

THE RELATIONSHIP BETWEEN EXPECTATIONS OF TOTAL ABDOMINAL
HYSTERECTOMY PATIENTS REGARDING POST-OPERATIVE RECOVERY
AND REALIZATION OF THESE EXPECTATIONS

by

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ABSTRACT

This study was an exploration of the relationship between pre-operative verbally expressed expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations in the hospital setting following surgery.

The data was collected by the use of an interviewer-patient verbatim data recording. The selection of the population consisted of patients admitted to a hospital in Gallatin County, Montana, for a total abdominal hysterectomy during the months of March, April and May, 1963.

The pre-operative expectations regarding post-operative recovery were compared with evidences of realization of these expectations. The data was statistically analyzed using the Chi Square Test.

The results of the study indicated that there was a high degree of agreement between expectations regarding recovery and realization of these expectations post-operatively.

THE RELATIONSHIP BETWEEN EXPECTATIONS OF TOTAL ABDOMINAL HYSTERECTOMY PATIENTS REGARDING POST-OPERATIVE RECOVERY AND REALIZATION OF THESE EXPECTATIONS

CHAPTER I

SELECTION OF THE PROBLEM

Introduction and Review of Literature.

Sociologists refer to perception as the ways in which an organism responds to the stimuli picked up by its sense organs. Past experience, interests of the moment, and the condition of the organism, whether fatigued, hungry, excited, or depressed, all are capable of providing the motivational impetus to perceiving selectively.¹

In satisfying meaning, a person's perceiving is most likely to follow the line of familiarity and expectation. Expectation, as defined by the American College Dictionary is, "that what is regarded as likely to happen."² Patients who are undergoing impending surgery are confronted with entirely new sets of expectations regarding post-operative recovery. This would appear to be especially pertinent to gynecologic surgery which deals with the female genital and reproductive organs.

¹Lindesmith, Alfred and Anselm Strauss, SOCIAL PSYCHOLOGY, (New York: Holt, Rinehart and Winston, 1956) p. 86

²The American College Dictionary, (New York: Harper and Brothers, 1951) p. 423

In their book, Miller and Avery state, "Disturbances of the ovaries and uterus of their possible surgical removal conjure up in the minds of many women anxieties and fears regarding a 'change in her nature' which might seriously interfere with her marital relationships, the problems of readjustment to a loss of her ability to have children, or the early appearance of the 'change of life with attendant tales of obesity, ill health or even insanity. Facing impending gynecologic surgery may not only affect the patients' peach of mind, but also their desire to cooperate and their post-operative recovery."³

Verbally expressed expectations regarding post-operative recovery by patients' facing gynecologic surgery may well give insight into the conscious as well as the unconscious feelings, attitudes, hopes,¹ values and aspirations that stem from the patients' physical and emotional needs. Total patient care can be achieved only by comprehension of all the factors which in any given case add their weight to the patient's illness complex.

A survey of the research literature in the behavioral, nursing and medical sciences reveals no studies centering around the relationship between verbally expressed expectations of total abdominal hysterectomy patients regarding post-operative recovery

³Miller, Norman and Hazel Avery, GYNECOLOGY AND GYNECOLOGIC NURSING, (Philadelphia: W. B. Saunders Co., 1958) p. 108

and realization of these expectations in the hospital setting. In an allied field, Rosengren studied the characteristics of women who seemed motivated to assume the contingent role of the 'sick' during pregnancy and he attempted to determine whether physiological correlates were to be found with the assumed role. His findings revealed that the sick role was negatively correlated with the subjects' education, family income, ways-of-life and positive aspirations, the husband's education, and his occupational status. The sick role expectations during pregnancy were positively correlated with the subjects' material and negative aspirations, labor-time and the month of pregnancy of the time of the interview.⁴

Mead affirms that, "Only a self can examine itself, can, as an active agent or subject, examine its own actions in a predicative or objective sense. The performance of some roles is subject to extremely wide variation, but in most of them both technical and ethical judgments are made with regard to the adequacy of the individual's fulfillment of expectation."⁵ Mead further states that human experiences being, for the large part, typical and repeatable, meanings in many cases become nearly universal.⁶

⁴Rosengren, William, "The Sick Role During Pregnancy", JOURNAL OF HEALTH AND HUMAN BEHAVIOR, Fall, 1962, p. 213

⁵Mead, George H., MIND, SELF, AND SOCIETY, (Chicago: University of Chicago Press, 1934) pp. 42-43

⁶Ibid

The Problem.

