

DEVELOPMENTAL STAGES AND BODY IMAGE IN
POST HYSTERECTOMY WOMEN

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To the Provost of the Graduate School:

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POST HYSTERECTOMY WOMEN

ABSTRACT

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An ex-post facto nonexperimental study was conducted to determine the difference in body image of women in the developmental stages of young adulthood and middle adulthood after having a hysterectomy. The conceptual framework was based on Schilder's (1950) concept of body image and Kaguler and Kaguler's (1979) concept of developmental stages.

The sample consisted of 33 subjects; 15 subjects in the young adulthood group and 18 subjects in the middle adulthood group. Young adulthood consisted of an age range of 20-35 years, and middle adulthood consisted of an age range of 36-50 years. The post hysterectomy period ranged from 2 to 6 months.

Body image was determined by the three combined scores of the Tennessee Self-Concept Scale (Total P score, the Physical Self score, and the Personal Self score). The t test was used to analyze the data. The results showed no

significant difference in the body image scores between the two groups at the .05 level.

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CHAPTER 1

INTRODUCTION

There are constantly occurring changes during the developmental stages of the young and middle-aged female adult. These changes may be classified as physical, psychological, and/or sociological in nature. Some health-related or surgically-induced changes may pose a threat to a woman's femininity which, in turn, would threaten her body image. Murray and Zentner (1979) defined body image as "the mental picture on one's body" (p. 70). A person's body image is composed of the feelings one has about him/herself, how others feel about him/her, and the person's perception of others' feelings.

During adulthood, there are two distinct developmental stages--young and middle adulthood (Kaguler & Kaguler, 1979). Each stage has its own developmental tasks. During young adulthood, the female's feelings evolve around lust and erotic sensations which need to be expressed satisfactorily (Murray, 1972a). During young adulthood, females need to experience interpersonal relationships which are sexual in nature. The feelings elicited from these relationships are an important part of body image

(Murray, 1972a). In middle adulthood, the female makes a role change from mother back to wife, and adjustments in body image occur (Diekelmann & Galloway, 1975). This is also a time many physiological changes are taking place, such as graying of hair, wrinkles, and sagging of the skin.

Hysterectomy is a common surgical procedure, and it has been documented that it does affect a woman's body image. Previous research projects designed to teach post-hysterectomy patients how to better cope with body image changes were found to be unsuccessful (Krueger et al., 1979); therefore, further research is needed to find ways to assist post-hysterectomy patients. Research directed toward assessing differences in body image in relation to developmental stages could provide valuable information on which to base nursing actions.

Problem of Study

The problem of this study was to determine if there is a difference in body image, following a hysterectomy, between females in the young-adulthood developmental stage and those in the middle-adulthood developmental stage.

Justification of Problem

Hysterectomies are the second most commonly performed surgical procedure in the United States (Newton & Barton, 1976). Hollender (1969) noted that this operation affects most women's femininity, although not all of them perceive it as such. Femininity is defined as being mostly composed of physical attractiveness and the ability to bear children; therefore, a woman's reproductive organs are an important factor in her evaluation of self (Polivy, 1974).

There are different developmental tasks occurring at different stages of growth and development; therefore, a hysterectomy may be perceived differently, depending on the person's developmental stage. Murray (1972b) stated, "There is not a stage of life or any change in a person physically, posturally or mentally which is not accompanied by a change in the body image of a person" (p. 697). Additionally, Murray stated that a person undergoing surgery accompanied by alterations in body image is experiencing a crisis. This situation may be stressful enough that usual coping behaviors are not adequate; therefore, "help from persons in the environment may be needed" (Murray, 1972b, pp. 697-698).

There have been studies done on devising ways to help hysterectomy patients cope more successfully following this surgical procedure. Two studies (Krueger et al., 1979; Lang, 1979) were designed to help the post hysterectomy woman in such areas as sexual adjustment, personal hygiene, and psychological adjustment. The findings showed no significant difference in the participant's ability to cope with body image after participating in teaching seminars. In neither of the studies was a significant difference observed based on developmental stage. This lack of differentiation according to developmental stage could have made the difference in the woman's ability to cope.

Studies need to be conducted to determine whether or not differences are present between young and middle-aged adults in regard to body image and hysterectomies. Since nurses are the primary contact these women have during the postoperative recovery, continued nursing research in this area will provide data to help in the deliverance of more individualized and competent care. The present study focused on body image in relation to the developmental stage of the post hysterectomy female.

