

A Correlational Study to Assess the Self Esteem and Quality of Life among Women after Hysterectomy at Selected Maternity Hospitals of Bagalkot

Miss. Sudharani Dodamani^{1*}, Dr. Jayashree Awarsang², Dr. Deelip Somaninga Natekar³

¹M.Sc. Nursing Final Year, Shri B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India

²Associate Professor Department of Obstetrics and Gynaecological Nursing, Shri B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India

³Principal, (Ph.D. In Nursing), Shri B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India

DOI: <https://doi.org/10.36347/sjams.2025.v13i01.017>

| Received: 01.12.2024 | Accepted: 07.01.2025 | Published: 10.01.2025

*Corresponding author: Miss. Sudharani Dodamani

M.Sc. Nursing Final Year, Shri B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot, Karnataka, India

Abstract

Original Research Article

Background: Hysterectomy is the surgical removal of the uterus and cervix. Supracervical hysterectomy refers to removal of the uterus while the cervix is spared. These procedures may also involve removal of the ovaries (oophorectomy), fallopian tubes (salpingectomy), and other surrounding structures. Quality of life is an important outcome variable in clinical research as medical interventions can affect it in both positive and negative ways. Health-related QoL is a multidimensional concept, which encompasses physical, emotional and social aspects associated with a given disease or its treatment. **Method:** A Descriptive Correlation design was conducted among women after hysterectomy with the sample size of 120 by using Purposive sampling technique. The data was collected by Rosenberg Self-esteem scale and WHO Quality of life scale. The data analysis done by using descriptive and inferential statistics in terms of frequency distribution, percentage, mean, mean percentage, Standard Deviation, paired 't' test and Chi-square test. **Results:** Inferential and descriptive statistics were used to analyze the data. The results depict that assessment of the level of self-esteem among the women after hysterectomy the majority of women (66.67%) and Assessment of the level of quality of life among the women after hysterectomy the majority of women (73.33%). after Findings shows that there was a significant moderate positive correlation ($r=0.7469$, $P<0.05$) between self-esteem and quality of life of women after hysterectomy. association between self-esteem among women after hysterectomy with their selected socio-demographic variables, it shows that, there was no significant association found between religion [$\chi^2=1.04$, $P<0.307$], and place of residential [$\chi^2=3.46$, $P<0.062$]. **Conclusion:** The present study emphasized on assessment of self-esteem & quality of life, to attain a positive outcome and education about the measures to assess the self-esteem & quality of life helps in women after hysterectomy.

Keywords: Married women, knowledge, utilization, barriers, assessment and socio demographic variables, cervical cancer and its screening.

Copyright © 2025 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

A woman is an adult female human. Before adulthood, a woman is referred to as a girl (a female child or adolescent). Typically, women are of the female sex and inherit a pair of X chromosomes, one from each parent, and fertile women are capable of pregnancy and giving birth from puberty until menopause [1].

Uterus, an inverted pear-shaped muscular organ of the female reproductive system, located between the bladder and the rectum. It functions to nourish and house a fertilized egg until the fetus, or offspring, is ready to be delivered. The uterus has four major regions: the fundus is the broad curved upper area in which the fallopian tubes connect to the uterus; the body, the main part of the

uterus [2].

Hysterectomy is the surgical removal of the uterus and cervix. Supracervical hysterectomy refers to removal of the uterus while the cervix is spared. These procedures may also involve removal of the ovaries (oophorectomy), fallopian tubes (salpingectomy), and other surrounding structures [3]. Studies have also reported potentially important associations between age and disease progression and the mental health status of women undergoing hysterectomy, particularly before the age of 40 and in the case of more severe disease, which can increase the psychological burden of women [4].

Citation: Sudharani Dodamani, Jayashree Awarsang, Deelip Somaninga Natekar. A Correlational Study to Assess the Self Esteem and Quality of Life among Women after Hysterectomy at Selected Maternity Hospitals of Bagalkot. Sch J App Med Sci, 2025 Jan 13(1): 99-105.

Hysterectomy has several impacts on women, affecting their quality of life. Different length of recovery time period may affect quality of life after hysterectomy. Adequate help and support from friends, family and health care professionals, could improve their quality of life after surgery. Three components of quality of life are discussed, namely personal relationships, social support, and sexual activity. This study describes the relationships between recovery time period and the components of quality of life after hysterectomy [5].