The problem examined in this study, stated as a question, was as follows: Do patients who are facing impending total abdominal hysterectomies and who have verbally expressed their expectations regarding post-operative recovery fulfill these expectations following surgery?

The Purpose.

The purpose of this study was to explore the relationship between pre-operative verbally expressed expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations in the hospital setting following surgery.

Limitations of the Study.

This study was limited to an exploration, in so far as possible, of the relationship which might exist between pre-operative and post-operative expectations regarding surgical recovery of total abdominal hysterectomy patients in the hospital setting. Further limitations in the study were: (1) the number of patients admitted to the hospital for a total abdominal hysterectomy during the months of March, April and May, 1963, (2) the patients' ability to verbalize and express expectations, and (3) the use of the tool in recording expressions of expectations.

Definitions of Terms Used.

- Expectation. The verbal statement of that which is regarded as likely to happen.
- Realization. Recognition of the evidence of the outcome of an expectation.
- Relationship. Statistical analysis of the degree of agreement between expectation and realization.
- Total Abdominal Hysterectomy. Surgical removal of the uterus and cervix through an abdominal incision.
- Pre-Operative. The day before the surgery.
- Post-Operative. The interim from the day of surgery to the fourth day of hospitalization.

Null and Alternative Hypotheses.

One main hypothesis was considered. It was stated in the null hypothesis form, that there was no relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery. The data was analyzed through the null hypothesis because this hypothesis is precise

and corresponds to the absence of the expected findings.⁷

If this null hypothesis was rejected then the alternative hypothesis was considered. The alternative hypothesis being that there was a relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery.

Procedure.

The descriptive survey method, employing interviewer-patient verbatim recording, provided the data for this investigation. Patients who were admitted to the hospital for a total abdominal hysterectomy were individually interviewed on the day of admission and on their fourth post-operative day. The recorded interviews were reviewed for statements which expressed the patients post-operative expectations and these expressions were recorded on a summary schedule sheet for each patient.

The pre-operative expectations regarding post-operative recovery were compared with evidences of realization of these expectations. These evidences involved statements from the post-operative interviews and the patients hospital records.

⁷Wallis, W. Allen and Harry V. Roberts, STATISTICS, (Glencoe, Illinois: The Free Press, 1956) p. 392

The analysis of the data was through examination of the null hypothesis as related to the alternative hypothesis. The results were statistically analyzed using the Chi Square Test.

Remainder of the Paper.

Chapter II sets forth the methodology of the survey.

Chapter III presents the data: analysis and interpretations.

Chapter IV contains the summary, conclusions and recommendations for further study.

CHAPTER II

METHODOLOGY

The Method of Collecting and of Recording the Data.

The tool used for collection of the data was an interview using verbatim data recording. This method for collecting data was utilized by the investigator in interviewing psychiatric patients and general medical and surgical patients under the instruction of Dr. Hildegard E. Peplau.⁸ The tool provides a means for written recordings of verbatim data during the interview sessions. This method lessens the possibility of changing the data when recorded at a later time.

The purpose for using the tool in this study was to record the patients' pre-operative expectations regarding post-operative recovery and to identify fulfillment of these expectations.

A pilot study was conducted to determine the effectiveness of the interviews and the verbatim data recordings with the first patient who was admitted to the hospital for a total abdominal hysterectomy during the specified time.

Previous discussion with professional nursing staff on the surgical unit determined the most feasible time for patient interviewing so as not to interfere with pre-operative surgical

⁸Hildegard E. Peplau, "Integrating Psychiatric Nursing Principles in the General Curriculum," A course of study offered at the University of California Medical Center, San Francisco, California, July-August, 1961

preparation and post-surgical nursing care.

Surgical patients are generally required to be admitted to the hospital between 3:00 O'clock and 4:00 O'clock of the afternoon preceeding the day of surgery in order to allow time for specific medical and nursing pre-operative procedures.