Conceptual Framework

The conceptual framework for this study was based on Schilder's (1950) concept of body image and Kaguler and Kaguler's (1979) concept of the developmental stages of young and middle adulthood. Schilder (1950) defined body image as "the mental picture or schema of our own body which we form in our minds, that is to say the way in which the body appears to ourselves" (p. 11). Kaguler and Kaguler (1979) stated that the age in which a person is in young adulthood is from 20 to 35 years and from 36 to 50 years for those in middle adulthood.

Schilder (1950) was one of the first theorists to delineate the psychological basis of body image. The author stated that a person's body image is composed of all the sensory and psychic experiences the person encounters. Schilder also stated that a person's perception of body image is dynamic and influenced by physiological, psychological, and sociological factors (Ritchie, 1973). This idea was expressed by stating, "There is a continual struggle to reach a static picture and to model something which is continually changing into a structure" (Schilder, 1964, p. 297).

Kaguler and Kaguler (1979) saw young adulthood (age 20-35 years) as a stage with several new and difficult tasks, all of which can affect a woman's body image. Some of these tasks revolve around sexuality, such as selecting a marriage partner and beginning a family. If the stage is successful, the young adult will probably develop behavior which is socially acceptable.

Middle adulthood (ages 36-50 years) was seen by Kaguler and Kaguler (1979) as a period when things in the person's life are becoming stationary. The middle adult begins to have time to concentrate on herself. In order for individuals in middle adulthood to be successful in this stage, one of the things which must be developed is satisfaction of the body.

A hysterectomy probably carries with it more false ideas than any other surgical procedure (Carbary, 1975). Carbary stated that surgery may change the way a woman views herself sexually. Keaveney, Hader, McCormack, and Wade (1973) maintained that in comparison with other surgical interventions, there is not another that means as much to women as one that involves reproductive organs.

"The effects of a hysterectomy differ greatly depending on the age, marital experience, children, and the

security of sexual identity of the individual patients" (Wolf, 1970, p. 166). Hollender (1969) noted that it is perceived as a blow by nearly every woman. Since the changes in body image of the young and middle adult are not the same, it seems logical that women in each of these stages would react differently in the same circumstance, such as after having a hysterectomy. Since nurses are one of the prime contacts of a woman after having a hysterectomy, it would be beneficial for nurses to examine the various developmental stages of life and the changes occurring within them so they can better promote and maintain wellness.

Assumptions

The assumptions for this study were:

1. The development of body image is continuous and dynamic.
2. A person's body image is included in his self-concept.
3. A woman will have a change in body image after having a hysterectomy.

Hypothesis

The hypothesis for this study was: Following a hysterectomy, the body image scores of young adulthood females will be significantly lower than those of middle adulthood females as measured by the Tennessee Self-Concept Scale.

Definition of Terms

For the purpose of this study, the following terms were operationally defined.

1. Body image--the mental picture of a person's own body which the individual forms in his mind (Schilder, 1950) as measured by the combined three scores of the Tennessee Self-Concept Scale (Total P, Physical Self, and Personal Self scores).
2. Young adulthood female--a female person from the age of 20 to 35 years (Kaguler & Kaguler, 1979).
3. Middle adulthood female--a female person from the age of 36 to 50 years (Kaguler & Kaguler, 1979).
4. Hysterectomy--surgical removal of the uterus which may involve removal of the ovaries and/or fallopian tubes.

Limitations

The limitations for this study were:

1. The participants had hysterectomies performed for various gynecological reasons.
2. There was no control over previous experiences involving threats to body image.
3. A nonprobability sample was used in the study.

Summary

There are constantly occurring changes related to body image during the life of a female adult. It is also assumed that changes occur after a hysterectomy that threaten body image. Assessing the differences, in perceived body image, between post hysterectomy women in the development stages of young and middle adulthood, was the intent of this study. The findings from this study can contribute to the improvement of nursing care for the hysterectomy patient. Nursing care of these patients can be more individualized, and their ability to cope with the body image changes improved.

CHAPTER 2

REVIEW OF LITERATURE

This chapter presents a review of the relevant literature addressing the problems surrounding hysterectomies. The literature review is divided into the following topics: hysterectomy and body image; body image and young adulthood; body image and middle-aged adulthood; and finally, a summary is presented.

