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Effect of Psychological Counseling program on Quality of Life among Post-Hysterectomy Women

Marwa Kamal Rehan[1], Inass Kassem Ali Kassem[2], Maaly Ebrahim El Malky[3], Samah Mohamed Elhomosy[4]

[1] BNSc. Faculty of Nursing - Menoufia University
[2] Professor of Maternal and Newborn Health Nursing, Faculty of Nursing - Menoufia University
[3]Professor of Psychiatric Health Nursing, Faculty of Nursing - Menoufia University
[4] Assistant Professor of Maternal and Newborn Health Nursing, Faculty of Nursing - Menoufia University

Abstract: Background: Uterine diseases in recent years have been increasingly prevalent, with patients showing a trend of a younger age. Hysterectomy is one of the most common surgeries for treating many uterine diseases. The influences of hysterectomy on maternal health are linked to physical, economic, sexual, and psychological consequences. **Purpose:** this study was conducted with the purpose of evaluating the effect of psychological counseling program on quality of life among post-hysterectomy women. **Methods: Research Design:** A quasi –experimental design. **Instruments:** Two instruments were used throughout the course of this study: (I) interviewing questionnaire, (II) quality of life questionnaire. Results: psychological counseling program improved quality of life among post-hysterectomy women in the study group (87.1%) than control group (66.1%). **Conclusion:** The current study findings succeeded in testing research hypothesis. **Recommendations:** Women experiencing hysterectomy need emotional, social support, and psychosocial support to increase their feeling of security.

Key words: *Hysterectomy, Quality of life.*

Introduction

Uterine diseases in recent years, including uterine fibroids, adenomyoma, and endometrial carcinoma have been increasingly prevalent, with patients showing a trend of a younger age. Globocan reported the aggregate age-standardized incidence and mortality rates of corpus uteri cancer as 8.2 and 1.8 per 100,000, respectively (Lyon, 2019). Hysterectomy is one of the most common surgeries for treating many uterine diseases. World Professional Association for Transgender Health (WPATH) defined Hysterectomy as the surgical removal of the uterus. It may also involve removal of the cervix, ovaries (oophorectomy), fallopian tubes (salpingectomy) and other surrounding structures (WPATH; 2016).

Hysterectomy is performed for the treatment of uterine cancer or very severe pre-cancers (called dysplasia, carcinoma in situ Only 10% of hysterectomies are performed for cancer but there is other causes as Uterine fibroids, Endometriosis, Adenomyosis, Pelvic Inflammatory disease (PID), Hyperplasia, heavy or irregular menstrual bleeding, Delivery complications and Placenta accreta (Dehghani& ahmadpour, 2018)

The influences of hysterectomy on maternal health are linked to physical, economic, sexual, and psychological consequences. Safe hysterectomy routes depends mainly on either

surgeon's and/or patient's choice (Dawood, Borg, and Atlam, 2019).

A study on post-hysterectomy women revealed that in addition to surgical trauma, decline in postoperative quality of life, and sexual function of the women, hysterectomy was also closely associated with psychological, physiological, and social effects (Xiao, Gao, Bai and Zhang, 2016; Ekanayake et al 2017). Clinicians generally believe that most women undergoing hysterectomy have poor mental status and negative emotions (such as anxiety and depression), adversely affecting their postoperative psychological rehabilitation and immune functions (Zhang, et al., 2018).

Significance of the Study

Hysterectomy is the second most common operative procedure performed worldwide following cesarean section; approximately 300 out of every 100,000 women will undergo a hysterectomy. In Egypt, the annual incidence rate for hysterectomy was 165 per 100,000 hysterectomies are performed each year according to the National Center for Health Statistics (Egypt Demographic and Health Survey, 2014).

Based on Globocan, corpus uteri cancer is ranked as the tenth most common cancer among women in Egypt. Recent estimates indicate that every year 969 women are diagnosed with cervical cancer and 631 die from the disease. Cervical cancer ranks as the 14th most frequent cancer among women in Egypt and the 11th most frequent cancer among women between 15 and 44 years of age. (Smith, et al., 2015; WHO/ICO, 2019)

Based on reviewing literature; there limited studies that examined the effect of psychological intervention on quality of life in post-hysterectomy women; So, this study will be conducted to evaluate the effects of psychological counseling on quality of life and emotional distress among post-hysterectomy women.

