

Relation between Body Image, Self-esteem and Quality of Life among Women after Hysterectomy

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Abstract:

Background: Hysterectomy was particular type of surgery, which could influence the women life. In fact, decided to undergo hysterectomy was a difficult process for every women, especially psychologically. **Aim:** This study aimed to explore the relation between body image, self-esteem and quality of life among women after hysterectomy. **Design:** A descriptive correlational design utilized to fulfil the aimed of this study. **Setting:** This study conducted in gynecologically outpatient clinic at Benha University hospital, Benha city, Qalyubia Governorate. **Study subject:** A purposive sample of (100) women after hysterectomy was taken from the above mentioned setting. The sample was taken during a period of six months, were included in the study. **Tools of data collection:** Four tools were used to collect the data of this study. **Tool (1):** Structured Interview Questionnaire sheet to assessed socio-demographic, and medical history of women after hysterectomy. **Tool (2):** Body Image Scale. **Tool (3):** Self Esteem Scale. **Tool (4):** WHO Quality of Life Scale –BREF (WHOQOL- BREF). **Results:** more than half of the studied women had high concern of their body image and about one-quarter of them, more than half of the studied women had low self-esteem and more than one-quarter of them, less than two third of the studied women had low quality of life and nearly one-quarter of them. **Conclusion:** There is a highly statistical significant negative correlation between total self-esteem, total body image, and also between total body image and total quality of life among the studied women. Moreover, there is a highly statistical significant positive correlation between total self-esteem of the studied women and their total quality of life. **Recommendation:** Implementation is initiating comprehensive health educational programs as well as rehabilitation programs for all women following hysterectomy treatment in outpatient's clinic of gynaecological should be held, including psychological, social and physical related issues.

Keywords: Hysterectomy, body image, self-esteem, quality of life.

Introduction:

Hysterectomy is the surgical removal of the uterus and it is the most common gynaecological procedure worldwide, which can influence the patient's future life. In fact, deciding to undergo hysterectomy is a difficult process for every woman especially psychologically impact is greatest because main reason was related to immediate postmenopausal status after surgery.

Uterus is the symbol of femininity, sexuality, fertility, and maternity, and the loss of this organ is identified as the loss of woman hood and losing ability to become pregnant is hard for many women in worldwide especially in Arabic countries, where the reproductively is considered the main reason for marriage (Muaygil, 2018; Tommaso et al., 2021).

Hysterectomy can have huge impact on women's life and relationships as well as her

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perceived role in society. It may result in problems such as disturbance of body image, self-esteem reduction, psychological stressor as anxiety and depression, reduction in quality of life and sexual function. Moreover, hysterectomy is a very stressful event, as it involves the loss of body image parts associated with womanhood and causing significant changes in women's bodies, femininity has been proposed as a positively valued quality, thus perception of losing one's femininity is a serious and threatening event in women's life. Hysterectomy leaves women burdened by infertility, negative body image, and feeling flawed as a woman and sexually undesirable (Banovicinova & Jandurova, 2018).

Body image is greatly affected after hysterectomy. Body image reflects a direct personal perception and self-appraisal of one's physical appearance, where by negative thoughts and feelings related to one's body indicate disturbance of body image and lead to dissatisfaction with one's self. A high personal investment in one's body image can act as a source of self-worth and self-esteem. Scarring following hysterectomy surgery can be interpreted by many women as a form of mutilation and may result in impaired body image (El-Hadidy & Zayed, 2020).

Hysterectomy is the surgical removal of the uterus and it is the most common gynecological procedure worldwide, which can influence the patient's future life. In fact, deciding to undergo hysterectomy is a difficult process for every woman especially psychologically impact is greatest because main reason was related to immediate postmenopausal status after surgery. Uterus is the symbol of femininity, sexuality, fertility, and maternity, and the loss of this organ is identified as the loss of womanhood and losing ability to become pregnant is hard for

many women in worldwide especially in Arabic countries, where the reproductive is considered the main reason for marriage (Muaygil, 2018; & Tommaso et al., 2021).

Hysterectomy can have huge impact on women's life and relationships as well as her perceived role in society. It may result in problems such as disturbance of body image, self-esteem reduction, psychological stressor as anxiety and depression, reduction in quality of life and sexual function. Moreover, hysterectomy is a very stressful event, as it involves the loss of body image parts associated with womanhood and causing significant changes in women's bodies, femininity has been proposed as a positively valued quality, thus perception of losing one's femininity is a serious and threatening event in women's life. Hysterectomy leaves women burdened by infertility, negative body image, and feeling flawed as a woman and sexually undesirable (Banovicinova & Jandurova, 2018).