Hysterectomy and Body Image

Hysterectomies have been performed on approximately 10% of the adult female population (Polivy, 1974). One of the major drawbacks of the surgery is a psychological reaction affecting a woman's self-concept. Several authors have reported on the importance of dealing with this potential problem before and after the procedure.

There is an abundance of literature that documents the fact that surgery on a female's reproductive organs can affect her psychologically. Carbary (1975) stated that a hysterectomy may change a woman's view of herself sexually. This statement is supported by Mathis (1973) who suggested that surgery which renders a woman sterile can be followed by sexual disturbances. Mathis indicated that a woman may

view her uterus as having four distinct functions: (a) reproduction, (b) menstrual, (c) sexuality, and (d) a means of energy. The feelings a woman has about these functions should be dealt with prior to a hysterectomy, allowing her to express her feelings and establish adequate coping strategies which will prevent some of the emotional complications that may follow this type of surgery.

Hollender (1969) indicated that a hysterectomy is viewed as an attack on a woman's femininity. These feelings may result from traumatic incidents in the past or lack of support in the present. Biological maturation may also be a reason for her feelings. If menstruation came later in her teen years and she felt the need to hide this fact, then an early termination of menstruation could be felt as an assault to her femininity (Hollender, 1969). Hollender concluded that the support of outside significant others as well as a concerned spouse can help a woman with the psychological feelings that may accompany a hysterectomy.

Some of the other psychological effects of a hysterectomy are dealt with by Wolf (1970). These effects include depression and decreased sexual desires as well as feelings of being defeminized. Wolf (1970) also expressed

the fact that the experiences a woman encounters can affect how the hysterectomy is perceived. Wolf stated, "The effects of a hysterectomy differ greatly depending on the age, marital experience, children, and the security of sexual identity of individual patients" (p. 166). The reactions and concerns about the surgery differ depending on the indications for the surgery. For women who have a hysterectomy because of danger to their lives (nonelective), there are several areas which need to be addressed with the patient. These areas, according to Wolf, include (a) the effect a hysterectomy will have on them sexually, (b) how a hysterectomy will affect their menstruation, (c) how their husband perceives the surgery, and (d) the woman's concern about being defeminized.

The women who have hysterectomies electively for sterilization or subjective complaints have other areas which should be evaluated. These areas are:

(a) Are there pathological reasons for her subjective complaints, (b) has she had surgery for the same group of complaints, (c) what expectations she has regarding the surgery and are they realistic, (d) does she have a history of emotional stability, (e) is there a normal history of sexual adjustment, (f) how does she view her femininity,

and (g) are there suspicious motives involved (Wolf, 1970)?

A descriptive research study done by Krueger et al. (1979) studied the relationship between nurse counseling and sexual adjustment after a hysterectomy. The study consisted of 108 premenopausal women who had had an established sexual relationship with a male partner. The researchers gave out questionnaires to the participants at three different times--preoperatively, before discharge, and 8 weeks after surgery. The questions on each questionnaire were different with three major areas included: (a) demographic data, (b) information about the patient's perception of the nurses' interventions (verbal and/or written information-giving and counseling), and (c) Zung's Self-Rating Depression Scale.

Some of the pertinent information gathered were:

1. Only 11% of the subjects identified the nurse as an important information source.
2. Discussion of the information was found to be more valuable than written material.
3. Forty-five of the 51 respondents wanted the nurse to initiate conversation about their hysterectomy.

4. There was a significant positive correlation between the woman's knowledge and her level of depression (Krueger et al., 1979).

The two conclusions drawn from the study were:

1. Nursing interventions did not significantly affect the hysterectomy patient's adjustment 8 weeks postoperatively.

2. There was a significant correlation in the rating women gave their feelings and positive sexual outcomes (Krueger et al., 1979).

Krueger et al. (1979) recommended that sexual education of health professionals needs to be integrated into nursing curriculums and that nurses need inservice classes on sexuality. This may help nurses deal more effectively with women who are having hysterectomies and, in turn, help these women deal more effectively with the sexual adjustments that need to take place pre- and postoperatively.

