different age group, partner status, and educational level of Thai women after hysterectomy in a university hospital.

Methods: This cross-sectional study was descriptive and comparative design. Samples included 132 women who visited a university hospital during January - June 2016. The instruments were (1) The personal data, and (2) World Health Organization quality of life - Thai version (WHOQOL-BRIEF-THAI). Alpha Cronbach's coefficient for WHOQOL-BRIEF-THAI questionnaires was.87. Data were analyzed by descriptive statistics and Independent T-test.

Result: Results found that the average age of participants was 50.74 years (SD=9.49). The number of participants who had age more than 45 was 73.80%, Health status (mean=3.50, SD=.86, range 2-5). Majority of 4 quality of life's domains were moderate level as follows; physical health domain (53%), social relationships (66.70%), and environment domain (62.10%) but the psychosocial status domain was in high level (57.60%). Besides, there was a significant difference between age group and total quality of life, physical health domain, and environment domain at .05 level. There was a significant difference between educational level and social relationships domain at $p=.012$; however, there was no significant difference between partner status and quality of life in these participants.

Conclusion: Results from this study, health care providers should promote health status and sexual health to improve quality of life in Thai women after hysterectomy who had aged more than 45 years old and had a low education level.

Keywords: Quality of life; Hysterectomy thai women

Introduction

Hysterectomy is the standard treatment and most common procedure for the women with gynecological problems both benign and malignant tumor. The American Congress of Obstetricians and Gynecologists [1] reported that overall hysterectomy rates were highest among women ages 40-44 and 45-49 at 9.6 and 9.7 per 1,000 women respectively in 2008. The rate among women ages 35-39 was 6.5 and 5.6 for women ages 50-54 [1]. The Centers for Disease Control and Prevention Website reported 10.6% of women 40-44 years of age who have ever had a hysterectomy in 2011-2015 [2] in the United States. This information is also similar in Thailand, especially in the university hospital, where reported 800-1,200 cases [3] of women underwent hysterectomy per Year.

Hysterectomy is the significant operation to reduce the suffering from gynecological signs and symptoms such as pain, abnormal uterine bleeding, dyspareunia, dysmenorrhea, hypermenorrhea, pelvic mass. In addition, previous studies reported that this operation could reduce those symptoms suffering and also increase the quality of life among these women [4-7]. However, the uterus is the main organ for female identification. Women might perceive the loss of womanhood when they have a hysterectomy. These might affect body image, self-esteem, and marital adjustment including sexual dysfunction [8,9]. In some women have depression after surgery. On the other hand, these will cause low health status both physical and psychological status, including social relationships, and environment after surgery. Thus; it may affect the quality of life in women after hysterectomy.

"Quality of Life" (QOL) is an important outcome in health care system. World Health Organization (WHO) defines Quality of Life as "Individuals' perception of their position in

life in the context of the culture and value systems in which they live and concerning their goals, expectations, standards, and concerns". WHO-QOL consists of 4 domains; physical health, mental status, social relationships, and environment. Women who had hysterectomy may affect directly to four domains of their quality of life [10-12].

From literature reviews, supported that quality of life may relate to reproductive age. Hysterectomy can affect fertility, sexual dysfunction and other symptoms more than women post-reproductive age. Besides, women who had a partner may have an excellent support or trouble from their partner. On the other hand, women with high education level may manage their resources to solve their problems [8,9] that will affect the quality of life. Age, marital status, and educational level of these women may have different quality of life. Thus, the purposes of this research were to examine the quality of life and compare the quality of life in different age group, partner status, and education level of Thai women after hysterectomy in a university hospital. Results from this study will provide evidence to promote the quality of life in further women after hysterectomy.

Purposes of the Study

Purposes of this study were

- A. To examine the quality of life of Thai women after a hysterectomy.
- B. To compare the quality of life in different age group, partner status, and educational level of Thai women after hysterectomy.

Material and Method

This descriptive comparative study was conducted in a university hospital. Data were collected during January-June 2016. Convenient participants were women after hysterectomy 3-36 months. Sample sizes were calculated by using the compare means sample size from the University of California at San Francisco Training in Clinical Research (TICR) Program access from [13] <http://www.sample-size.net/sample-size-means/>. Then, the power .80, alpha .05, with moderate effect size (.5), with the standard deviation of the outcome in the population is equal to 1. Then calculate the sample sizes is equal to 132 participants.

Instruments

There were two instruments used as follows:

- A. The personal data
- B. World Health Organization quality of life-Thai version (WHOQOL-BREF-THAI) developed by WHO.

The details of these instruments are following described: Personal data were developed by the principal investigator and colleagues. Data information was personal data, such as age, educational level, marital status, occupation, income, financial status, treatment paid, and time after the operation.

World Health Organization quality of life-Thai version

(WHOQOL-BREF-THAI) was developed by WHO. World Health Organization quality of life (WHOQOL) was initially been developed 100 questionnaires, and then it was selected 24 item-scales to be in short version (WHOQOL-BREF). The WHOQOL group defined the quality of life as perceptions of persons on their life position in the circumstance of their culture and value system, including regarding their goals, anticipations, principles, and concerns. WHOQOL-BREF later was translated into Thai by Mahudnirunkul and colleague (B.E. 2540).