Moreover, self-esteem reduction is very common problem related to hysterectomy. Self-esteem is considered as positive or negative attitude toward one's self, and includes feelings of self-satisfaction. Generally as early menopause and the thought of removing a healthy organ cause negative points of view. Thoughts like being scared of growing old, body image changes, and the sense of reduction in feminine properties after hysterectomy surgery causes a self-esteem reduction, sense of emptiness and a loss of creativity (Alshawish, 2020).

Furthermore, hysterectomy may result in new problems which can lead to reduction in health related quality of life, after surgery hysterectomy can affect all aspects of quality of life whether it's physical, psychological, sexual or social aspects. After hysterectomy women

usually suffer from physical problems such as disturbance in sleep and appetite, weight gain or loss, pelvic / abdominal pain, constipation, fatigue and urinary incontinence. Moreover, hysterectomy leads to negative impact in sexual life due to lack of interest or enjoyment in sex and sense of decreased femininity associated with loss of uterus (**Omtvedt, 2021**).

In addition to this, hysterectomy leads to negative psychological impact such as lack of self-esteem and body image and increased risk of psychological problem. Moreover, it affects social relationships of the patient due to social stigma and lack of social support to women after hysterectomy. Therefore, Hysterectomy operation deeply influence the perception of women's sexuality, femininity and body image which in turn can affect self-esteem and quality of life and can be a major source of depression and anxiety (**Abd El-gwad et al., 2020**).

Significance of the study:

The uterus comprises an important part of women's self - image and loss of uterus means the loss of sense of femininity. Hysterectomy is the second most common major surgical procedure performed in women worldwide. Each year approximately 30,000 women in Australia, 434000 women in the United States, and about 800,000 women in Europe undergoing hysterectomy. In Egypt annual incidence rate for hysterectomy estimated to be 165,107 women (**Abd El-gwad et al., 2020; Mohamed et al., 2020**).

Moreover, there are many studies which investigated the impact of laparoscopic and abdominal hysterectomy on quality of life, body image, sexual function, and self-esteem, they found a postoperatively problems in psychological adjustment to operation which include depression, anxiety, lowered self-esteem, reduction in quality of life and altered

sexual functioning. There is a study conducted in Egypt that included 188 women found a positive correlation between patient's body image perceptions and their self-esteem after hysterectomy, while the results of a study conducted in Turkey showed that women who had undergo hysterectomy had less satisfaction with their body image and low marital adjustment and self-confidence than healthy women (**Zarghans & Ahmadi, 2021**). Conducting this study because the number of Egyptian women undergoing hysterectomy surgery is been growing lately and the negative impact of this surgery can avoid women from performing their important role in society. Accordingly, medical teams in particular nurses must be aware of the negative impact of hysterectomy and how to help women to overcome these problems. Therefore, it is important to assess the relation between body image, self-esteem and quality of life among women after hysterectomy.

Aim of study:

This study aims to explore the relation between body image, self-esteem and quality of life among women after hysterectomy at gynecological outpatient clinic at Benha university hospital in Benha city.

Subject and Methods:

Research questions:

- What is the levels of body image, self- esteem and quality of life among women after hysterectomy?
- Is there is a relation between body image, self-esteem and quality of life among women after hysterectomy?

Research Design:

A descriptive correlational design was used to fulfill the aim of this study.

Research Setting:

The present study was conducted at gynecological outpatient clinic at Benha university hospital. The hospital is located in

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Benha city at Qalyubia governorate and serves the city of Benha and its surrounding villages. The outpatient clinic is located at the ground floor of the out-patient building which include only one room divided into diagnostic and examination areas and waiting area where the researcher interviewed the women during follow up.

Research Subject:

Sample type:

The study sample estimated size is of (100) women after hysterectomy who were available during the period of six months.

Sample type:

A purposive sample of (100) women after hysterectomy was taken from the above mentioned setting. The sample was taken during a period of six months based on the following inclusion criteria:

- 1- Women after at least one month of hysterectomy during (follow up).
- 2- Willingness to participate in the study.
- 3- Women who don't undergoing chemotherapy after surgery.

Tools of data collection:

Four tools were used to collect the data of this study:-

Tool (1):- Structured Interview Questionnaire:

This questionnaire was developed by the researchers based on scientific review of literature to assess the following parts:

Part 1:- Socio-demographic data: To elicit data about socio-demographic characteristics of the studied women which included: (age, marital status, educational level, occupation, children numbers, residence, family income).