Lang (1979) conducted a study in which she compared the differences in the self-concept of women following hysterectomy who attended an inpatient health hygiene class and women who did not. The study consisted of 20 participants, 11 in the experimental group and 9 in the

control group. Four days following the surgery, the subjects in the experimental group attended a health-hygiene class. Some of the topics discussed in the class were (a) nutrition, (b) activities and exercises, and (c) psychological adaptation. Two weeks postoperatively, the subjects were sent the Tennessee Self-Concept Scale; there was a 100% return rate. The conclusion was that the health-hygiene class did not make a significant difference in supporting the self-concept of women who had undergone a hysterectomy. Lang contributed the lack of significant difference between the experimental and control group scores to the "possibility that the psychological impact of a hysterectomy is less traumatizing today than in the past, as the roles and responsibilities of women in society focus less on the mothering role and more on the working role" (p. 68).

Body Image and Young Adulthood

Murray and Zentner (1979) stated that there is a connection between a young adult's body image, personality, self-concept, and identity. If an insult occurs which affects one of these, then the others are affected and some sort of coping must occur. Some of the more important body parts of young adults are (a) limbs, (b) mouth, and (c)

gentalia. If a young adult female is mature and has successfully coped with previous changing demands and stressors, especially crises affecting the mouth, limbs, or gentalia during development, then an insult in this developmental stage can be handled effectively. If demands on an individual have not been successfully coped with, then the individual's body image could remain immature in certain areas throughout life (Murray & Zentner, 1979).

One of the components of a person's body image, according to Murray and Zentner (1979), is his body parts. The young adult may view a body part as a functional tool or a central personal attribute. Depending on the view of a particular body part, a threat to it may be devastating or easily accepted.

Murray (1972a) addressed body image development in adulthood and the importance of sexuality in the young adult. There is a need for their feelings of sexuality to be successfully expressed. Murray stated that "certain characteristics about the self appear to be more crucial to one's identification than others. Sexual identification is a central personal characteristic, and any circumstance that alters or endangers this identification can have a marked effect on the person's self-concept" (p. 621).

Three times more of a person's adult life is spent growing old than growing up (Kaguler & Kaguler, 1979). Young adults find themselves now in the role of an adult rather than that of a child. This role holds many new and difficult tasks, such as "1) selecting a mate, 2) learning to live with a marriage partner, 3) starting a family, 4) rearing children, 5) managing a home, 6) getting started in an occupation, 7) taking on civic responsibility, and 8) finding a congenial social group" (p. 369). In accomplishing these tasks successfully, independence and responsibility are obtained. One of the principles that can be seen in a mature adult is "a system of internal and external behavior controls that are acceptable on the adult level" (p. 372). Another principle is development of a sound value-judgement system which is socially acceptable.

Body Image and Middle Adulthood

In the stage of middle adulthood, there is a whole new set of roles and tasks to be accomplished. Prock (1975) discussed the role changes of the "mid-stage woman" (p. 1019). The author pointed out that these changes are disconnected and that the instability of these changes may cause a lowered self-esteem. Prock quoted from Bernice L.

Neugarten, a sociologist and gerontologist, who pointed out that the development of a strong self-esteem is something that cannot be finalized. A woman moves through several stages in her life, and when there is a change from one stage to another, her self-image and goals have to be revised (Prock, 1975). There are several stressors which a woman must experience during middle adulthood that can cause "disconnectedness in her life" (p. 1020). Prock identified them as (a) extended life-span of women as compared with men, (b) their irrelevancy in our society, (c) sex and age discrimination, and (d) lack of gratifying activities outside the traditional marriage roles. Nurses who are in contact with women in this stage are in the perfect situation for teaching and assisting these women with these stressors.

Dresen (1975) wrote about the sexually active middle-aged adult. There are several physiological changes which occur in women in middle adulthood--wrinkling skin; sagging breasts and buttocks; thickening midriff; and atrophic changes of the bladder, vagina, and rectum. These changes greatly affect the woman's ego because people in the Western culture equate one's physical appearance with sexual desire and potency. If the middle-aged adult cannot

accept these changes with grace and humor, her self-image may be greatly affected. Dresen also pointed out that because of the losses that occur in this stage, women may experience some sexual dysfunction and will need extra support.