"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 [6]. Hysterectomy can affect 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 that will affect the quality of life [6].

Quality of life is an important outcome variable in clinical research as medical interventions can affect it in both positive and negative ways. Health-related QOL is a multidimensional concept, which encompasses physical, emotional and social aspects associated with a given disease or its treatment [7]. The experience of gynecological surgeries is unique for each woman. Loss of feminine organs, whether visible to others or not, leads to profound changes in self-concept because these organs, in addition to their specific function, have a direct impact on one's social structure. The development of positive or negative self-concept is mainly because of physical and functional changes [8].

Self-esteem is confidence in one's own worth, abilities, or morals. Self-esteem encompasses beliefs about oneself as well as emotional states, such as triumph, despair, pride, and shame. Smith and Mackie define it by saying "The self-concept is what we think about the self; self-esteem, is the positive or negative evaluations of the self, as in how we feel about it (see self). The construct of self-esteem has been shown to be a desirable one in psychology, as it is associated with a variety of positive outcomes, such as academic achievement, relationship satisfaction, happiness, and lower rates of criminal behavior [9]. In younger patients who have not completed their family an excision of the transformation zone using electrocautery (LLETZ) or a classical conization of the cervix using scalpel or laser is indicated. In older patients who have completed their

family, trachelectomy or even an abdominal hysterectomy with or without the ovaries is indicated [10].

The body image and self-esteem disrupted, feelings that their different from others women who can childbearing, and she is not, all of that make them isolated from the community, when this community need for their power and productivity [11]. Sexual satisfaction is a broad construct closely linked to overall satisfaction in relationship. Sexual satisfaction is positively associated with indicators of quality of relationship such as love, commitment and stability, and is inversely related to likelihood of divorce [6-9]. The current literature does not give a conclusive picture about the effect of hysterectomy on QOL, sexual satisfaction and psychiatric morbidities [12].

MATERIALS AND METHODS

A Descriptive Correlation design was conducted among women after hysterectomy to assess the self-esteem and quality of life of women by using Purposive sampling technique. The data was collected by standardized Rosenberg Self-esteem scale and WHO Quality of life scale and a descriptive and inferential statistics were used to arrange and evaluate the results.

Study design: A non-experimental descriptive correlation design was adopted for this study with Purposive sampling technique was used to collect the data from participants.

Setting of the study: The present study was conducted at the women with hysterectomy having the age more than 20 years and attending selected maternity hospitals of Bagalkot city.

Participants: In the present study participant were women after hysterectomy in the age group more than 20 years. The sample consisted of 120 hysterectomy women. They were selected using Purposive sampling technique.

Instruments: A Descriptive Correlation design was conducted among women after hysterectomy with the sample size of 120 by using Purposive sampling technique. The data was collected by Rosenberg Self-esteem scale and WHO Quality of life scale.

Description of data collection instruments

Part I: Socio-demographic and personal characteristics of women after hysterectomy

It includes information about Age, education, type of family, family monthly income, number of children, religion, place of residence, age at menarche, regularity of menstrual cycle, nature of menstruation flow.

Part II: Rosenberg Self-esteem scale: It consists of 10 items, the self-esteem evaluates 5 domains of hysterectomy women, items are rated using a five points Likert's scale (1=strongly agree, 2= Disagree, 3=Neither agree or disagree, 4=Agree & 5= strongly agree). Total score range between ≤ 25 with low self-esteem and >25 high self-esteem score and.

Part III: WHO Quality of life scale: It is used to assess the quality-of-life women after hysterectomy. In twenty-six domains for each domain the item description that most closely reasonable the hysterectomy women, and there will be assess the women quality of life, health and hopes with their individual response (≤ 60 score = Poor quality of life and >60 score = Good quality of life).

Data Collection Procedures: The present study data collection is gathering information needed to address the research problem. Prior to actual data collection, the investigator obtained permission from Principal, Sajjalashree Institute of Nursing Sciences, Navanagar, SNMC & HSK Medical superintendent Navanagar, Bagalkot. The main study was conducted from 16/06/2024 to 30/06/2024 among 120 women after hysterectomy at selected maternity hospitals of Bagalkot, and the aim of the study was explained to the participants. They were asked questions in Kannada and other languages understandable to them.