Part 2: - Medical history: To elicit data about (onset of disease, Date of operation, causes of hysterectomy, Method of hysterectomy, types of hysterectomy, complications after hysterectomy)

Tool (2):- Body Image Scale: This scale was originally developed by **Hopwood et al., (2001)**. It is the most commonly scale used for assessment of body image. It consists of 10 items scored on four-point likert scale ranged from (0 to 3): Not at all = (0), a little = (1), quite a bit = (2) and very much = (3). The total score of the scale ranged from (0 to 30) with the higher score indicated higher concern of body image.

Scoring system indicated as the following:

- 0 to 10 = low concern of body image.
- 11 to 20 = Moderate concern of body image.
- 21 to 30 = High concern of body image.

Tool (3):- Self Esteem Scale: This scale was developed by **Rosenberg, (1965)**. It used for assessment of self-esteem. It consists of 10 items, each item was rated on four point likert scale ranged from (1 to 4) as the following; strongly disagree =1, disagree = 2, agree = 3 and strongly disagree = 4. To get the total score items (2,5,6,8, and 9) is reverse, then each scale item was graded then added together to give total score. The total score ranged from 10 to 40 with higher scores indicated higher self-esteem.

Scoring system indicated as the following:

- 10 < 20 = Low self-esteem.
- 20 < 30 = Moderate self-esteem.
- 30: 40 = High self-esteem.

Tool (4): WHO Quality of Life Scale –BREF (WHOQOL- BREF): This scale was adopted from the World Health organization **WHO, (2010)**. It used to measure quality of life. It consists of 26 items and addresses four quality of life domains, physical health domain (7 items), psychological health domain (6 items), social relationships domain (3 items), environment domain (8 items) and 2 other items measure overall quality of life and general health. Each item was rated on a five point likert scale ranged from (1 to 5) for each

domain as following. To get the total score, items (3,4, and 26) is reverse, then each domain is graded and then added together to get the total score. Total score ranged from 26 to130 with higher scores indicate higher quality of life.

Scoring system for quality of life scale:

- 26 < 65 score = low quality of life.
- 65 < 97 score = moderate quality of life.
- 98 < 130 score high quality of life.

Validity of tools:

Arabic translation was done by the researcher for tools of the study and tested for their translation and validity of tools by making jury of five experts in psychiatric mental health nursing, faculty of nursing, Benha University, who checked the relevance, comprehensiveness, clarity and applicability of the questions. According to their opinions modifications were done and the final form was developed. The modification included; Added enough and save in family income and government employee, free business and privet work, in nature of work in tool (1) structured interview questionnaire.

Reliability of tools:

Reliability was applied for testing the internal consistency of the tools by administration of tools to the same subjects under similar conditions on one or more occasions. Testing the reliability of the tools through Alpha Cronbach reliability analysis. Reliability for self-esteem scale is 0.84. body image scale is 0.82 and Quality of life scale is 0.85. These scores support the reliabilities of these scales.

Ethical considerations:

The Benha University Faculty of Nursing Scientific Research Ethical Committee accepted this study. Before conduction of the study, the researcher clarified the purpose and significance of the study to the studied women and assured them about confidentiality of the collected data. All the studied women were

informed that the participation in the study was voluntary and no name was to be included in the questionnaire sheet. Studied women were informed that the content of the tools was used for research purpose only and they informed that they had the right to be withdrawn from the study at any time of data collection without any consequences. Moreover, an informed oral consent for participation in the study was obtained from each women before conduction of data collection.

3- Following this pilot study, the tools were made ready for use.

Field work:

The actual field work for the process of data collection conducted over a period of six months started from (October, 2022 till the end of March, 2023). Through the following steps.

-Before starting data collection, an official permission was obtained from the director of Benha university hospital requesting their permission and cooperation to conduct the study.

- The researcher started data collection by introducing herself to the studied women and provided a clear explanation of the aim, significance and types of tools needed to fill in the study to gain cooperation of the studied women, then an oral consent was obtained from each of studied women before data collection.

- Data was collected through interviewing of the studied women in the waiting area in gynecological outpatient clinic of Benha university hospital. The researcher was attended to the hospital to collect the data two days per week (every Saturday and Tuesday) from 9 A.M: 12 P.M during the period of data collection. The average number of interviewed women was between 2-3 women per day about 16:17 women/ Month.

Statistical analysis:

The collected data were organized, coded, computerized, tabulated, and analysed by using

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Statistical Package for Social Science (SPSS) Program version 25. Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data, the arithmetic mean (\bar{X}) and standard deviation (SD) for quantitative data. Qualitative variables were compared using chi square test (χ^2), P-value, to test association between two variables and Pearson correlation test (r - test), to the correlation between the study variables.