Before elective surgery can be undertaken safely, a complete history, a general physical examination, and certain laboratory tests must be made for an accurate knowledge of the patient's condition. Other specific procedures consists of preparation of the operative field by a thorough shaving of the area and an emptying of the lower intestinal contents by cleansing enemas.

The immediate routine nursing procedures consists of having the patient sign an operative permit; checking all clothing and personal effects on a clothes list; taking temperature, pulse, respiration and blood pressure. An hour generally elapses between the time of the admission of the patient and the carrying out of the specific medical and nursing pre-operative procedures.

Two thirty-minute interviews were conducted with the patient in the pilot study. The first interview was conducted within the hour after her admission to the hospital. The interview was designed to elicit expressions of the patient's post-operative expectations and these expectations were recorded in a stenographer's notebook during the interview. Following

the interview the verbatim data recording was reviewed for statements which expressed the patient's post-operative expectations and these expressions were recorded on a summary schedule sheet.

The second interview was conducted the morning of the fourth post-operative day. This interview was designed to identify realization of the patient's post-operative expectations by reflecting back to the patient statements of expectations which were elicited in the pre-operative interview and recorded on a summary schedule sheet. (See Summary Schedule Sheet in Appendix, p. 27). Information from the patient's hospital record was used to further validate realization of the expectations. The fourth post-operative day was selected as the time for the post-operative patient interview in order to allow time for expectations to occur within the hospital setting. A review of the records of total abdominal hysterectomies performed in this hospital within the past year revealed that the approximate length of hospitalization time for these patients was from five to seven days.

The investigator was not attired in the professional uniform, but rather in street clothes, as no technical nursing activities were performed during the interviews. The interviews were conducted in privacy at the bedside of the patient.

Following the pilot study, the tool for collecting the data was submitted for appraisal to the investigator's faculty committee and to the nursing seminar. The effectiveness of the

tool was approved and utilized in the same manner throughout the survey.

The Selection of the Population.

The selection of the population was made from a one hundred bed general hospital located in Gallatin County, Montana. Every patient who was admitted to the hospital for a total abdominal hysterectomy during the months of March, April and May, 1963, was included in the sample. Fourteen patients were admitted for this surgery during this period. The patient used in the pilot study was included in the sample as the data obtained was pertinent to the investigation.

Prior to admission, each patient's respective physician was contacted by the investigator for permission to interview the patient. All physicians oriented their patients to the fact that the investigator was a master student in nursing who was doing a study on expectations of surgical patients.

a. Although not in the criteria for selection of the population, all fourteen patients were undergoing this surgery for alleviation of uncontrollable pain and uterine hemorrhage. Previous curettage tissue biopsies and Papanicolaou smears evidenced an absence of a malignant condition as indicated on each patients' hospital record. The pre-operative and post-operative diagnosis for the

fourteen patients, as confirmed by the pathology reports, was chronic cervicitis and endometrial hyperplasia.

b. A survey of the personal histories of the patients revealed that the ages of the population in the study varied from twenty-three years to fifty years of age. The majority of the patients ranged from twenty-five years to thirty-eight years of age. All the patients were married and had children.

CHAPTER III

ANALYSIS AND INTERPRETATION OF THE DATA

Upon completion of the collection of the data from the population, the summary schedule sheet for each patient was compared with each set of data. (See Appendix, p. 27). A comparison of the data revealed that the statements of expectations regarding post-operative recovery as expressed by the fourteen patients could be categorically classified into (1) moderate discomfort for the first few days; (2) out of bed the first post-operative day; (3) capable of self care when up and around; (4) rapid recovery; (5) feel better physically and nerves calmer when the operation was over; (6) home in four or five days post-operatively. These six categories are listed in Table I, page 15.