The emotional tasks which must be accomplished in a lifetime are plentiful and middle adulthood holds several unique ones. Diekelmann (1975) pointed out four emotional tasks for the middle-aged adult. These are: (a) increasing one's self-esteem by developing more self-awareness, (b) separating from one's parents and children by slowly becoming a more independent and secure adult, (c) reviewing one's own values by confronting one's existing value system, (d) initiating plans for the future by recognizing the aging process and planning for aging as a part of the future. The coping strategies utilized by the middle-aged adult to accomplish these tasks can affect them physically as well as emotionally. A nurse should be familiar with these emotional tasks and focus in on the middle-aged adult's ability to cope with them. One way to determine this is to assess the middle-aged adult's self-esteem.

Menopause is seen by many women as a period in life where old age begins. Galloway (1975) used Hughes' definition of menopause, which is "the transitional phase in a woman's life when menstrual functions cease" (p. 1006). This period of middle adulthood carries with it several other changes which are not necessarily attributed to menopause itself. The changes referred to were physical, psychological, and sociocultural in nature. Some of the physical changes that a woman must deal with are (a) vasomotor instability, otherwise known as "hot flashes;" (b) menstrual irregularities; (c) atrophic vaginitis; (d) osteoporosis; (e) coronary atherosclerosis; and (f) skin and muscle changes (decrease in skin elasticity, sagging breasts). The psychological changes included were (a) emotional instability, (b) nervousness, (c) anxiety, (d) insomnia, (e) fatigue, and (f) depression. Sociocultural changes that Galloway included were the loss of femininity and the mothering role. Galloway maintained that nurses can help women in the phase of middle adulthood cope with their feelings around womanhood and their changing roles. If these concerns are dealt with effectively, then menopause will not be perceived as a crisis.

Diekelmann and Galloway (1975) identified the physical, psychological, and sociological changes which occur in the middle-aged adult and the role of the nurse. The authors contended that by understanding these changes, the nurse can prevent the occurrence of a developmental crisis. One of the ways Diekelmann and Galloway stated the nurses can implement preventive interventions is to develop programs that emphasize these changes as a part of normal development. Another idea is to educate nurses to the normal growth and development of the middle-aged adult; this education should be a part of nursing curriculums. Nurses should begin assessing clients in middle adulthood to determine their concerns and deal with them as needed.

During young adulthood, all growth is seen as "vertical, upward, and forward" (Kaguler & Kaguler, 1979, p. 90). This is a stage in which things are stabilizing. The middle-aged adult has time to look inward and achieve self-satisfaction and self-mastery. The tasks to be developed are more intrinsic. The middle-aged adult must (a) redefine his role with his partner, (b) adjust to the role of an in-law or grandparent, (c) develop ways to spend the free time acquired, (d) cope with physical changes, and (e) face the task of caring for aging parents. The

middle-aged adult's personality traits are set by this change to which there is more resistance.

Kaguler and Kaguler (1979) reported a study done under the sponsorship of the Committee of Human Development of the University of Chicago involving more than 700 men and women. The authors identified seven characteristics that the middle-aged adult should possess in order to adjust. The characteristics identified were (a) cathectic or emotional flexibility, (b) mental flexibility, (c) ego differentiation, (d) body transcendence, (e) ego transcendence, (f) body satisfaction, and (g) sexual integration.

Summary

The review of literature presented revealed that women in young and middle-aged adulthood have different tasks to accomplish which affect their body image. Also documented was the fact that a hysterectomy may affect a woman's body image; however, no research was found which differentiates the effects of a hysterectomy on body image of young and middle-aged adults, which was the intent of the present study.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research and design utilized in the study was a nonexperimental ex-post facto design. An ex-post facto study is defined by Polit and Hungler (1983) as "one in which the investigator does not have control of the independent variables because they have already occurred" (p. 171). The dependent variable in this study was the body image scores, and the independent variable was the developmental stage of the post hysterectomy women.

Setting

Names and addresses of subjects meeting criteria for the study were collected from the medical records of a 313-bed hospital located in the southwestern portion of the United States. Participants completed the questionnaire mailed to them in their own homes.

Population and Sample

The population of this study consisted of females who had had hysterectomies. The accessible population was 84 females. The study sample consisted of a total of 33 subjects who returned completed questionnaires, 15 in the

young adulthood group and 18 in the middle adulthood group. The criteria required was that the post hysterectomy period must have been at least 2 months but no longer than 6 months prior to data collection. No subject was included who had had a hysterectomy due to malignancy.