The content validity was tested and CVI was .65 as well as its reliability was tested with Cronbach's alpha coefficient equaled to .84. It has consisted of four domains; physical health, mental status, social relationships, and environment. There are 24 items with a 5-level Likert-scale. The score in each item ranged from 1 (not agree at all) to 5 (most agree). There are 21 positive items and three negative items. The summed score is achieved through the interpretation of each domain. High scores meant high quality of life. The reliability of the instrument with Cronbach's Alpha Coefficient for this study was 0.88.

Protection of human rights

This study was approved by the committees on human subjects from the faculty of medicine Ramathibodi Hospital, Mahidol University, Thailand. This was done to ensure the protection of human rights. After it was approved the IRB from the committees, then the data collection process started. Researchers followed the procedures of the Helsinki Declaration of 1975, as a revised in 2000, ID 04-57-01, with number MURA 2014/195/S1-2PS2.

Data Analysis

Data were analyzed by statistical methods as follows:

- A. The descriptive statistic analyzed the personal information data in Thai women after hysterectomy.
- B. The overall and four dimensions of quality of life including physical health, psychological status, social relationships, and environment domain analyzed by mean, standard deviation, minimum and maximum value of the possible and actual range.
- C. The comparative of quality of life in different age group, partner status, and educational level of Thai women after a hysterectomy, were analyzed by Independent T-Test, with a significant level at .05.

Result

Results demonstrated that the average age of Thai women after hysterectomy was 50.74 years (SD=9.49), which varied from 21-76 years. The mean time after hysterectomy was 24.33 months (SD=8.30), which varied from 3-36 years. Majority of them had a bachelor's degree and above 76.70% married 56.10% Buddhist 93.90%. The majority occupation of participants was government official 66.70% income more than 20,000 baht/month (around 645-650 US\$), enough financial status 89.40% treatment paid by claiming from government 72.70%. More information has been shown in (Table 1).

Table 1: Characteristic of Thai women after hysterectomy (n=132).

Variables	n	%
Age (year) 21-76 years, mean=50.74 years (SD=9.49)		
Time after operation (months) 3-36 months, mean = 24.33 months (SD=8.30)		
Education Level		
No education	2	1.5
Primary School	10	7.6
Secondary School	26	19.7
Diploma	6	4.5
Bachelor	60	45.5
Master and above	28	21.2
Marital Status		
Single	52	39.4
Married	74	56.1
Widow/Separated	6	4.5
Religion		
Buddhist	124	93.9
Muslim	6	4.5
Christian	2	1.5
Occupation		
Government official	88	66.7
Employee	24	18.2
Own business	8	6.1
Agriculture	2	1.5
Housewives	10	7.5
Income (Baht/Month)		
≤5,000	4	3
5,001-10,000	8	6.1
10,001-20,000	26	19.7
≥20,001	94	71.2
Perceived Financial Status		
Sufficient funds savings	78	59.1
Sufficient	40	30.3
Insufficient/debts	12	9.1
No response	2	1.5
Treatment Paid		
Patient themselves	12	9.1
Universal health coverage	8	6.1
Social Insurance	14	10.6
Government	96	72.7
Health Insurance	2	1.5

Results from Table 2 & 3 showed the mean of overall quality of life was 88.18 (SD=12.10), varied from 63-118. The majority level of quality of life both overall and 3 domains of quality of life were in moderate level as follows; physical health domain (53%)

social relationships domain (66.70%) and environment domain (62.10%). On the other hand, the majority level of quality of life both overall and the psychological status domain were in high level (57.60%) (Table 2 & 3).

Table 2: Descriptive data of health status and quality of life in Thai women after hysterectomy (n=132).

Variables	Possible Range	Min-Max	Mean	SD
Health Status	1-5	2-5	3.5	0.86
Quality of life	24-120	63-118	88.18	12.1
Physical health domain	7-35	13-35	25.85	4.18
Psychological status domain	6-30	14-30	23.08	3.52
Social relationships domain	3-15	6-15	10.33	1.82
Environment domain	8-40	16-40	28.92	4.59

Table 3: Descriptive data of the quality of life in Thai women after hysterectomy (n=132).

Variables	Level of Quality Of life					
	Low		Moderate		High	
	n	%	n	%	n	%
Quality of life						
Physical health domain	2	1.5	70	53	60	45.5
Psychological status domain	2	1.5	54	40.9	76	57.6
Social relationships domain	8	6.1	88	66.7	36	27.2
Environmental domain	2	1.5	82	62.1	48	36.4
Total quality of life	-	-	68	51.5	64	48.5

Table 4: Comparison the quality of life between age group in Thai women after hysterectomy (n=130).