The pre-operative expectations and the post-operative realization of these expectations by data comparison of fourteen total abdominal hysterectomy patients revealed that (1) fourteen patients realized their expectations of experiencing moderate discomfort for the first two days and were out of bed the first post-operative day; (2) thirteen patients realized their expectations of being capable of self care from the second post-operative day; felt more relaxed, calmer and physically in better condition; were dismissed from the hospital on either the fourth or fifth day; (3) twelve patients experienced an uncomplicated and rapid recovery. One patient developed cystitis and one patient developed an acute attack of cholecystitis. The pre-

TABLE I

CATEGORIES OF POST-OPERATIVE EXPECTATIONS AS STATED PRE-OPERATIVELY
BY FOURTEEN PATIENTS UNDERGOING TOTAL ABDOMINAL HYSTERECTOMIES

-
-
1. Moderate discomfort for the first few days.
 2. Out of bed the first post-operative day.
 3. Capable of self care when up and around.
 4. Rapid recovery.
 5. Feel better physically and nerves calmer when the operation was over.
 6. Home in four or five days post-operatively.
-

operative expectations, as arranged categorically, and the post-operative realization of these expectations are listed by data comparison in Table II, page 17.

The analysis of the data was through examination of the null hypothesis as related to the alternative hypothesis. The null hypothesis was stated that there was no relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery. If this null hypothesis was rejected then the alternative hypothesis was considered. The alternative hypothesis being that there was a relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery.

TABLE II

PRE-OPERATIVE EXPECTATIONS AND THE POST-OPERATIVE REALIZATION OF THESE
EXPECTATIONS BY DATA COMPARISON OF FOURTEEN TOTAL
ABDOMINAL HYSTERECTOMY PATIENTS

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. Moderate discomfort for the first few days. Fourteen patients.	1. Fourteen patients experienced moderate discomfort for the first two days.
2. Out of bed the first post-operative day. Fourteen patients.	2. Fourteen patients out of bed the first post-operative day.
3. Capable of self care when up and around. Fourteen patients.	3. Thirteen patients on self care from the second post-operative day. One patient incapacitated from a gall-bladder attack.
4. Rapid recovery. Fourteen patients.	4. Twelve patients experienced an uncomplicated and rapid recovery. One patient developed cystitis. One patient developed an acute attack of cholecystitis.
5. Feel better physically and nerves calmer when the operation was over. Fourteen patients.	5. Thirteen patients stated they felt more relaxed, calmer and physically in better condition. One patient distressed from a gall-bladder attack.
6. Home in four or five days post-operatively. Fourteen patients.	6. Thirteen patients home on either the fourth or fifth day. One patient home on the tenth day.

The results of the data comparison were statistically analyzed using a modification of the Chi Square Test to test the hypothesis.⁹

⁹Modification of the Chi Square Test. Information furnished in conference with Dr. John O. Picton, Education Department, Montana State College, Bozeman, Montana.

Steps in the computation and use of Chi Square (χ^2)

1. Cast the observed frequencies in a $k \times r$ contingency table, using the k columns for the groups and the r rows for the conditions.
2. The expected frequency in a two celled table may be determined by dividing total number of cases by 2.
3. Compute χ^2 by using the formula:

$$\chi^2 = \sum \frac{O-E^2}{E}$$

where O represents the observed frequency and
 E represents the expected frequency for each cell

4. Determine the degree of freedom, df .
 $df = (k-1)(r-1)$
5. Determine the significance of the observed value of χ^2 by reference to the proper tables. If the probability given for the observed value of χ^2 for the observed value of df is equal to or smaller than the desired significance level, reject the null hypothesis in favor of the alternative hypothesis.

This analysis was according to the degree of agreement between expectation and realization.

Degree of Agreement I

Expectation 1. Fourteen patients stated they expected to have moderate discomfort for the first two days.

Realization Fourteen patients experienced moderate discomfort for the first two days.

Expectation 2. Fourteen patients expected to be out of bed the first post-operative day.

Realization Fourteen patients were out of bed the first post-operative day.

$$\text{Chi Square } \chi^2 = \sum \frac{(O-E)^2}{E}$$

O = observed frequency
E = expected frequency
Σ = "sum of"

Agree	Disagree
7	7
14	0

$$\chi^2 = \frac{(14-7)^2}{7} + \frac{(0-7)^2}{7} = \frac{49}{7} + \frac{49}{7} = 14$$

with 1 degree of freedom (df = 1)

$\chi^2 = 14$ significant beyond 0.1% level therefore reject null hypothesis at 0.1% level and accept the alternative hypothesis.