Degrees of significance of results were identified at:

-Not significant when P-value > 0.05

-Significant when P-value ≤ 0.05

-Highly significant when P-value ≤ 0.01

Results:

Table (1): Shows that, more than half of the studied women (60%) their age > 50 years with mean age is (52.74 ± 8.15) years. Regarding to marital status, more than three quarters of them (84.0%) are married, nearly to one third of the studied women (32.0%) are working, and more than half of the working women (56.3%) are governmental employees. In addition to this, nearly half of them (45.0%) have three children or more, more than half of them (53.0%) live in rural areas and more than half of them (54.0%) have not enough income.

Table (2): Displays that, more than half of the studied women (56.0%) have the disease from $1 < 3$ years, nearly half of them (45.0%) have operation from one month, less than one third of them (30.0%) make hysterectomy due to heavy vaginal bleeding. Regarding method of hysterectomy, more than three quarters of them (82.0%) have abdominal hysterectomy and

about three quarters of them (76.0%) have total hysterectomy. Regarding complication after operation, less than one fifth of the studied women (15.0%) have complications after hysterectomy and two fifths of those with complication (40.0%) have infection, and more than half of the studied women (54.0%) have vaginal dryness after hysterectomy.

Figure (1): Illustrates that, more than half of the studied women (58.0%) have high concern of their body image and about one-quarter of them (24.0%) have moderate concern of their body image, while less than one fifth of them (18.0%) have mild concern of their body image.

Figure (2): Shows that, more than half of the studied women (54.0%) have low self-esteem and more than one-quarter of them (28.0%) have moderate self-esteem, while less than one fifth of them (18.0%) have high self-esteem.

Figure (3): Illustrates that, less than two third of the studied women (62.0%) have low quality of life and nearly one-quarter of them (24.0%) have moderate quality of life, while less than one-fifth of them (14.0%) have high quality of life.

Table (3): Reveals that, there is a highly statistical significant negative correlation between total self-esteem, total body image, and also between total body image and total quality of life among the studied women at ($P= 0.000$). Moreover, there is a highly statistical significant positive correlation between total self-esteem of the studied women and their total quality of life at ($P= 0.000$).

Table (1): Socio demographic characteristics of the studied sample (n=100).

Socio-demographic characteristics	N	%
Age (years)		
20<30 Yrs.	4	4.0
30<40 Yrs.	15	15.0
40<50 Yrs.	21	21.0
≥ 50 Yrs.	60	60.0
Mean ± SD	52.74 ± 8.15	
Marital status		
Single	5	5.0
Married	84	84.0
Divorced	3	3.0
Widowed	8	8.0
Educational level		
Illiterate	12	12.0
Basic education	14	14.0
Secondary or middle education	54	54.0
High education	18	18.0
Post graduate	2	2.0
Occupation		
Working	32	32.0
Not working	68	68.0
If working, what is the nature of work? (n=32)		
Government employee	18	56.3
Free business	4	12.5
Private working	10	31.2
Children number		
No child	4	4.0
One child	14	14.0
Two children	37	37.0
Three children or more	45	45.0
Residence		
Rural	53	53.0
Urban	47	47.0
Family income		
Enough	28	28.0
Not enough	54	54.0
Enough and save	18	18.0

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Table (2): Medical history of the studied women (n=100).

Medical history	No.	%
Onset of disease		
<1 year	28	28.0
1< 3 years	56	56.0
>3 years	16	16.0
Mean ± SD	1.46 ± 0.81	
Date of operation		
From month	45	45.0
From two months	40	40.0
From three months and more	15	15.0
Causes of hysterectomy		
Endometriosis	20	20.0
Fall of my womb	5	5.0
Heavy vaginal bleeding	30	30.0
Uterine fibroids	18	18.0
Paccrete	2	2.0
Uterine a denomyosis	8	8.0
Cervical cancer	27	27.0
Method of hysterectomy		
Vaginal hysterectomy	2	2.0
Abdominal hysterectomy	82	82.0
Laparoscopic hysterectomy	16	16.0
Type of hysterectomy		
Partial hysterectomy	5	5.0
Total hysterectomy	76	76.0
Total with nephrectomy	4	4.0
Total with removal of the ovaries and fallopian tubes	15	15.0
Are there any complications after hysterectomy?		
Yes	15	15.0
No	85	85.0
If the answer yes, what are the complications? (n=15)		
Bleeding	3	20.0
Infection	6	40.0
Bladder and urinary complications.	2	13.3
General complications such as joint pain and vaginitis	4	26.7
What changes did you feel after hysterectomy		
Menopause symptoms	19	19.0
Vaginal dryness	54	54.0
Sleep problems	16	16.0
Increase sweat	8	8.0