Variable under study: The study variables for the present study were assessment the self-esteem and quality of life among women after hysterectomy.

Sociodemographic Variables: Sociodemographic Variables are Age, education, type of family, family monthly income, number of children, religion, place of residence, age at menarche, regularity, nature of menstruation flow.

Statistical Analysis

The obtained data were statistically examined in terms of the objectives of the study using inductive

statistics. A master sheet was prepared with responses given by the study participants. Frequencies and Percentage was used for the analysis of demographic data. The mean and standard deviation was used as inferential statistics. The Chi Square(χ^2) test was used to determine association between self-esteem and quality of life among women after hysterectomy with their selected socio-demographic variables and to find correlation between self-esteem and quality of life of women after hysterectomy.

Ethical Approval: A certificate of ethical permission was obtained from ethical committee of the institution and written consent was taken from each participant.

RESULTS

A. Socio- demographic variables

Percentage wise distribution of hysterectomy women the Majority (62.50%) of the hysterectomy women were in the age group of 31-40 years, majority of hysterectomy women (61.66%) have no formal education, most of hysterectomy women (66.66%) were Muslim, the majority of hysterectomy women (57.50%) were having income of 10,001-15,000/-, most of hysterectomy women (26.66%) were having 3-4 children, most of hysterectomy women (70%) were living in nuclear family, most of hysterectomy women (61.66%) were residing in urban area, most of hysterectomy women (55%) were have vegetarian diet, most of hysterectomy women (39.16%) were had age at menarche, most of hysterectomy women (57.50%) having the regularity flow and (43.33%) of hysterectomy women having the nature of menstrual flow.

Assessment of level of self-esteem among women after hysterectomy

Categorization of women after hysterectomy on the basis of their self-esteem was done as follows: score ≤ 25 low self-esteem and score >25 high self-esteem.

Table 5.1: Distribution of subjects in terms of their self-esteem among women After hysterectomy, N=120

Sl. No	Levels of self-esteem	Score	Frequency	percent of them
1	Low self esteem	≤ 25	80	66.67%
2	High self esteem	>25	40	33.33%

As per findings presented in Table 5.1, majority of women after hysterectomy 66.67 percent of them had low self-esteem and 33.33 percent of them of them had high self-esteem.

Assessment of level of Quality of life among women after hysterectomy

Section A: Distribution of subjects in terms of their Quality of life among women after hysterectomy

Categorization of women after hysterectomy on the basis of their quality of life was done as follows: score ≤ 60 poor quality of life and score >60 good quality of life.

Table 5.2: Distribution of subjects in terms of their Quality of life among women After hysterectomy, N=120

Sl. No	Levels of quality of life	Score	Frequency	percent of them
1	Poor quality of life	≤ 60	88	73.33%

2	Good quality of life	>60	32	26.67%
---	----------------------	-----	----	--------

As per findings presented in Table 5.2, majority of women after hysterectomy 73.33 percent of them had poor quality of life and 26.67 percent of them of them had good quality of life.

To find correlation between self-esteem and quality of life of women after hysterectomy

Table 5.3: Relationship between self-esteem score and quality of life score of women after hysterectomy

CORRELATION	PEARSONS 'R'	P VALUE
Self-esteem and Quality of life	0.7469	0.00001**

* Significant P<0.05

Table 5.3 as per findings of statistical test Karl Pearson's correlation coefficient applied to find relationship between self-esteem and quality of life of women after hysterectomy. Findings shows that there was a significant moderate positive correlation ($r=0.7469$, $P<0.05$) between self-esteem and quality of life of women after hysterectomy. That means as self-esteem decreases quality of life decreases, Hence H_1 : is

accepted for these self-esteem and quality of life, there is significant moderate positive correlation between Self-esteem and Quality of life of women after hysterectomy.