Degree of Agreement II

Expectation 3. Fourteen patients expected to be capable of self care when up and around.

Realization. Thirteen patients on self care when up and around.
One patient incapacitated from a gall-bladder attack.

Expectation 5. Fourteen patients expected to feel better physically and nerves calmer when the operation was over.

Realization. Thirteen patients stated they felt more relaxed, calmer and physically in better condition.
One patient distressed from a gall-bladder attack.

Expectation 6. Fourteen patients expected to go home in four or five days post-operatively.

Realization. Thirteen patients went home on either the fourth or fifth day.
One patient detained by a gall-bladder attack.

Chi Square $\chi^2 = \sum (O-E)^2$ O = observed frequency
E = expected frequency
 $\sum$ = "sum of"

Agree	Disagree
7	7
13	1

$$\chi^2 = \frac{(13-7)^2}{7} + \frac{(1-7)^2}{7} = \frac{36}{7} + \frac{36}{7} = \frac{72}{7}$$

$$\chi^2 = 10.3$$

with 1 degree of freedom (df = 1)

$\chi^2 = 10.3$ significant at 1% level but not at 0.1% level therefore reject null hypothesis at 1% level and accept the alternative hypothesis.

Degree of Agreement III

Expectation 4. Fourteen patients expected a rapid recovery.

Realization. Twelve patients experienced an uncomplicated and rapid recovery.
One patient developed cystitis.
One patient developed an acute attack of cholecystitis.

$$\text{Chi Square } \chi^2 = \sum \frac{(O-E)^2}{E}$$

O = observed frequency
E = expected frequency
 Σ = "sum of"

Agree	Disagree
7	7
12	2

$$\chi^2 = \frac{(12-7)^2}{7} + \frac{(2-7)^2}{7} = \frac{25}{7} + \frac{25}{7}$$

$$\chi^2 = \frac{50}{7} = 7.14$$

with 1 degree of freedom (df = 1)

$\chi^2 = 7.14$ significant at 1% level but not at 0.1% level therefore reject null hypothesis at 1% level and accept the alternative hypothesis.

On the basis of the results obtained by statistical analysis of the data comparison, the null hypothesis was rejected and the alternative hypothesis was accepted. The alternative hypothesis being that there was a relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary.

The problem examined in this study, stated as a question, was: Do patients who are facing impending total abdominal hysterectomies and who have verbally expressed their expectations regarding post-operative recovery fulfill these expectations following surgery?

It was hypothesized that there was no relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery. If this null hypothesis was rejected through statistical analysis of the data comparison using a modification of the Chi Square Test then the alternative hypothesis was considered. The alternative hypothesis being that there was a relationship between pre-operative expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery.

The purpose of this study was to explore the relationship between pre-operative verbally expressed expectations of patients undergoing total abdominal hysterectomies regarding post-operative recovery and realizations of these expectations in the hospital setting following surgery.

The descriptive survey method, employing interviewer-patient

verbatim recording, provided the data for this investigation.

Fourteen patients who were admitted to the hospital for a total abdominal hysterectomy during the months of March, April and May, 1963, comprised the population. The patients were interviewed on the day of admission and on their fourth post-operative day.

Statistical analysis of the data obtained from these recorded interviews provided the basis for rejecting the null hypothesis and accepting the alternative hypothesis.

Conclusions.

1. There was a high degree of agreement between pre-operative expectations of these patients undergoing total abdominal hysterectomies regarding post-operative recovery and realization of these expectations following surgery.

2. Verbally expressed expectations regarding post-operative recovery by patients facing gynecologic surgery do give insight into the conscious as well as the unconscious feeling, attitudes, hopes, values and aspirations that stem from the patients' physical and emotional needs.

Recommendations.

Recommendations for areas of investigation as evidenced by the results of the analysis of the data obtained from this study are as follows:

1. As elicited from the data, an exploration of the relationship between expectations and realization of expectations of patients undergoing total abdominal hysterectomies for a condition which is not symptomatic.

2. A study to compare the chronological age variances of women undergoing total abdominal hysterectomies and the reasons for this surgery throughout Montana.

3. A follow-up study of expectations and realization of these expectations of total abdominal hysterectomy patients in the home environment.