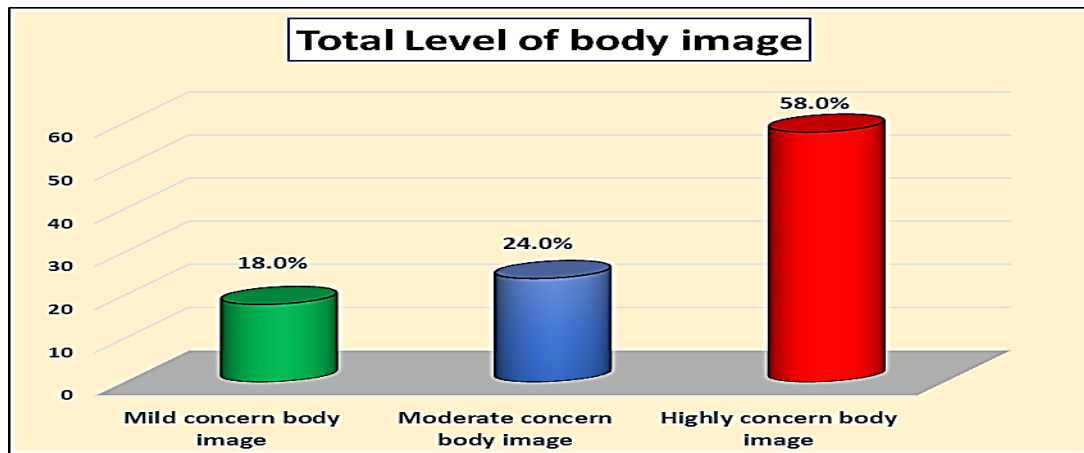


Figure (1): Distribution of the studied women regarding to their total level of body image (n=100).

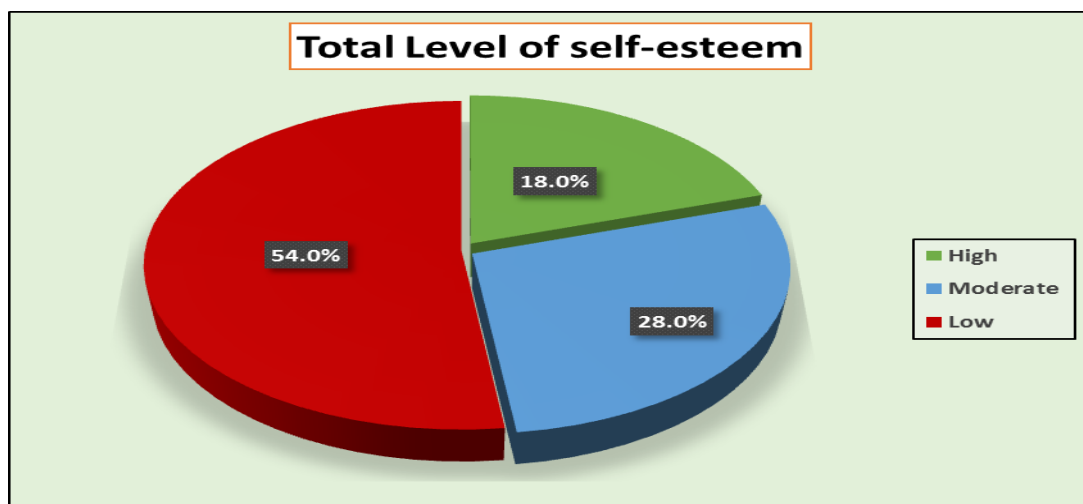


Figure (2): Distribution of the studied women according to their total level of self-esteem (n=100).