Purpose of the Study

This study was conducted with the purpose of evaluating the effect of psychological counseling program on quality of life among post-hysterectomy women

Research Hypothesis

The women undergoing hysterectomy who receive psychological counseling will have higher quality of life than those who do not receive it.

Methods

Research Design:

A quasi –experimental design was used.

Setting

The study conducted at obstetrics and gynecology department in Menoufia University Hospital MUH and Shibin El- kom Teaching Hospital at Menoufia governrate, Egypt.

Sample size

Based on the previous studies that examined the same outcomes Zhang, et al (2018) who studied "Effects of psychological intervention on quality of life, negative emotions, and psychological rehabilitation in post-hysterectomy women" n= 124 and found significant differences, sample size was calculated using following equation: n= (Z2 *p* q)/D 2 at power 80%, confidence level 95% and margin of error 5% , the average sample Size (n) was (80 women undergo hysterectomy)divided into two equal groups 40 women for each group.

Sample technique

A purposive sample used in this study.

Inclusion criteria

- The women undergo hysterectomy.
- The women in child bearing period.
- Free from history of psychiatric disorder.

Instruments of data collection:

The researcher used two instruments for data collection:

Instrument 1: an interviewing questionnaire:-

It was included three parts:

- **Part1:** Socio demographic data (name, age, address, years of marriage, occupation, couples level of education and income)
- **Part2:** Medical history (medical history, cause of hysterectomy and previous surgical procedures)
- **Part3:** Women's concerns after hysterectomy (complications, fears of incomplete femininity, lack of love and intimacy, marry another, unsupported and husband's family calibrating)

Scoring of Instrument 1 (Women's concerns) (Badr, 2022)

- No fears less than 4
- Mild fears 4:6
- Moderate fears 7:13
- Sever fears 14: 21

Instrument 1 Validity

A group of five expert's professor (three medical and two nursing) reviewed the instruments for content accuracy and internal validity was ascertain the validity of the instruments. They asked to judge the items for completeness and clarity (content validity). Suggestions were incorporated into the instruments.

Instrument 1 Reliability

The researcher for testing the internal consistency of the instruments applied test retest reliability. It was done through the administration of the same instruments to the same participants under similar, conditions on two or more occasions. Scores from repeated testing compared to test consistency of the result over time.

Instrument 2: the World Health Organization Quality of Life Scale (WHOQOL) (adopted from Lin et al., 2017) it was used to measure quality of life. It translated into Arabic by the researcher and retested for validity and reliability .It consists of 40-items. Divided into six domains: physical health (13 items), personal beliefs (2 items), psychological health (9 items), social relationships (4 items), and environmental health (5 items); and sexual relationships (7 items). Each item of the WHOQOL-BREF is scored from 1 to 5 on a response scale, which is stipulated as a five point ordinal scale. It was modified by the researcher to be scored from 1 to 3 .The higher score indicate high quality of life.

Scoring system of Instrument 2:

The six domain scores denote an individual's perception of quality of life in the following domains: Physical, Psychological, sexual, Social Relationships, Environment, and Spirituality. Domain and facet scores are scaled in a positive direction where higher scores denote higher quality of life. Some facets are not scaled in a positive direction, meaning that for these facets higher scores do not denote higher quality of life.

The 40 QoL items are rated according to 1 type of response scales.

The response scales are:

1) yes (1), To some extent (2) and no(3)

2) (Q2,Q14,Q15,Q17,Q19,Q25,Q26,Q27,Q28,Q29 and Q40)
No (1), to some extent (2) and yes (3)

Scores on the response scales are reversed, summed and scaled to range from 0 to 100. Higher scores on the subscales and total scores indicate better quality of life.

- Score less than 40 mean poor quality of life
- Score from 40 to 53 mean average quality of life
- Score from 54 to 68 mean good quality of life
- Score from 69 to 78 mean high quality of life

Instrument 2 Validity

A group of experts five professor (medical and nursing) who were review the instruments for content accuracy and internal validity were ascertains the validity of the tool. They asked to judge the items for completeness and clarity (content validity). Suggestions incorporated into the instruments.