To find out association between self-esteem among women after hysterectomy with their selected socio-demographic variables

Table 5.4: Association between self-esteem among women after hysterectomy with their selected socio-demographic variables

Sl. No	Variables	DF	Chi square value	P value
1	Age	1	0.7	0.428
2	Education	1	0.83	0.362
3	Religion	1	1.04	0.307
4	Family income per month	2	0.31	0.577
5	Number of children	1	0.02	0.875
6	Type of family	1	0.13	0.718
7	Place of residence	1	3.46	0.062*
8	Diet	1	0.31	0.577
9	Age at menarche	1	0.01	0.920
10	Regularity of before hysterectomy	1	0.92	0.337
11	Nature of menstruation flow	1	0.02	0.887

P=<0.05

Table 5.4 Displays that finding regarding association between self-esteem among women after hysterectomy with their selected socio-demographic variables, it shows that, there was no significant association found between religion [$\chi^2=1.04$, $P<0.307$], and place of residential [$\chi^2=3.46$, $P<0.062$]. Therefore, H_2 is accepted for these socio demographic variables and

it is rejected for remaining socio demographic variables and clinical characteristics.

To find out association between quality of life among women after hysterectomy with their selected socio-demographic variables

Table 5.5: Association between quality of life among women after hysterectomy with their selected socio-demographic variables

Sl. No	Variables	DF	Chi square value	P value
1	Age	1	2.48	0.115
2	Education	1	0.47	0.491
3	Religion	1	0.83	0.361
4	Family income per month	2	0.56	0.454
5*	Number of children	1	0.43	0.507
6	Type of family	1	0.132	0.716
7	Place of residence	1	3.482	0.062*
8	Diet	1	1.55	0.213
9	Age at menarche	1	3.084	0.079
10	Regularity of before hysterectomy	1	0.04	0.82
11	Nature of menstruation flow	1	0.213	0.644

P=<0.05

Table 5.5 Displays that finding regarding association between quality of life among women after hysterectomy with their selected socio-demographic variables, it shows that, there was no significant association found between age [$\chi^2=2.48$, $P<0.115$], and place of residence [$\chi^2=3.48$, $P<0.062$], Therefore H_2 is accepted for these socio demographic variables and it is rejected for remaining socio demographic variables and clinical characteristics.

DISCUSSION

The findings of the present study are discussed in light of previous scientific studies in this chapter and discussion regarding findings of the study is presented in accordance with the objectives of the study and hypothesis. The current study aims at to determine association between self-esteem and quality of life among women after hysterectomy with their selected socio-demographic variables and to find correlation between self-esteem and quality of life of women after hysterectomy attending selected maternity hospitals of Bagalkot city. In order to achieve the objectives of the study, Descriptive Cross sectional design survey approach was adopted. The sample was selected Non-random convenience sampling technique. The sample comprised of 100 women.

Percentage wise distribution of hysterectomy women according to their age in years reveals that, out of 120 hysterectomy women, higher percentage (62.50%) were in the age group between 31 to 40 and lowest (8.33%) of hysterectomy women were within the age group of 41 to 50 years.

Finding of the present study are inconsistent and not supported by the study conducted by Kumari P, Kundu J. The most of the women after hysterectomy 9.7% of them were in the age group of 40-49 [13].

Finding of the present study are consistent and supported by the study conducted by Kumari P, Kundu J. The most of the women after hysterectomy 7.2% of them were illiterate [13].

Percentage wise distribution of hysterectomy women according to their religion reveals that, out of 120 hysterectomy women, higher percentage (66.66%) were in muslim and lowest (19.16%) of hysterectomy women were in Hindu.

Finding of the present study are inconsistent and not supported by the study conducted by Kumari P, Kundu J. The most of the women after hysterectomy 3.4% of them were belongs to Hindu religion [13].

Percentage wise distribution of hysterectomy women according to their family monthly income reveals

that, out of 120 hysterectomy women, higher percentage (57.50%) were in income of 10,001-15,000/- and lowest (3.33%) of hysterectomy women were in income of 20,001/- and above.

Finding of the present study are consistent and supported by the study conducted by Desai S, Campbell O, Sinha T, Ajay Mahal A, Cousens S. The most of the women after hysterectomy 45.6% of them were have the income Rs. < 60,000/- [14].