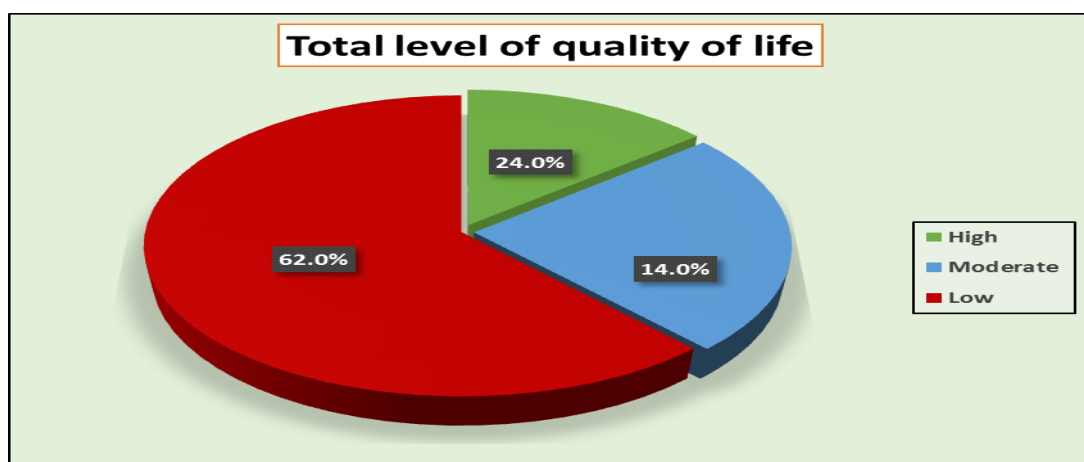


Figure (3): Total level of quality of life among the studied women (n=100).

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Table (3): Correlation between total body image, total self-esteem and total quality of life among the studied women (n=100).

Variables		Total self-esteem	Total body image
Total self-esteem	r		
	p-value		
Total body image	r	-0.583	
	p-value	0.000**	
Total quality of life	r	0.615	-0.576
	p-value	0.000**	0.000**

Discussion

Hysterectomy is a particular type of surgery, which can influence the patients' future life. In fact, deciding to undergo hysterectomy is a difficult process for every woman, especially psychologically. Uterus holds a deeply symbolic meaning to women. Its removal can have a significant effect on one's quality of life, sexual functioning and psychological well-being (Afiyah et al., 2020).

Body image reflects a direct personal perception and self-appraisal of one's physical appearance, whereby negative thoughts and feelings related to one's body indicate a disturbance of body image and lead to dissatisfaction with one's self. Scarring following hysterectomy can be interpreted as a form of mutilation and may result in impaired body image. Self-esteem is considered as positive or negative attitude toward one's self, and includes feelings of self-satisfaction. The sense of reduction in feminine properties after hysterectomy causes a self-esteem reduction (El-Hadidy & Zayed, 2020).

The aim of this study was to explore the relation between body image, self-esteem and quality of life among women after hysterectomy.

Regarding age of the studied women, the current study revealed that, more than half of them their age was more than 50 years with mean age 52.74 ± 8.15 years. This may be related to the fact that incidence of hysterectomy seems to be higher in women aged above 50 years old than women aged below. This result was supported by Zuitasari et al., (2022) who conducted a study entitled "Influence total hysterectomy against function sexual" and reported that most of the women age at complete hysterectomy surgery was roughly 45 years.

Concerning marital status, the present study results showed that most of the studied women were married. This result was in accordance with Yen et al., (2018), who conducted a study about "Risk factors for major depressive disorder and the psychological impact of hysterectomy" and mentioned that more than three quarters of the studied women were married. because Low self-esteem causes have of self-confidence depression and anxiety. Moreover, body image satisfaction, self-confidence, and dyadic adjustment were lower in women who had undergone hysterectomy.

As regard occupation, the current study demonstrated that nearly to one third of the

studied women were working, and more than half of them were governmental employees. In contrast, this result disagreed with a study conducted by **Saleh et al., (2022)** entitled "Relation between sexual function, Body Image and depression among women undergoing total versus Partial Hysterectomy" and reported that more than half of women with hysterectomy were housewife because housewife show them low body image and low self –esteem.

Related to number of children, the current study results declared that, nearly half of the studied women had three children or more. This result was consistent with a study conducted by **Alshawish et al., (2020)**, entitled "Experience of Palestinian women after hysterectomy using a descriptive phenomenological study" and found that the largest proportion of the studied women had more than two children

According to residence, the present study finding stated that more than half of the studied women live in rural areas. Likewise, a study performed by **Kumari & Kundu, (2022)** entitled "Prevalence, sociodemographic determinants, and self-reported reasons for hysterectomy and choice of hospitalization in India" and reported that the most women in his study of hysterectomy procedure was residence among rural area this because it near for them.

Regarding family income, the present study finding reflected that more than half of the studied women had not enough income. In the same line, a study carried out by **Chaturvedi et al., (2022)**, entitled "An investigation on the perspectives of Women: post hysterectomy challenges" and stated that more than half of the studied women had insufficient monthly income because hysterectomy need high income and cost.