Instrument 2 Reliability

The researcher for testing the internal consistency of the instrument was applied test retest reliability. It was done through the administration of the same tools to the same participants under similar, conditions on two or more occasions. Scores from repeated testing were compared to test consistency of the result over time.

Pilot Study

Pilot was conducted to ensure the applicability of the instruments, the feasibility of the study and estimate the time needed for collecting the data. It was conducted on 10% of the total sample (8).

Ethical Considerations

An approval from the research and ethical committee of the Faculty of Nursing, Menoufia University was obtained dated (15-5-2020). Approaches to ensure ethical issues were considered in the study. All participants were informed that the information they provided during the study would be kept confidential and used only for statistical purpose and after finishing the study, the findings would be presented as a group data with no personal participant's information remained.

Administrative approval

A formal letter from Faculty of Nursing, Menoufia University was submitted to obstetric department of Menoufia University and Shibin El-kom Teaching Hospital- Menoufia governrate, Egypt. An officially permission was obtained to carry out the study from the directors of the above-mentioned setting.

Field work

An extensive review related to the study area was done including electronic dissertations, available books and articles. A review of literature to formulate knowledge base relevant to the study area also was done. The review of literature section was tested by plagiarism checker software and the result was "low probability of plagiarism in paper.

The study was divided into four Phases:

Phase (1):- Assessment phase:

An interview conducted individually for all study subjects by the researcher to collect data by using the study instruments after hysterectomy operation recovery (pre-test) in obstetric department. The researcher remarked the women answer in data collection sheet due to the women condition.

Phase (2):- Preparing phase:

Based review of related literature the researcher developed the plan to be

followed regarding psychological counseling program for women undergoing hysterectomy. This phase aim to plan for psychological counseling program through setting program objectives, preparing the program, for media total number of sessions and duration of each session. The educational booklet developed to be distributed to every women undergoing hysterectomy for enforcement and facilitate explanation during session.

The content of the counseling sessions was planned to be divided into the following:

- **Theoretical Sessions:** it was one third of the program content. It was focused on knowledge about hysterectomy, quality of life and women's concerns after hysterectomy.
- **Practical Sessions:** it was two third of the program content. It was focused on skills needed to enhance quality of life, emotional status and adjustment for women after hysterectomy such as breathing exercise, meditation, massage, and kegel exercise.

Phase (3):- Intervention phase:

This phase included implementation of psychological counseling program on women undergoing hysterectomy according to the preparing phases developed by researcher.

The data collection started in 12 December 2020 and ended in 28 april 2022.

The researcher applied the implementation phase in the following steps:

The 1st step: the researcher went to obstetric department in MUH from 10-11 Am and Shibin El- kom Teaching Hospital from 11.30 Am- 1Pm four days/ week (Sunday, Monday, Wednesday and Tuesday). The researcher interviewed 6-8 women monthly.

The 2nd step: After recovery from hysterectomy surgery the researcher introduced herself to the study participants and provided verbal explanation of the study groups. Verbal agreement was obtained from all participants. Each participant was informed that participation in the study was voluntary and she can withdraw at any time, and the researcher took socio demographic data from the participants. The researcher may found a woman daily or may not.

The women divided into 10 subgroups; Each subgroup was composed for 4 women.

The program carried out in the form of sessions; these sessions scheduled as twice weekly (two sessions per/week) for 1-2 hr/day.

Socio demographic data (name, age, address, telephone number, years of marriage, occupation, couples level of education and income), medical history (medical history, cause of hysterectomy and previous surgical procedures), and women's concerns after hysterectomy (complications, fears of incomplete femininity, lack of love and intimacy, marry another, unsupported and husband's family calibrating), all of these data were taken from the woman after totally operation recovery and remarked by the researcher.

After month from the operation the researcher started the session in the first session each woman was handed the questionnaire and answer it under observation of the researcher. While illiterate women the researcher wrote, their answers and each woman took about 8-10 minute to answer the questionnaire. Any woman can't came any session for any reason the researcher gave her the session by using mobile phone.