APPENDIX

INDIVIDUAL PATIENT SUMMARY SCHEDULE SHEETS OF STATEMENTS
OF PRE-OPERATIVE EXPECTATIONS AND THE POST-OPERATIVE
REALIZATION OF THESE EXPECTATIONS OF FOURTEEN
TOTAL ABDOMINAL HYSTERECTOMY PATIENTS

Patient 1

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I expect I'll feel uncomfortable for a day or so."	1. "The operation wasn't as bad as I thought but then I expected some discomfort for a day or so."
2. "I expect to be up in a day or so."	2. "I was up the day after surgery. I'm too busy to stay in bed."
3. "Once I'm up and moving I can take care of myself."	3. "I have been taking care of myself since I've been up but then I expected to do that."
4. "I don't expect the operation to be too bad. I know I'll get well fast."	4. "I really did real fine like I expected. I knew I'd get well fast."
5. "I'll be glad to have the operation over with and begin to feel better. I just couldn't go on like this as I'm a nervous wreck."	5. "I should have had this operation a year ago when the Dr. first told me. I'm so glad to have it over with. I feel like a new person already."
6. "I don't expect to be in the hospital too long. I'm too busy to stay here so I plan on being home in less than a week."	6. "I'm anxious to get home to my children and husband. My doctor says I can go home tomorrow. I didn't expect to be here too long."

Patient 2

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I don't expect the operation to be too much. I know that I'll have some discomfort but not much."	1. "The operation was as easy as I expected. I didn't need anything for pain after the first two days."
2. "I expect to be up soon after the surgery. You know, the day or so after the operation."	2. "I did real fine. I was up the day after surgery as I expected."
3. "When I'm on my feet I expect to take care of myself."	3. "I've been taking care of myself since getting out of bed."
4. "I'm not the type to stay down long and I expect to recover rapidly."	4. "I didn't expect to be down long did I and I did recover fast."
5. "I expect to feel like a new woman and feel alive for the first time in a long time."	5. "I feel so much better; like a new woman. I feel like living for the first time. It's a wonderful feeling."
6. "Everyone I've known who has had this operation says you're out of the hospital in no time. I expect to go home in about five days."	6. "I'm so anxious to go home and to go back to work. My doctor told me I can go home tomorrow."

Patient 3

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I think I'll sleep a lot from the anesthesia and I expect to have some pain for awhile."	1. "I don't remember anything the day of surgery but that the incision was painful like I thought it would be."
2. "I expect to be so tired I could sleep forever but I expect to be on my feet a couple of days after the operation and taking care of myself."	2. "I felt so tired but once I got up and out of bed the day after the operation I felt better and could take care of myself."
3. "I think I'll feel like after having a baby. Just tired. I know that because I'm young I'll recover fast."	3. "I did expect to be up and around soon didn't I and of course being so young I knew I would recover fast."
4. "I certainly expect to feel one hundred percent better than I have been. The pain and bleeding have been driving me crazy."	4. "It wasn't as bad as I thought. I really feel good. It's funny, I feel calmer than I have for a long time. Like my old self again."
5. "Although right now I'm looking forward to some rest in the hospital, once I start feeling better I know I'll be anxious to go home. Oh say in four or five days."	5. "Now that I'm eating well and caring for myself I'm anxious to go home. Just like I expected I get to go home tomorrow."

Patient 4

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I don't expect to have extreme pain. I know I'll be uncomfortable but that's to be expected."	1. "The pain was less than I thought. I was uncomfortable for the first few days but that was all."
2. "I expect to be up the day after surgery. It's better that way, as a person doesn't feel so weak from being in bed."	2. "I expected to be out of bed the day after surgery and I was. I feel much stronger getting up as soon as I did."
3. "Once I'm up I'll be able to do for myself. It's a good thing to keep the circulation going and I expect to get better faster that way."	3. "Even though I feel weaker than I thought I would be I've been taking care of myself since I've been up and around. Like I said, I got better faster that way."
4. "This condition has not been easy to live with. It has made me so nervous I can hardly stand it from month to month never knowing when I'm going to hemorrhage. I don't expect miracles but I really do expect to feel like a different person."	4. "I can't tell you how thankful I am that the operation is over. I feel so much calmer and more relaxed than I have in years."
5. "Oh, I expect that I'll go home in about four or five days. I certainly don't expect to be here any longer than that."	5. "Just like I said, I expected to go home in about four or five days and my doctor says that I can go home tomorrow for Easter."