The percentage wise distribution of sample according to their number of children describes that majority (50%) of them were have 1-2 children. Majority of hysterectomy women (70%) of them were from nuclear family. Majority of hysterectomy women (61.66%) of them were living at urban area. Majority of hysterectomy women (55%) of them were vegetarian.

Finding of the present study are inconsistent and not supported by the study conducted by Desai S, Campbell O, Sinha T, Ajay Mahal A, Cousens S. The most of the women after hysterectomy 92.2% of them were have more than 2 children [14].

The percentage wise distribution of samples according to their self-esteem describe that majority of hysterectomy women have low self-esteem (66.67%) and remaining will have high self-esteem (33.33%).

Finding of the present study are inconsistent and not supported by the study conducted by El-Sayad S M, Mahmoud A S, Naglaa S, Gwad A E, El Fatah B A. The most of the women after hysterectomy 70.2% of them were had high level of self-esteem [15].

Finding of the present study are consistent and supported by the study conducted by Yaman S, Ayaz S. The total self-esteem Mean and SD of the women after hysterectomy score is 20.8 ± 4.4 [16].

The percentage wise distribution of samples according to their quality of life describe that majority of hysterectomy women have 73.33% of them had poor quality of life and 26.67% of them had good quality of life.

Finding of the present study are inconsistent and not supported by the study conducted by Sumdaengrit B, Wongsrisunthorn M. The most of the women after hysterectomy 51.5% of them were had moderate Quality of life [17].

Finding of the present study are inconsistent and not supported by the study conducted by Ferhi M, Marwen N, Abdeljabbar A. The most of the women after hysterectomy 58.3 % of them were had good Quality of life [18].

The mean and SD of quality of life among women after hysterectomy is 45.54 ± 11.94 . Finding of the present study are inconsistent and not supported by the study conducted by Rehan M K, Ali Kassem I K, El Malky M E, Elhomosy S M. The total Quality of life Mean and SD of the women after hysterectomy score is 96.2 ± 7.90 [19].

LIMITATIONS

The study limited to the sample of 120 hysterectomy women in the age group of more than 20 years who are attending selected maternity hospitals of Bagalkot city.

CONCLUSION

The main focus of this study was assessing the self-esteem and quality of life among women after hysterectomy at selected maternity hospitals of Bagalkot. The data was collected from 120 hysterectomy women. The study proved that there is a significant association between self-esteem and quality of life with their socio-demographic variable and to determine correlation between self-esteem and quality of life of women after hysterectomy.

ACKNOWLEDGEMENTS: I thank the anonymous referees for their useful suggestions. The heart is full and the words are few to express my sincere gratitude towards those helping hands.

CONTRIBUTION OF AUTHORS:

Research concept- Miss. Sudharani Dodamani, Dr. Jayashree Awarsang.

Research design- Miss. Sudharani Dodamani, Dr. Jayashree Awarsang.

Supervision- Miss Sudharani Dodamani, Dr. Deelip Somaninga Natekar.

Materials- Miss Sudharani Dodamani.

Data Collection: Miss. Sudharani Dodamani.

Data analysis and Interpretation: Miss. Sudharani Dodamani.

Literature search: Miss. Sudharani Dodamani.

Writing article: Miss. Sudharani Dodamani.

Critical review: Dr. Jayashree Awarsang, Dr. Deelip Somaninga Natekar.

Article editing: Miss. Sudharani Dodamani, Dr. Jayashree Awarsang, Dr. Deelip Somaninga Natekar.

Final approval: Miss. Sudharani Dodamani, Dr. Jayashree Awarsang, Dr. Deelip Somaninga Natekar.