The 3rd step: Sessions implementation.

The sessions implementation were as the following

Session 1: Focus on Introduction and orientation about hysterectomy

The researcher checked on women and gave them the quality of life questionnaire (pretest) and let them to answer.

- The researcher gave the booklet to the women and give them an introduction and orientation about hysterectomy definition of female reproductive system, definition of hysterectomy, causes, types and let them to speak about their concerns
- The researcher was corrected the concepts about hysterectomy and try to speak decrease women fears.
- The researcher explained the importance of hormonal replacement therapy after total hysterectomy. The researcher referral women to their doctor to describe the medication according to their needs.
- The researcher explained some of the complications after hysterectomy and if happened or not as hot flashes, night sweets, constipation or diarrhea, weight gain or urinary incontinence.
- The researcher encouraged women to eat healthy foods to avoid the risk of osteoporosis, constipation, dry skin and colon cramps and maintain a healthy weight.
- The women with physical complications as hot flashes or night sweats encouraged them to use phytoestrogen after total hysterectomy and the food that contain it as (soybeans and soy products, tofu, tempeh, apple, carrots, strawberries, yams, lentils-, alfalfa sprouts, cranberries, flaxseeds, linseeds, sesame seeds and beans) as in the booklet.
- The researcher has set the next launch date

Session 2: focus on the effect of hysterectomy on women life

- The researcher checked on women and discuss with women explanate the last session .The researcher used educational booklet to facilitate explanation explained of the psychological effect of hysterectomy and let the women to express their feelings, and how to come over the panic attacks by using breathing exercise and the steps of the procedure then let the woman to do it and other therapy that relive the anxiety and depression as meditation, massage, behavioral relaxation, and emotional support
- Psychological guidance: good communication with amiable words to establish a good relationship with women. Moreover, they were advised to increase the amount of exercise according to their postoperative recovery. They were encouraged to take active part in social activities, cultivate hobbies and interests, improve self-image, establish good interpersonal relationships, actively accept social support, and enhance the ability of self-mental adjustment.
- Emotional support: Relatives and friends of patients were asked to avoid influencing patients with their own negative emotions. They were also informed the importance of emotional support to patients. Apart from material support, they should also give spiritual encouragement, showing full respect and sympathy for them so that they could feel their love and affection and become more confident in fighting against disease. Besides, care providers

should also integrate humanistic care into daily medical work, promote mutual support and collective communication among women, and encourage them to open their hearts and make an emotional catharsis.

- For women with urinary incontinence the researcher focus on the importance of kegel exercise and its technique on women after hysterectomy. Also referral her to physician may be there was any medication can help.
- The pretest of sexual domain taken from the women and after that the researcher speak with the woman about her first intercourse after surgery and her feeling and the methods which help them to improve their sexual life

Session 3: follow up

Phase (4):- Evaluation phase:

- This phase aims to evaluate the effect of psychological counseling program on quality of life among women undergoing hysterectomy.
- The researcher let the women to speak and ask then the researcher made follow up about all sessions and explain anything the woman want
- Post-test was done at the end of the program following the same pattern of interviewing after 3 month of the surgery and follow up after 6 month of surgery.

Statistical analysis

Data were collected, tabulated, statistically analyzed using an IBM personal computer with Statistical Package of Social Science (SPSS) version 20 (SPSS, Inc, Chicago, Illinois, USA).where the following statistics was applied:

Results

Table (1) shows the socio demographic data of the study participants. There is no statistically significant difference between the study and control group regarding socio-demographic characteristics

Table (2) shows surgical history among studied participants. This table revealed that there is no statistically significant difference between the study and control groups regarding their medical and surgical history. The most common cause of hysterectomy among the study participant and control group was heavy or irregular bleeding. The most common type of hysterectomy among the study participant and control group was subtotal hysterectomy from abdominal techniques.

Figure (1) shows comparison between studied groups regarding quality of life domains after program of hysterectomy. There were statistically significant differences between the study and control groups regarding physical domain, psychological domain, social domain and sexual domain. About 87.1% of studied group had good quality of life compared to 66.1% of control group.