Protection of Human Subjects

This study complied with the rules and regulations set forth by the Human Subjects' Research Review Committee at Texas Woman's University and was exempt from review because it fell in Category I of the Federal Register Guidelines (Appendix A). Written permission was obtained from the hospital for the names and address of women who met the criteria (Appendix B).

The subjects chosen received a cover letter explaining the study and asking them to participate in the study (Appendix C). Permission of the person was obtained by including the following statement on the answer sheet: "The return of the completed answer sheet will be construed as consent to participate in this study." The anonymity of the subjects was maintained by asking the participants not to put their name on any of the material returned. The cover letter also included a statement that they would not

be identified as an individual and that only group data would be reported.

Instruments

There were two instruments used in the study. The first was used to collect demographic data (Appendix D) which asked the age group of the participant and the date of the hysterectomy. This information was used to make sure the participant met the criteria of the study and to classify the participant as a young adult or middle-aged adult.

The second instrument was the Tennessee Self-Concept Scale (Appendix E) developed by William H. Fitts in 1965 along with the help of the Tennessee Department of Mental Health (Fitts, 1965). This instrument contains 100 self-descriptive statements in which the subjects portray a picture of themselves. The instrument can be used on persons who are 12 years or older and have at least a 6th-grade reading level.

There is a possibility of obtaining 29 scores from the Tennessee Self-Concept Scale. Most of the scores measure the tendency toward deviant behavior, which is not relevant to this study; therefore, only three of the scores were chosen. These are the Total Positive (P) score, which

reflects the overall level of self-esteem; the Physical score in which the person is presenting his view of his body, his state of health, his physical appearance, skills, and sexuality; and the Personal Self score, which shows the person's sense of worth and their feelings of worth as a person (Fitts, 1965). The total possible score for these three scores was 630.

Fitts (1965) measured test-retest reliability on 60 college students over a 2-week period, and the reliability coefficients ranged between .60 and .92. The validity of the Tennessee Self-Concept Scale was reported by Fitts. The content validity was checked by the unanimous agreement of seven psychologists on each item retained on the scale. Fitts assumed "that the categories used in the scale are logically meaningful and publicly communicable" (p. 17).

Fitts (1965) also compared scores of persons taking the Tennessee Self-Concept Scale and other similar instruments. Two of the other instruments used were the Minnesota Multiphasic Personality Inventory and the Edwards Personal Preference Schedule. Fitts found that "most of the scores of the Scale correlate with the MMPI score" (p. 24). With the Edwards Scale, the coefficients were disappointingly low. After some consideration, it was

discovered that because of the very nature of the two scales, the coefficients would be low.

Data Collection

After obtaining permission from the hospital to do the study, medical records personnel provided a list of names and address of patients who had hysterectomies within the past 6 months but not less than 2 months before. A total of 84 names and addresses were obtained from the medical records department. A cover letter, demographic form, test booklet, an answer profile sheet for the Tennessee Self-Concept Scale were mailed to each subject. The cover letter included the researcher's name and title, purpose of the study, measures to insure anonymity, and definitions. It was requested in the letter that the booklet and answer-profile sheet be returned within 2 weeks in a self-addressed, stamped envelope provided. Follow-up postcards were sent to all subjects as a reminder after the 2-week period. A total of 84 packets were mailed out. Of the 40 packets returned, 5 were blank and 2 subjects were over the age of 50 years, making them ineligible for the study. This left a total of 33 subjects, 15 of which met the definitions of young adulthood and 18 the definition of middle adulthood.

Treatment of Data

The demographic data of age and length of time since the hysterectomy were used to describe the sample. The data obtained from the Tennessee Self-Concept Scale were measured on the interval level. The answer profile sheets were scored according to the directions in the Tennessee Self-Concept Scale manual. A body image score was calculated on each participant by obtaining the sum of the three scores (Total P, Personal Self, and Physical Self scores). The body image score of each group was determined by calculating the mean of the total scores for each group. The analysis was done on the Texas Woman's University computer. The t test for independent samples was used to analyze the data. A significance level of .05 was used.

