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F16 Women, Health, and Rights




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Peruvian women, hysterectomy, and femininity: Evidence to inform culturally competent nursing practice

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- Each author of this research presentation reported there are **no real and/or perceived conflicts of interest to disclose.**



INTRODUCTION: Peruvian women

- In South America, hysterectomies in women of childbearing age are more common than North America.
 - For example, an estimated 24% of Chilean and Peruvian women of childbearing age had a hysterectomy.
- At the local level in Peru, hysterectomies represent about 5% of all surgical procedures at a large regional hospital.
- Despite the frequency of the surgical procedure, the meaning of the womb removal for women following hysterectomy (WFH) is largely unknown.
 - Yet, uterus removal has been described as a serious event of losing womanhood for different populations of women.



PURPOSE: Experience of hysterectomy

- The purpose of this study was to describe the lived experiences of young Peruvian WFH, to understand the impact of uterus removal on their lives
- The study is important as the voices, discourses, and experiences of young women undergoing hysterectomies in Peruvian public hospitals have not been reported in the literature.



METHODS: Qualitative descriptive study

- The qualitative descriptive study provides researchers with the ability to study complex phenomena within a natural context.
- Young women, 20 to 40 years of age following hysterectomy within the last 6-12 months, were recruited over three months (purposeful sampling) from a large public hospital in Northern Peru.
 - Sample size determined by data saturation.
- Data from semi-structured interviews, conducted at the homes of the participants, were collected, transcribed, and analyzed using content analysis to identify issues, concepts, and themes.
- The study was approved by the ethics committee.



- Seven WFH were interviewed, saturation was reached at this point.
- Each interview required 45-60 minutes to complete.
- Each interview was transcribed, the data was analyzed individually and collectively, and the information was synthesized into themes by the research team.
- Through the data coding and thematic analysis, four themes emerged to explain the phenomena women described as their lives after hysterectomy.



RESULTS: Thematic findings

- Four themes emerged from the data, these included:
 1. **Acknowledging bereavement;** ★
 2. Accepting womanly limitations;
 3. Living with myths and wrong beliefs; and
 4. Giving meaning to hysterectomy.
- These four themes explain the general experience of hysterectomy from the woman's perspective.
- Each woman reported feeling profound loss as well as suffering after uterous removal; resulting in a process comparable to bereavement.



DISCUSSION: Bereavement process

- Nurses need to understand there might be a **bereavement process** when some, perhaps many, Latinas loose their uterus.
 - The process begins prior to surgery, at the time of diagnosis, and is more intense as the woman and physician plan for surgery.
 - The woman worries about loosing their uterus with internal contemplation about how their life will change following surgery.
 - The process worsens following surgery, including acute episodes of depression, progression to frustration and anger, and resolving with time to acceptance of a new reality.
 - The new reality seems to be different for women due to the difficult experiences remaining in their memories.



DISCUSSION: Relevance to practice (1 of 2)

- Nurses need to engage in conversations with Latinas anticipating perceived “womanly” limitations.
- Nurses should not assume the surgical procedure is “minor” in a psychosocial regard.
 - Nurses need to realize the importance of the uterus to the Latina.
 - Nurses need to help physicians and surgeons understand the potential psychosocial needs of the Latina prior to hysterectomy.
- Realizing the process progressively worsens after surgery, nurses need to be prepared to support Latinas as they cope with the perceived loss of their femininity following hysterectomy.



DISCUSSION: Relevance to practice (2 of 2)

- Living with myths and wrong beliefs: Relationship problem can result from different inaccurate perceptions about how their partner views their sexual vitality.
 - Nurses need to consider directly engaging Latins in a discussion about their sexual health, before/after surgery.
- Over time, the problems improve as the Latina realizes they relied upon myths and incorrect beliefs for knowledge; including their family would be destroyed and believing their partners were unfaithful.
 - Nurses are capable of involving the partners in the care process in order to increase their understanding about the potential problems.



CONCLUSIONS

- WFH acknowledged substantial loss with grief.
- The experience was not defined by surgery; instead, by many myths, beliefs, and sterile behaviors that made the women feel vulnerable.
- A medicalized process reduced the women to a “routine” hysterectomy.
- If nurses recognize the needs of WFH; they can tailor coping strategies to address the psychosocial priorities.
- Nurses can guide Latinas through the bereavement process to regain wholeness as a woman in the absence of their uterus.
- In the end, nurses are uniquely prepared and qualified to support the Latina in understanding their femininity is not defined by an organ.



RECOMMENDATIONS: System level

- This study needs to be replicated at other public hospitals in different regions of Peru to understand if the findings are generalizable.
- The findings should be translated into a brief survey instrument to rapidly assess Latinas at risk for psychosocial issues following hysterectomy.
- The results of this study, with evidence-based recommendations for interventions, need to be communicated with the system stakeholders such as the Ministry of Health and the Provincial government.
 - An educational program should be considered for women requiring hysterectomy.