Table (3) shows quality of life domains after hysterectomy and after counseling program among the study group. the study group had a higher statistically significant difference regarding all quality of life domains after Hysterectomy, 3 and 6 months (p= 0.001). Where total mean of quality of life was higher at six months of hysterectomy (96.2±7.90) than total mean after hysterectomy and 3 after months
(70.5±9.20&87.1±10.1respecively)

Table (4) shows correlation between quality of life and fear among the studied group (before and after counseling program). After hysterectomy there was no correlation

between quality of life and fear among the studied groups (p= 0.073). After 3 months of hysterectomy (after counseling program) there was negative correlation between quality of life and fear among the studied groups (p= 0.001). After 6 months of hysterectomy (after counseling program) there was negative correlation between quality of life and fear among the studied groups (p= 0.001). When quality of life increase women's fears decease.

Table (1): Socio Demographic Characteristics of the Study and Control Groups (N=80)

variables	Study group (N=40)		Control group (N= 40)		X2	P value
	No.	%	No.	%		
Age / years						
20 – 30	14	35.0	12	30.0		
31 – 40	12	30.0	16	40.0	0.879	0.644
41 - 55	14	35.0	12	30.0		
Marital status						
Single	1	2.50	2	5.00		
Married	34	85.0	32	80.0	0.537	0.911
Divorced	2	5.00	2	5.00		
Widow	3	7.50	4	10.0		
Duration of marriage	N=39		N=38			
5 – 9	21	53.8	16	42.1		
10 – 15	8	20.5	16	42.1	4.33	0.115
> 15	10	25.6	6	15.8		
Educational level						
Read and write	4	10.0	3	7.50		
Secondary	15	37.5	20	50.0	2.68	0.442
University	17	42.5	16	40.0		
Postgraduate	4	10.0	1	2.50		
Educational level of husband	N=39		N=38			
Illiterate	4	10.3	1	2.60		
Secondary	12	30.8	20	52.6	4.68	0.096
University	23	59.0	17	44.7		
Number of lived children						
No	3	7.50	4	10.0		
One	10	25.0	16	40.0	4.79	0.188
Two	11	27.5	4	10.0		
> two	16	40.0	16	40.0		
Sex of children						
Male	15	40.5	9	25.0		
Female	7	18.9	7	19.4	2.20	0.333
Both	15	40.5	20	55.6		
Woman occupation						
Employed	26	65.0	29	72.5	0.524	0.469
Unemployed	14	35.0	11	27.5		
Income						
Enough	27	67.5	23	57.5	0.853	0.356
Not enough	13	32.5	17	42.5		

Table (2): Medical and Surgical History among the Study and Control Groups (N=80):

variables	Study group (N=40)		Control group (N= 40)		X2	P value
	No.	%	No.	%		
Having surgery before						
Yes	20	50.0	21	52.5	0.050	0.823
No	20	50.0	19	47.5		
Type of surgery	N=20		N=21			
Appendectomy	4	20.0	3	14.3		
Tonsillectomy	7	35.0	4	19.0	4.44	0.217
Cholecystectomy	2	10.0	8	38.1		
Gynecological surgery	7	35.0	6	28.6		
Causes of hysterectomy						
Cancer	2	5.00	1	2.50		
Uterine fibroids	9	22.5	5	12.5		
Endometriosis	0	0.00	3	7.50		
Hyperplasia	4	10.0	0	0.00	13.1	0.108
Heavy or irregular bleeding	14	35.0	19	47.5		
Delivery complication	7	17.5	6	15.0		
Placental causes	0	0.00	1	2.50		
Uterine prolapse	1	2.50	4	10.0		
Accidental	3	7.50	1	2.50		
Type of hysterectomy						
Total	6	15.0	8	20.0		
Subtotal	20	50.0	19	47.5	0.348	0.840
Hysterectomy with bilateral salpingo oophorectomy	14	35.0	13	32.5		
Surgical techniques for hysterectomy						
Vaginal	2	5.00	8	20.0	4.57	0.102
Abdominal	31	77.5	28	70.0		
Laparoscopic	7	17.5	4	10.0		