Regarding to medical history of the studied women, the current study demonstrated that

more than half of them had the disease from 1< 3 years and nearly half of them had operation from one month. In the opposite line, this result was against **Mohamed et al., (2022)**, who carried out a study entitled "Effect of Social Media Based Teaching Program on Emotional Status and Quality of Life for Women undergoing Hysterectomy during Covid-19 Lockdown" and declared that more than half of the studied women their duration of illness was less than one year and they had operation two weeks ago. This discrepancy may be due to different study subjects and settings.

In addition, the present study results clarified that less than one third of them had hysterectomy due to heavy vaginal bleeding. In the same context, this result agreed with a study carried out by **Shekhar et al., (2019)**, entitled "Prevalence, sociodemographic determinants and self-reported reasons for hysterectomy in India" and mentioned that hysterectomy was most frequently caused by abnormal uterine bleeding in the highest percentage of the studied women.

As regard method of hysterectomy, the current study reflected that most of the studied women had abdominal hysterectomy and about three quarters of them had total hysterectomy. The study result was in agreement with a study carried out by **Manandhar et al., (2020)** whose study entitled "Prevalence of hysterectomy among gynecological surgeries in a tertiary care hospital" and reported that total and abdominal hysterectomy were the commonest type and route and represent about three quarters of the studied women this due to save for women and according case.

Regarding complication after operation, the current study results displayed that less than one fifth of the studied women had complications after hysterectomy and two fifths of those with complication had

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infection, and more than half of them had vaginal dryness after hysterectomy. These findings were congruent with a study conducted by **Eid et al., (2018)**, entitled "Effect of an educational supportive program on self-Esteem and marital relation among women undergoing hysterectomy" and found that the largest proportion of the studied women who had postoperative complications suffered from infection and vaginal dryness this due to a lot of them do operation not laparoscope.

Related to the studied women's total level of body image, the current study reflected that more than half of the studied women had high concern of their body image and about one-quarter of them had moderate concern of their body image, while less than one fifth of them had mild concern of their body image. This result was parallel with a study performed by **Erdoğan et al., (2020)** about "Effect of psychological care given to the women who underwent hysterectomy before and after the surgery on depressive symptoms, anxiety and the body image levels" and stated that most of the studied women had high concern of their body image this result providing more information and education to them on the possible after-effects of hysterectomy

On contrary, this result was inconsistent with **Sobhani et al., (2020)** entitled "Cognitive emotion regulation strategies, body image, and sexual satisfaction in women with and without a history of hysterectomy and mastectomy surgeries" and reported that more than two fifths of the studied women were highly concerned with their body image whilst more than half of them were less concerned with their body image after hysterectomy surgery. This discrepancy may be related to the average of age among both study subjects.

Regarding the studied women's total level of self-esteem, the current study displayed that more than half of them had low self-esteem and more than one-quarter of them had moderate self-esteem, while less than one fifth of them had high self-esteem. It may be due to that hysterectomies women experience a lack of body satisfaction and have sexual dysfunction; they often lose their sense of femininity. These results matched with **Mohamad nezhad et al., (2019)** who conducted a study about "Effect of Counseling based on Cognitive Behavioral Approach on Self-esteem of Hysterectomized Women of Reproductive Ages" and reported that most of the studied women had low level of self-esteem before intervention.

In the opposite line, a study carried out by **Green, (2022)**, entitled "Hysterectomy and Self-Esteem Among African American Women" and mentioned that no significant association was found between hysterectomy and self-esteem of the studied women. Also, a study done by **Abd El Gwad et al., (2020)** entitled "Body image, self-esteem and quality of sexual life among women after hysterectomy" and declared that most of women had high level of self-esteem, while more than one quarter of them had moderate level. This discrepancy may be related to the different characteristics among both study subjects and cultural difference.

As regard total level of quality of life among the studied women, the current study indicated that less than two third of them had low quality of life and nearly one-quarter of them had moderate quality of life, while less than one-fifth of them had high quality of life. These findings were congruent with **Ibrahim & Mohammed, (2020)** who conducted a study entitled "Effect of Nursing Instructional Guideline on Women's Quality of Life after Hysterectomy" and mentioned that only one

tenth of studied women had good quality of life pre implementation. In the opposite line, **Gupte & Nagabhirava, (2018)** who carried out a study entitled "Prospective study of psychiatric morbidity and evaluation of quality of life in patients undergoing hysterectomy" and stated that there was improvement in all domains of quality of life after hysterectomy.