RECOMMENDATIONS: Hospital level

- The etiology for the medicalization of hysterectomy as a procedure needs to be identified, the root causes for misconceptions about the removal of the uterus need to be defined, and strategies to provide humanized care to the women and their partners need to be developed and implemented.
- A multidisciplinary quality improvement team should be established to:
 - Shift the paradigm from provider-centered to person-centered care; recognizing and meeting the needs and expectations of the woman and her partner.
 - Redefine the perspective of hysterectomy from a medical procedure, with dehumanizing behaviors, to a process focused on the nurse being authentically present to care for the holistic needs of the woman.



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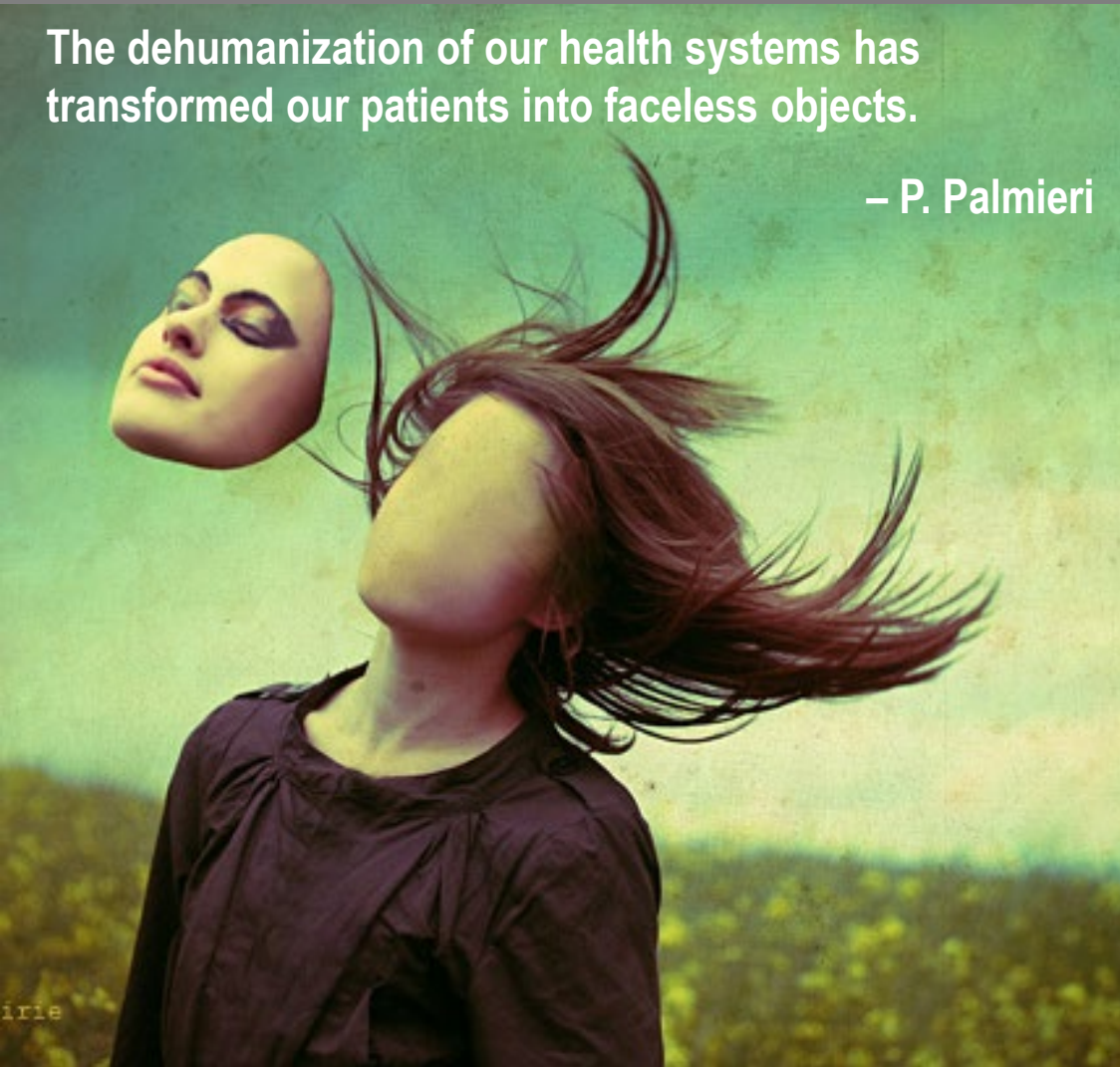
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QUESTIONS?

The dehumanization of our health systems has transformed our patients into faceless objects.

– P. Palmieri



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