Figure (1): Comparison between Study and Control Groups Regarding Quality of Life Domains after Counseling Program

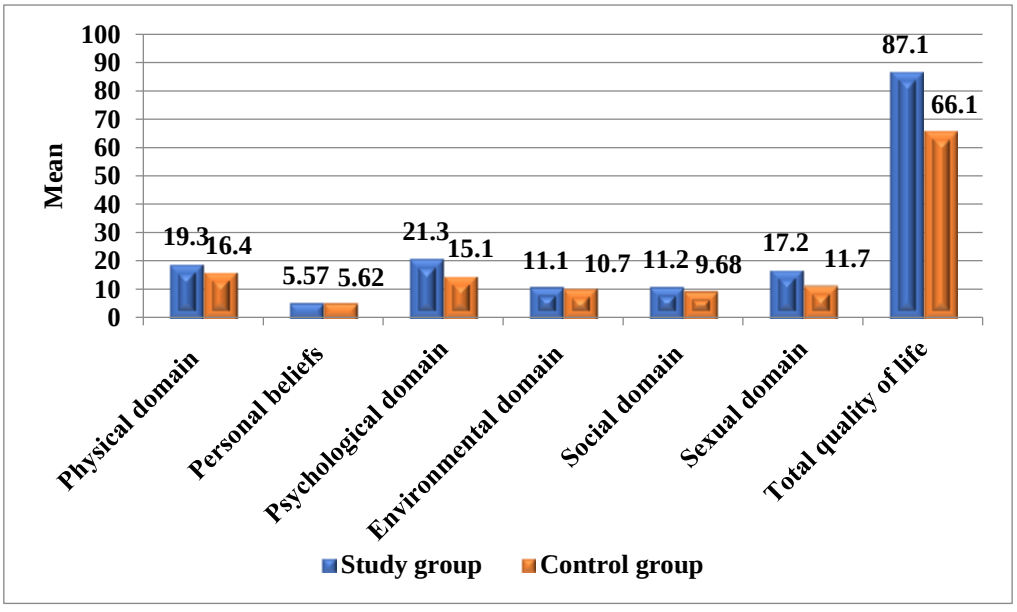

Table (3): Quality of Life Domains after Hysterectomy and after 3 and 6 Months among the Study Group (after Counseling Program)

variables	Study group			Paired t-test	P value
	After hysterectomy	After 3 months of hysterectomy	After 6 months of hysterectomy		
	Mean±SD	Mean±SD	Mean±SD		
Physical domain	17.3±3.58	19.3±3.97	19.9±4.58	2.40 2.61 0.58	P1:0.021* P2:0.012* P3:0.567
Personal beliefs	5.60±0.63	5.57±0.96	5.58±0.97	1.00 1.23 1.01	P1:0.323 P2:0.431 P3:0.323
Psychological domain	15.5±2.73	21.3±4.57	19.7±3.11	10.0 8.45 1.69	P1:0.001** P2:0.001** P3:0.096
Environmental domain	10.9±1.44	11.1±1.05	11.1±1.05	0.729 0.734 0.00	P1:0.470 P2:0.432 P3:1.00
Social domain	9.88±0.68	11.2±0.90	11.3±0.88	8.32 8.24 0.460	P1:0.001** P2:0.001** P3:0.644
Sexual domain	11.4±3.05	17.2±2.50	19.3±1.42	8.53 8.32 4.27	P1:0.001** P2:0.001** P3:0.001**
Total quality	70.5±9.20	87.1±10.1	96.2±7.90	7.84 12.3 4.14	P1:0.001** P2:0.001** P3:0.001**

Table (4): Correlation between Quality of Life and Fear among the Study and Control Groups (after Counseling Program)

Fear	Quality of life			
	Study group (N=40)		Control group (N= 40)	
	r	P value	r	P value
After hysterectomy	-0.312	0.073	-0.342	0.056
After 3 months of hysterectomy	-0.804	0.001**	-0.476	0.004**
After 6 months of hysterectomy	-0.645	0.001**	-0.415	0.015*

*Significant **High significant

Discussion

Regarding socio-demographic characteristics, it is astonishing to no significant difference between the study and control groups regarding socio-demographic data regarding (age, parity, duration of marriage, education, employment, income and type of sex children).