CHAPTER 4

ANALYSIS OF DATA

A nonexperimental ex-post facto study was conducted to determine the difference between the body image scores of post hysterectomy women in the developmental stages of young and middle adulthood. The Tennessee Self-Concept Scale (Total P, Physical Self, and Personal Self scores) was used to measure body image. A demographic data questionnaire, developed by the researcher, was used to solicit the data to describe the sample. This chapter presents an analysis and interpretation of the findings, followed by a summary.

Description of Sample

The total number of subjects included in the study was 33. There were 15 subjects in the developmental stage termed young adulthood and 18 subjects in the developmental stage termed middle adulthood. The age range for the subjects in the young adulthood group was 20-35 years. The age range for the subjects in the middle adulthood group was 36 to 50 years.

The body image scores of the young adulthood group ranged between 393 and 560, with a mean score of 473.66. The body image scores of the middle adulthood group ranged between 423 and 555, with a mean score of 495.38.

Findings

The purpose of this study was to determine the difference between the body image scores of women in the developmental stages of young adulthood and middle adulthood after having a hysterectomy. The hypothesis stated: Following a hysterectomy, the body image scores of young adulthood females will be significantly lower than those of middle adulthood females as measured by the Tennessee Self-Concept Scale. The mean body image score for the young adulthood group was 473.66, and the mean body image score for the middle adulthood group was 495.38. The t test for two independent samples was used to test the difference between the mean scores. The findings indicated that $t(31) = -1.63$, $p = .114$. Thus, the hypothesis was not supported. The body image scores of young adulthood women were not significantly lower than those of middle adulthood women after having a hysterectomy.

Summary of Findings

The purpose of this study was to determine the difference between the body image scores of post hysterectomy subjects in the developmental stages of young adulthood and middle adulthood as measured by the Tennessee Self-Concept Scale. There were 15 subjects in the young adulthood group and 18 subjects in the middle adulthood group. The body image scores of the young adulthood group ranged from 393 to 560, with a mean score of 473.66. The body image scores of the middle adulthood group ranged from 423 to 555, with a mean score of 495.38. The t test for two independent samples was used to test the differences between the means. The findings revealed that $t(31) = -1.63$, $p = .114$. The hypothesis, which stated that following a hysterectomy, the body image scores of young adulthood females will be significantly lower than those of middle adulthood females as measured by the Tennessee Self-Concept Scale, was not supported.

CHAPTER 5

SUMMARY OF THE STUDY

The purpose of this study was to determine if there was a difference in the body image scores of women in young adulthood versus those in middle adulthood after having a hysterectomy. A summary of the study, discussion of findings, conclusion and implication, and recommendations for further study are presented.

Summary

The problem examined in this study was: Is there is a difference in body image, following a hysterectomy, between females in the young-adulthood developmental stage and those in the middle-adulthood developmental stage. The literature was reviewed in relation to these variables. The conceptual framework was formulated based on Schilder's (1950) concept of body image and Kaguler and Kaguler's (1979) concept of developmental stages.

A total of 33 subjects participated in the study. There were 15 subjects in the young adulthood group and 18 subjects in the middle adulthood group.

The hypothesis stated: Following a hysterectomy, the body image scores of young adulthood females will be significantly lower than those of middle adulthood females as measured by the Tennessee Self-Concept Scale. The Tennessee Self-Concept Scale was used to measure body image. The body image score for each subject was determined from the sum of the Total P score, the Physical Self score, and the Personal Self score. A t test was used to determine the difference between the means of the body image scores of the young adult group and the middle adult group. The research hypothesis was not supported with an obtained significance level of .114.

Discussion of Findings

The subjects in this study were women who had undergone a hysterectomy. As previously stated, there are changes in a woman's body image following a hysterectomy (Carbary, 1975; Hollender, 1969; Polivy, 1974). Also, there are body image changes occurring in the young adult which are different from the ones occurring in the middle-aged adult (Diekelmann & Galloway, 1975; Kaguler & Kaguler, 1979; Murray, 1972a, 1972b). Schilder (1950) stated that body image is "the mental picture of schema of our own body which we form in our minds, that is to say the way in which

the body appears to ourselves" (p. 11). Schilder further stated that body image is constantly changing.

