South American Publishing

SAP Multidisciplinary Open. 2024; 2:93
doi: 10.62486/mo202493

ORIGINAL

Proposal for a survey to identify knowledge about hystercetomy, as well as its pre- and post-operative care

Propuesta de una encuesta para identificar los conocimientos sobre histercetomía, así como sus cuidados pre y post operatorios

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Cite as
Rodríguez Carranza AR, Paredes de Beltrán MA. Proposal for a survey to identify knowledge about hystercetomy, as well as its pre- and post-operative care. SAP *Multidisciplinary Open*. 2024; 2:93. https://doi.org/10.62486/mo202493

Publication History
Submitted: 04-12-2023
Revised: 09-05-2024
Accepted: 29-08-2024
Published: 30-08-2024

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ABSTRACT

Introduction: hysterectomy is a common gynecological procedure in which resection of the uterus and adnexa is performed. Nursing staff plays a fundamental role in continuous care before, during and after the operation, providing adequate care and mastery of procedures to patients. An investigation was carried out with the objective of proposing a survey that identifies the level of knowledge about hysterectomy and its pre- and post-surgical care.
Method: an instrument of 25 multiple response questions was developed, structured into Introduction, Instructions and General Information. The variable level of knowledge was evaluated as low (0 -10 points), medium (11 - 16 points) and high (17 - 25 points), grading the answers as correct (1 point) and incorrect (2 points). The instrument was validated and tested in a pilot group of 10 participants.
Results: to facilitate the validation of the instrument, the opinion of 5 experts on the subject was obtained. The validity analysis was carried out using Aiken 's V coefficient, in order to measure the degree of agreement, of which a perfect degree of agreement was found for the instrument with a value of Aiken 's V = 1. The Alpha statistic of Cronbach obtained was 0,85 which proved the reliability.
Conclusions: a questionnaire is proposed to evaluate knowledge about hysterectomy, as well as pre- and post-operative care, which, having a simple structure, can be applied quickly and easily to a large number of patients.

Keywords: Hysterectomy; Pre-surgical Care; Post-surgical Care; Gynecology; Nursing.

RESUMEN

Introducción: la histerectomía constituye un proceder ginecológico frecuente en el que se realiza resección del útero y anejos. El personal de enfermería juega un papel fundamental en el cuidado continuo antes, durante y después de la operación, brindando una adecuada atención y dominio de procederes a las pacientes. Se realizó una investigación con el objetivo de proponer una encuesta que identifique el nivel de conocimientos sobre la histerectomía y sus cuidados pre y postquirúrgicos.
Método: se elaboró un instrumento de 25 preguntas de respuesta múltiple, estructurado en Introducción, Instrucciones e Información General. Se evaluó la variable nivel de conocimiento en bajo (0 -10 puntos), medio (11 – 16 puntos) y alto (17 – 25 puntos), calificando las respuestas como correcta (1 punto) e incorrecta (2 puntos). El instrumento fue validad y probado en un grupo piloto de 10 participantes.
Resultados: para facilitar la validación del instrumento se contó con la opinión de 5 expertos en el tema. El análisis de validez que se realizó utilizando el coeficiente V de Aiken, para poder medir el grado de concordancia, de lo cual se encontró un grado de concordancia perfecto para el instrumento con un valor de V de Aiken = 1. El estadístico Alfa de Cronbach obtenido fue de 0,85 lo que probó la confiabilidad.
Conclusiones: se propone un cuestionario que permite evaluar los conocimientos sobre histerectomía, así como los cuidados pre y post operatorios, la cual al tener estructura simple puede ser aplicada de forma rápida y sencilla a gran cantidad de pacientes.

Palabras clave: Histerectomía; Cuidados Pre-quirúrgicos; Cuidados Postquirúrgicos; Ginecología; Enfermería.

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INTRODUCTION

Obstetric hysterectomy refers to the partial or total resection of the uterus, performed on an emergency basis and indicated by complications of pregnancy, childbirth, or the postpartum period or by complications of a preexisting condition that puts the patient's life at risk.[1] It is the second most common gynecological surgery, with fibroids, endometriosis, and uterine prolapse being the most frequent causes. It is mainly performed because many doctors consider the operation to carry minimal long-term risks.[2,3]

The highest incidence rates are found in the United States and Australia, with much lower rates in European countries. In the United States, approximately 600 000 hysterectomies are performed each year, with a mortality rate of 0,38 % per thousand surgeries.[3]

Hysterectomy is a global health problem. In Peru, it is estimated that a significant percentage of women aged 35 to 49 have undergone this surgical procedure.[4] Some authors, such as Anicama Mendoza,[5] Alcántara Yarleque,[6] and Monet Fernández et al.[7] warn of this procedure's high rates in different Peru institutions.

The most frequently reported complications are hypovolemic shock, bladder injuries, and infection, with a maternal mortality rate of 14 %.[8] As this is a procedure that, depending on its cause, affects the integrity of the women who undergo it, it often causes damage to their mental health.

Nursing staff play a fundamental role in providing continuous care before, during, and after the operation. They ensure that patients receive adequate care and that procedures are performed correctly to minimize complications. Therefore, the role of nursing staff in the education, prevention, and health promotion of patients who are going to undergo this gynecological-obstetric procedure is considered significant.

Given the above, this research was carried out to propose a survey to identify the level of knowledge about hysterectomy and pre- and post-surgical care.

METHOD

Research was conducted as part of the training process to become a specialist nurse in gynecology and obstetrics, using a descriptive cross-sectional study design. This took place in three stages: the first was qualitative and included the development and validation of a questionnaire; the second was quantitative and involved administering the questionnaire to a selected sample from the gynecology department of the Callao Public Hospital; and the final stage involved an intervention to correct the deficiencies identified.