This result comes in agreement with Ibrahim & Mohammed (2020) and Zhang, et al (2018) stated that there was no significant difference between the study and control group regarding socio-demographic data regarding age, parity, duration of marriage, education, employment and income.

On the other hand, this finding is contradicted with Yakout, et al., (2017) also Sardeshpande Nilangi (2015) reported age group below 30 years.

Regarding medical and surgical history among studied participants the present study revealed there was no statistically significant difference between the study and control groups regarding causes of hysterectomy as half of the study and control groups had surgery before. The most common cause of hysterectomy among the study and control groups was heavy or irregular bleeding. The most common type of hysterectomy among the study participant and control group was subtotal hysterectomy from abdominal techniques. This result comes in agreement with that Zhang, et al (2018) and Ibrahim & Mohammed (2020)

On the other hand, this finding is contradicted with Ibrahim & Mohammed (2020) who stated that fibroids was the most common cause of hysterectomy among the study participants and most of study participants made total hysterectomy. Banovcinova and Jandurova (2018) who reported myoma was the most common cause of hysterectomy among the study participant. This may be related to increase awareness in this community and regular checked up for cancer.

About the Techniques of hysterectomy the present study stated the most common techniques of hysterectomy were subtotal abdominal hysterectomy. This comes in agreement with Ibrahim & Mohammed (2020), Banovcinova and Jandurova (2018) and Sardeshpande Nilangi (2015)

Concerning the core quality of life; the present study revealed that there was no statistically significant difference between the study and control groups regarding all quality of life domains after hysterectomy (before counseling program) but There were statistically significant differences between the study and control groups regarding physical domain, psychological domain, social domain and sexual domain. Where the majority of studied group had good total quality of life compared to two thirds of control group. This finding was in agreement with Zhang, et al (2018) and Skorupska et el (2016)

The researcher's point of view, psychological intervention could benefit patients in different ways such as improving their knowledge regarding postoperative complications, providing professional advices that reduce psychological distress and concerns. All these help in improving woman's quality of life after hysterectomy.

As regard to correlation between quality of life and fear among the studied group (before and after counseling program). After hysterectomy there was no correlation between quality of life and fear among the studied groups. After 3 months of hysterectomy (after counseling program) there was negative correlation between quality of life and fear among the studied groups. After 6 months of hysterectomy (after counseling program) there was negative correlation between quality of life and fear among the studied groups. When quality of life increase women's fears decease.

Malyam et al., (2018) stated that supported the present study where women expressed fears about possible change in body image, sexual dysfunction and discomfort and that affect negatively on quality of life.

This comes in agreement with Reisy and Hajizadeh (2018) who studied "The effect of abdominal hysterectomy procedure on quality of life and sexual function in women referred to Tehran teaching hospitals" in Tehran and stated that the results of this study show that fear is among the effective factors in sexual relationship of couples and quality of life.

Psychological interviews can help in exploring the fear from sexual behaviors and consulting with peer group beside psychological consultation in both the patient and her husband before the hysterectomy can clarify the surgery's side-effects and decrease the fear.

Conclusion

The current study findings succeeded in testing Research Hypothesis
The women undergoing hysterectomy who receive psychological counseling had higher quality of life than those who do not receive it.

- ❖ There was no statistically significant difference between the study and control groups regarding all quality of life domains after hysterectomy before counseling program
- ❖ After counseling program, there were statistically significant differences between the study and control groups regarding physical, psychological, social and sexual domain s. Where About 87.1% of studied group had good total quality of life compared to 66.1% of control group.

Recommendations

In the light of the current study findings the following can be recommended.

- The need for a hospital based support group for women undergoing hysterectomy.
- Health instructions to women experiencing hysterectomy was greatly benefit to them.
- Women experiencing hysterectomy need emotional and social support to increase feeling of security.
- Replication of study to further setting using a larger sample.
- Further research is needed, both in rural and urban areas on this topic to get a broader perspective of women's quality of life.

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