Time may be significant in terms of body image, based on Schilder's (1950) concept of body image and Kaguler and Kaguler's (1979) concept of developmental stages. In the study by Krueger et al. (1975), the time period between their interventions and measurement of body image was 8 weeks. In Lang's (1979) study, the time period was 2 weeks. Neither Krueger et al. (1975) nor Lang (1979) could demonstrate a statistically significant change in body image over the time periods they studied. The present study increased the time interval from 2 months to 6 months, inclusive, without demonstrating any body image change, which is in agreement with the findings by Krueger et al. (1975) and Lang (1979). The time period still may not have been long enough for significant body image changes to be reflected.

The mean of the body image scores of the young adulthood group (473.66) was lower than the mean of the body image scores of the middle adulthood group (495.38). This does reflect lower body image in young adults; however, it was not statistically significant.

Conclusion and Implication

Based on the findings, the following conclusion was drawn: body image following a hysterectomy may not be related to a person's developmental stage. The implication is that nurses should continue to observe for signs of altered body image in relation to developmental stage until further research indicates that there is or is not a relationship between the two.

Recommendations for Further Study

The recommendations for further study include:

1. A study be designed that involves a different time period, such as post hysterectomy women 6 months to 1 year following the surgery.
2. A study be developed utilizing a larger sample since the data analysis revealed a trend in the predicted direction. The mean of the body image scores of the young adult was lower than the mean of the body image scores of the middle-aged adult.

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APPENDIX A

PERMISSION FROM TEXAS WOMAN'S UNIVERSITY



P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

July 23, 1985

Ms. Kathy Barnett
1301 Round Tree
Euless, TX 76039

Dear Ms. Barnett:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,

A handwritten signature in cursive script that reads "Leslie M. Thompson". The signature is written in dark ink and is positioned above the typed name and title.

Leslie M. Thompson
Provost

tb

cc Dr. Oneida M. Hughes
Dr. Anne Gudmundsen

APPENDIX B

PERMISSION FROM AGENCY

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Kathy L. Barnett
a student enrolled in a program of nursing leading to a
Master's Degree at Texas Woman's University, the privilege
of its facilities in order to study the following
problem.

To determine if there is a difference in body image between
the developmental stages of early adulthood and middle
adulthood, after having a hysterectomy.

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the
final report.
2. The names of consultative or administrative
personnel in the agency (may) (may not) be
identified in the final report.
3. The agency (wants) (does not want) a conference
with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the
completed report to be circulated through
interlibrary loan.
5. Other _____

Date 3-27-85 Signature of Agency Personnel _____
Kathy L. Barnett Signature of Faculty Advisor Onaida M. Hughes
Signature of Student _____

APPENDIX C

LETTER TO PARTICIPANTS

LETTER TO PARTICIPANTS

Dear Participant:

I am a student at Texas Woman's University doing graduate work in nursing. I am conducting a study on women who have had a hysterectomy. The results of this study could improve the nursing care given to a woman after having a hysterectomy.

In order to be eligible to participate in the study, your hysterectomy must have been at least 2 months ago and no longer than 6 months ago. Also, the answer profile sheet must be filled out completely. By returning the completed answer sheet, it will be construed that you have given permission to be a participant in this study. This measurement tool will constitute no risk to you. All information released by you will be confidential. Should any results be released, no individual will be identified. Please do not write your name on the test booklet or answer sheet.

The test accompanying this letter is composed of 100 questions. You will respond on a scale from completely false to completely true by marking the appropriate spaces with a pencil. Complete instructions are located in the test booklet. The time required to complete the questionnaire is approximately 15-20 minutes. After completing the questionnaire, please return the test booklet and answer sheet in the self-addressed stamped envelope provided. If you have any questions, feel free to contact me at (817) 457-1930.

Thank you for your consideration of this study. Your participation will be greatly appreciated.

Thank you,

Kathy L. Barnett, R.N.
Graduate Student
Texas Woman's University

KLB
Enclosures

APPENDIX D

DEMOGRAPHIC DATA SHEET

RETURN OF THIS QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED
CONSENT TO ACT AS A SUBJECT FOR THIS RESEARCH.

DEMOGRAPHIC DATA SHEET

Please fill in or check the appropriate spaces.

1. Age:

_____ 20-35 years

_____ 36-50 years

2. Length of time since hysterectomy: (date)

APPENDIX E

TENNESSEE SELF-CONCEPT SCALE

TENNESSEE SELF-CONCEPT SCALE

A copy of the Tennessee Self-Concept Scale is
available from:

Western Psychological Services

12031 Wilshire Blvd.

Los Angeles, California 90025