REFERENCES

1. Woman [Internet]. Wikipedia. 2024 [cited 2024 Jun 21]. Available from: <https://en.wikipedia.org/w/index.php?title=Woman&oldid=1229465550>
2. Britannica, The Editors of Encyclopaedia. "uterus". Encyclopaedia Britannica, 3 Jun. 2024, <https://www.britannica.com/science/uterus>. Accessed 21 June 2024.
3. Plotting the downward trend in traditional hysterectomy [Internet]. ihpi.umich.edu. [cited 2024 Jun 21]. Available from: <https://ihpi.umich.edu/news/plotting-downward-trend-traditional-hysterectomy>
4. Li, N., Shen, C., Wang, R., & Chu, Z. (2023). The real experience with women's hysterectomy: A meta-synthesis of qualitative research evidence. *Nursing Open*, 10(2), 435-449.
5. Afiyah, R. K., Wahyuni, C. U., Prasetyo, B., & Dwi Winarno, D. (2020). Recovery time period and quality of life after hysterectomy. *Journal of public health research*, 9(2), jphr-2020.
6. Sumdaengrit, B., & Wongsrisunthom, M. (2019). Quality of life in Thai women after hysterectomy. *COJNH. MS. ID*, 602(5), 1.
7. Baxter, N. (1998). The Body Image After Breast Cancer Questionnaire. The Design and Testing of a Disease Specific Measure. A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy Graduate Department of Medical Sciences University of Toronto. 1998.
8. Goudarzi, F., Khadivzadeh, T., Ebadi, A., & Babazadeh, R. (2021). Iranian women's self-concept after hysterectomy: A qualitative study. *Iranian journal of nursing and midwifery research*, 26(3), 230-237.
9. Self-esteem [Internet]. Wikipedia. 2024 [cited 2024 Jun 21]. Available from: <https://en.wikipedia.org/w/index.php?title=Self-esteem&oldid=1222987812>
10. Papadopoulos, M. S., Tolikas, A. C., & Miliaras, D. E. (2010). Hysterectomy—current methods and alternatives for benign indications. *Obstetrics and gynecology international*, 2010(1), 356740.
11. Alshawish, E. (2020). Perspective of women about her body after hysterectomy. In *Fibroids*. IntechOpen.
12. Malyam, V., Parameshwaraiyah, S. T., Gopalkrishna, V., Sannappa, A. C., & Kumar, V. (2018). Quality of life, sexual satisfaction and psychiatric comorbidity in women posted for hysterectomy. *Journal of Evolution of Medical and Dental Sciences*, 7(26), 2989-2994.
13. Kumari, P., & Kundu, J. (2022). Prevalence, socio-demographic determinants, and self-reported

- reasons for hysterectomy and choice of hospitalization in India. *BMC Women's Health*, 22(1), 514. doi: 10.1186/s12905-022-02072-7. PMID: 36503443; PMCID: PMC9743745.
14. Desai, S., Campbell, O. M., Sinha, T., Mahal, A., & Cousens, S. (2017). Incidence and determinants of hysterectomy in a low-income setting in Gujarat, India. *Health policy and planning*, 32(1), 68-78. <https://doi.org/10.1093/heapol/czw099>
 15. Abd El Gwad, N. S., Mahmoud, A. S., El-Sayad, S. M., & Abd El Fatah, B. (2020). Body image, self-esteem and quality of sexual life among women after hysterectomy. *Port Said Scientific Journal of Nursing*, 7(4), 227-242. Available from URL: https://pssjn.journals.ekb.eg/article_132005_ca2268c72a20dab8ab140cf93d77022c.pdf.
 16. Yaman, Ş., & Ayaz, S. (2015). The effect of education given before surgery on self-esteem and body image in women undergoing hysterectomy. *Turkish Journal of Obstetrics and Gynecology*, 12(4), 211-214. doi: 10.4274/tjod.95770. Epub 2015 Dec 15. PMID: 28913071; PMCID: PMC5588473.
 17. Sumdaengrit, B., & Wongsrisunthom, M. (2019). Quality of life in Thai women after hysterectomy. *COJNH. MS. ID*, 602(5), 1. Doi: 10.31031/COJNH.2019.05.000602.
 18. Ferhi, M., Marwen, N., Abdeljabbar, A., & Mannai, J. (2024). Psychological Outcomes and Quality of Life After Hysterectomy for Benign Diseases: A Prospective Cohort Study. *Cureus*, 16(5), e60871. doi: 10.7759/cureus.60871.
 19. Rehan, M. K., Qasem, E. A., El Malky, M. E., & Elhomosy, S. M. (2023). Effect of Psychological Counseling program on Quality of Life among Post-Hysterectomy Women. *Menoufia Nursing Journal*, 8(1), 81-93. Available from URL: https://journals.ekb.eg/article_288833_a79c6fef1c0e89045577493cea6daf2c.pdf