Development of the instrument

A review of the general literature was conducted, prioritizing articles in Spanish and English that addressed generalities, definitions, and key aspects of hysterectomy. This search allowed for the organization and synthesis of information on the subject as well as an update on the procedures, advantages, and disadvantages of the techniques currently used worldwide and new guidelines.

A similar thesis by Fernández was also selected.[9] This article includes a validated ten-question questionnaire, which served as a tool for the development of this proposal.

Questionnaire structure

It consists of the following sections: Introduction, Instructions, and General Information (appendix 1).

This tool includes 25 multiple-choice questions about hysterectomy and pre-and post-surgical care, written in language that is easy for participants to understand. To measure the knowledge variable, the correct answer was given a score of 1, and the incorrect answer was given a score of 0. This was done to ensure an effective and less complex assessment form, allowing the instrument to be applied to large samples.

The variable targeted is the level of knowledge about pre-and post-surgical care among hysterectomy patients. This is determined by three levels of expertise: high, medium, and low. It is graded in the following categories:

- Low level of knowledge: 0-10 points.
- Medium level of knowledge: 11-16 points.
- High level of knowledge: 17-25 points.

Once the instrument was finalized, validation and reliability tests were conducted:

- The validity of the tool was tested by five experts using the Aiken V formula to measure the tool's concordance.[10]
- To ensure the reliability of the instrument, the test was applied to a group of 10 gynecological patients who were going to undergo a hysterectomy at a public hospital in Callao. After constructing the questionnaire, Cronbach's alpha was used to analyze the level of reliability.[10] The anonymity of the patients was respected at all times, and they were asked for their informed consent after a brief explanation of what the process entailed.

Cronbach's alpha is calculated by multiplying the number of items by dividing the number of items minus one by 2. Statistically, an instrument with closed and structured questions is reliable if Cronbach's alpha value exceeds 0,60.[11]

The instrument respects the privacy of participants so that their identity cannot be identified and requires informed consent for its application (appendix 2).

RESULTS

Table 1 shows the validity analysis performed using Aiken's V coefficient to measure the degree of agreement, which found a perfect degree of agreement for the instrument with an Aiken's V value = 1.

Table 1. Validation of the instrument by expert criteria

Items	Rating	J1	J2	J3	J4	J5	S	N	C-1	V for Aiken
Question 1	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 2	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 3	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 4	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 5	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 6	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 7	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 8	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 9	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 10	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 11	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	

Question 12	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 13	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 14	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 15	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 16	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 17	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 18	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 19	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 20	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 21	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 22	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 23	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
Question 24	Clarity	1	1	1	1	1	5	5	1	1	1
	Consistency	1	1	1	1	1	5	5	1	1	

Question 25	Background	1	1	1	1	1	5	5	1	1	1
	Mastery of the construct	1	1	1	1	1	5	5	1	1	
	Clarity	1	1	1	1	1	5	5	1	1	
	Consistency	1	1	1	1	1	5	5	1	1	
	Background	1	1	1	1	1	5	5	1	1	
	Mastery of the construct	1	1	1	1	1	5	5	1	1	

Table 2 shows that Cronbach's alpha statistic was 0,85. For this reason, the instrument can be applied to the study sample of adult emergency department patients. It was also determined that the items are important and relevant, as they do not alter the level of reliability.

Table 2. Cronbach's alpha

Variable	Cronbach's alpha	N of elements
Level of knowledge	0,85	25

DISCUSSION

Nursing professionals interact with patients through counseling, interviews, education, and the establishment and development of various educational activities that, with specialized knowledge, help resolve patients' questions about surgery. Their work in educating patients about surgical procedures focuses on preparing them physically and mentally, which should provide a safe and reliable environment.

Nurses have the opportunity and duty to promote education among patients who are going to undergo surgery. Education is the main way to improve patients' knowledge and prevent complications in post-surgical patients.

Viera Rodríguez,[12] Villón Tumbaco,[13] and López Izurieta[14] evaluate in their studies the possibilities of nursing staff intervention in the education and preparation of patients undergoing hysterectomy using a similar approach to the present research.

Franco Carrero,[15] in his work on nursing approaches and care for hysterectomy patients, concluded that to achieve higher-quality nursing care for hysterectomy patients, it is essential to provide care according to the problems and needs of each patient, always taking into account the need to provide emotional and educational support.

Other studies,[8,16,17] show that humanized care is an important part of the patient's biological needs. Most of the sample communicated positively and confidently; however, it is noteworthy that there are signs of indifference on the part of the nursing professional towards the pain caused by hysterectomy.

The authors believe that the application of this instrument will allow for better communication between patients and nursing professionals, increasing their knowledge about preoperative and postoperative care and enabling them to openly inform their caregivers about their condition, leading to a faster recovery and better quality of life.

CONCLUSIONS

A questionnaire is proposed to assess knowledge about hysterectomy and pre-and post-operative care. It has been validated using Aiken's V coefficient and Cronbach's alpha, and its simple structure allows it to be quickly and easily administered to many patients.

FINANCING

The authors did not receive funding for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Angela Rosa Rodríguez Carranza, María Angela Paredes de Beltrán, Wilter C. Morales-García.
Data curation: Angela Rosa Rodríguez Carranza, María Angela Paredes de Beltrán, Wilter C. Morales-García.
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Writing – review and editing: Angela Rosa Rodríguez Carranza, María Angela Paredes de Beltrán, Wilter C. Morales-García.

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