Regarding Correlation between total body image, total self-esteem and total quality of life among the studied women, the present study declared that there was a highly statistical significant negative correlation between total self-esteem, total body image, and also between total body image and total quality of life among the studied women. This can be explained as women who have low concerns of body image after hysterectomy tend to have high level of self-esteem and quality of life.

This result was in agreement with **Abd El Gwad, (2020)** who stated that body image is one of the significant components of the individual's self-concept that provides the opportunity to reach a more healthy physical and mental state. The perception of the body and those feelings, which are associated with this image greatly influence not only self-concept, but also self-esteem and quality of life.

Moreover, there was a highly statistical significant positive correlation between total self-esteem of the studied women and their total quality of life. This can be interpreted as women who have high level of self-esteem after hysterectomy are more likely to have and high level of quality of life. In the same line, a study conducted by **Alshawish et al., (2020)** who noticed that there was a significant positive correlation between self-esteem and quality of life. Woman who proud of herself see hysterectomy is not affect her quality of life.

Conclusion:

There were more than half of the studied women have high concern of their body image and about one-quarter of them have moderate concern of their body image, while less than one fifth of them have mild concern of their body image. And more than half of the studied women have low self-esteem and more than one-quarter of them have moderate self-esteem, while less than one fifth of them have high self-esteem. Moreover, less than two third of the studied women have low quality of life and nearly one-quarter of them have moderate quality of life, while less than one-fifth of them have high quality of life. Furthermore, there was a highly statistical significant negative correlation between total self-esteem, total body image, and also between total body image and total quality of life among the studied women at. Moreover, there was a highly statistical significant positive correlation between total self-esteem of the studied women and their total quality of life.

Recommendations:

- Psycho-educational programs for nurses about how to deal with and manage various psychological problems with post-hysterectomy women.
- Psycho-educational program for improve body image, self -esteem and quality of life among woman after hysterectomy.
- Stress reduce program to women after hysterectomy to reduces anxiety, stress and depression among them.

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العلاقة بين صورة الجسد وتقدير الذات ونوعية الحياة بين النساء بعد استئصال الرحم

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الأعضاء التناسلية الأنثوية مهمة جدًا في تحديد الهوية الجنسية للإناث. ويعتبر الرحم بالنسبة للعديد من النساء رمزًا للأنوثة والجنس والخصوبة والأمومة، وشعرن أن شركائهن لن يحبونهن، وابتعدت جاذبيتهن، ولن يكون بمقدورهن أداء الوظيفة الجنسية بعد استئصال الرحم. وتسبب استئصال الرحم في حدوث آثار جسدية وبيولوجية مثل اضطراب سلامة الجسم وفقدان الخصوبة، وقد تسبب أيضًا في مشاكل نفسية جنسية واجتماعية مثل فقدان حب الآخرين والسمات الأنثوية. لذلك هدفت الدراسة إلى استكشاف العلاقة بين صورة الجسد وتقدير الذات ونوعية الحياة بين النساء بعد استئصال الرحم. وتم استخدام تصميم ارتباط وصفي لتحقيق هدف هذه الدراسة. وقد أجريت هذه الدراسة في العيادة الخارجية لأمراض النساء بمستشفى بنها الجامعي بمدينة بنها بمحافظة القليوبية. وأظهرت نتائج الدراسة أن 58% لديهم اهتمام كبير بصورة الجسد، و 24% لديهم اهتمام معتدل بصورة الجسد، أما 18% لديهم اهتمام خفيف بصورة الجسد. ووجد أن 54% لديهم تدني في تقدير الذات، و 28% لديهم مستوى معتدل في تقدير الذات، أما 18% منهم لديهم تقديرا عالي للذات. وبالنسبة لمستوى جودة الحياة لدى السيدات الذين تضمنتهم الدراسة، فإن 62% لديهن جودة حياة متدنية و 24% لديهم جودة حياة معتدلة وأيضا 14% لديهم جودة حياة عالية. وقد لخصت الدراسة بأن هناك علاقة سلبية ذات دلالة إحصائية عالية بتقدير الذات الكلي وصورة الجسد الكلية وكذلك بين صورة الجسد الكلية وجودة الحياة الكلية لدى السيدات الذين تضمنتهم الدراسة. علاوة على ذلك، وجد أن هناك علاقة إيجابية ذات دلالة إحصائية عالية بين تقدير الذات الكلي وبين جودة حياتهن الكلية للسيدات الذين تضمنتهم الدراسة. وقد أوصت الدراسة إلى ضرورة إجراء برنامج نفسي تثقيفي لتحسين التعافي الجسدي والنفسي للسيدات بعد عملية استئصال الرحم وأيضا قبل العملية.