Domain of Quality of Life	Age<45 years (n=34)		Age≥45 years (n=96)		t	p
	\bar{X}	S.D.	\bar{X}	S.D.		
Total Quality of life	93.35	13.95	86.79	10.64	2.838	0.005
Physical health domain	27.71	4.07	25.29	4.03	2.99	0.003
Psychological status domain	23.76	3.77	22.98	3.3	1.148	>.05
Social relationships	10.88	2.08	10.23	1.59	1.663	>.05
Environmental domain	31	5.75	28.29	3.89	3.051	0.003

Table 5: Comparison the quality of life between marital status group in Thai women after hysterectomy (n=132).

Domain of Quality Of life	Had Partners (n=74)		No Partner (n=58)		T	P
	\bar{X}	S.D.	\bar{X}	S.D.		
Total Quality of life	87.89	9.78	88.55	14.61	-0.269	>.05
Physical health domain	25.86	3.62	25.83	4.83	0.049	>.05
Psychological status domain	23.22	2.84	22.89	4.25	0.493	>.05
Social relationships	10.49	1.63	10.14	2.03	1.094	>.05
Environmental domain	28.32	3.78	29.69	5.4	-1.637	>.05

Table 6: Comparison the quality of life between educational level in Thai women after hysterectomy (n=132).

Domain of Quality of Life	≥ Bachelor Degree (n=88)		< Bachelor Degree (n=44)		t	p
	\bar{X}	S.D.	\bar{X}	S.D.		
Total Quality of life	89.09	11.99	86.36	12.23	1.223	>.05
Physical domain	26.11	4.24	25.32	4.05	1.031	>.05
Psychological status domain	23.18	3.52	22.86	3.53	0.488	>.05
Social relationships	10.61	1.68	9.77	1.97	2.556	0.012
Environmental domain	29.18	4.71	28.41	4.36	0.91	>.05

Results in Table 4-6 reported the comparison the quality of life between age group, marital status, and education level in Thai women after hysterectomy. It was found that there was significant difference of QOL between age group in overall QOL ($p=.005$), physical health domain ($p=.003$), and environment domain ($p=.003$). It was also found that there was a significant difference of QOL between educational level in social relationships domain of quality of life ($p=.012$), but there was not significant difference of QOL between marital status (Table 4-6).

Discussion

Results from this study demonstrated that the quality of life of the participants was in the moderate and high level which was congruent with previous studies [4-7]. It could explained that hysterectomy can correct the physical problem such as chronic pelvic pain, dyspareunia, hypermenorrhea or abnormal uterine bleeding. When women's physical health improved, another three domains of their psychological status, social relationships, and environmental domains also improved. These reasons pointed to increase women's quality of life. Then the majority of the participants' quality of life was in a moderate and high level in this study.

When comparing the quality of life different between reproductive and post-reproductive age group, results showed that the quality of life in women with reproductive age is higher than post reproductive age especially in overall QOL, and two domains of physical health and environmental domain. This result is congruent with the study of Bahri [9]. They found a positive correlation between age and depression following a hysterectomy. This can be implied that women with post-reproductive age had lower QOL than reproductive age. It can be explained from the results of this study that younger women still had better physical health and environment than older women. They perceived of their excellent physical strength, psychological status, social relationships, and environment after their operation.

When considering the quality of life in between marital status group, found that there was no a significant difference between women with have or have not partner. This result is not congruent with previous studies [4,14]. This can explain that women had well support in both groups. It might be that all participants may have an excellent support from the nature of Thai culture. On the other hand, women who had no partner may feel free. They do

not have a concern about sexual dysfunction with their partner. In women with a partner, they may have a low quality of female sexual function after a hysterectomy [15]. However, women with a partner they have excellent support; they may concern about sexual dysfunction with their partner. Then both groups of women with and no partner may have the same quantity of QOL.

In the other point, when considering the quality of life in women with different level of education, it was found that there was only one domain of QOL had a significant difference between women with different level of education. This result is not congruent with the previous study of factors affecting sexual satisfaction in Korean women who have undergone a hysterectomy [14]. However, women with a high educational level tend to have higher QOL than women with a low educational level. People who have a higher educational level can use their resources and search for more information to care for themselves than women with a lower educational level. This is because education is a valuable asset. It can provide people to adapt themselves to any situation they experience. High education is associated with occupation and higher income. Then it can be seen from the result of this study that women with higher education level also had a higher quality of life. From this reason, Health care providers must assess the women with lower education level to provide their information need and solve their concern.

Implication

Prospective study research should be recommended to follow the quality of life in women after hysterectomy. To know the quality of life in each point of treatment from pre to at least six months post operation may provide complete information for health care providers improve the quality of care in these women. A qualitative research study should be implemented to explore the essences of the quality of life appropriate with culture in Thai Women after hysterectomy.

Conclusion

It can be summarized that the quality of life in Thai women after hysterectomy was quite moderate to a high level. It was different between reproductive age and Post reproductive age. It was higher in younger than older women. Women with a higher educational level tend to have more QOL than women who had a lower educational level. Health care providers should focus on women with older age and low educational level.

Limitation

This research studied in small sample size even though it passed the sample size calculation process. It could not use random sampling during data collection because of not available participants.

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