Patient 5

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I suppose I won't feel too good right after surgery but then that is to be expected after an operation."	1. "It really wasn't too bad. I did have pain the first day or so but I haven't had a hypo since then."
2. "I don't expect to be down too long. It's better to get up fast, say a day or so after the operation."	2. "I was up the day after surgery and have been walking all over since then."
3. "I expect to recover fast being young and all. I say constitution has a lot to do with how a person gets well and of course being as young as I am I'll be able to take care of myself once I'm out of bed."	3. "My recovery was just exactly as I expected. I thought it would be fast and it was. I can't believe the operation was so easy."
4. "I really don't know what else I expect? It's hard to say isn't it? I'm sorry it has to be done but at least I'm so glad we have our two children. The pressure and pain have been so disturbing that I'll be glad to have the operation over with even though I'm so young. It's better this way because I'll be a better Mother and calmer."	4. "I feel so much better. So much calmer and relaxed. I even feel calmer than I expected."
5. "I don't think I'll be in here too long. Less than a week I expect."	5. "I'm so anxious to go home and see my children. I get to go home tomorrow."

Patient 6

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I'm not very brave about having this operation. I expect the first two or three days will be rough going but I'll be okay from then on."	1. "I don't remember the first day because they kept me sleeping. But then I woke up and I was okay from then on. It wasn't half as bad as I thought it would be."
2. "I expect to be up and taking care of myself the day or so after surgery."	2. "Yes, I was up the day after the operation and although I felt weak and dizzy I did real good. I've been taking care of myself since then."
3. "I have never felt so confident or sure of myself that everything will turn out alright as I do tonight. I really expect to have clear sailing and be home in five or six days."	3. "I just knew it wouldn't be malignant but then I think everybody is scared of the word. I expected clear sailing and that I did. Dr. said I've done so good that I can go home this afternoon."
4. "I'll be so glad to have this operation over with and feel good again."	4. "I'm so glad to have the operation over with. I'm anxious now to go home I feel so well. I'm up and walking, and eating well. I know I'll have to take it easy for awhile but I do feel good. I feel much calmer already."

Patient 7

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I should be up and around the day after surgery. I know it will be painful but I'll do all right."	1. "I was out of bed the day after surgery, maybe not for long but I was up. I didn't think the incision would be so painful but it didn't last long. I did pretty good at that."
2. "Once I'm up and around I'll be able to care for myself."	2. "I've been caring for myself since the day after surgery."
3. "I just know I'll get along alright. I have faith in the doctors and I'm in good physical condition. Why I'll be up and out of here in four or five days I bet you."	3. "I knew it wasn't going to be easy but I do think I got along better than I thought. I just knew I'd get well fast and my Doctor tells me I'm his best patient. In fact, everybody tells me what a good patient I am. I'm going to ask my doctor if I can go home this afternoon as he said yesterday that I can go home any day now."
4. "I'll be so glad to get this operation over with now that I made up my mind to get it done. I know when they open you up it's serious but this bleeding all the time really has me worried and has made me so nervous and irritable that I can't stand myself. I certainly expect not to feel like that when this thing is over."	4. "I'm so thankful the operation is over and it wasn't cancer. Just knowing that I won't have that bleeding all the time has made me feel calmer then I've felt in years. I just can't believe it."

Patient 8

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "Everybody tells me I'll feel better. Anything will be better than the way I have been feeling. I expect I'll have some pain after the operation."	1. "I sure didn't expect the gas pains would be so bad. They were worse than the operation. Come to think of it I didn't have much pain in the incision."
2. "I should be up and around the first or second day after surgery and then I can take care of myself."	2. "I was up and around the day after surgery just like I expected and taking care of myself at that."
3. "I'm determined to get well fast as I'd like to be home on Easter Sunday. That means that I'll go home on the fifth day after the operation and I expect that is what I'll do."	3. "I made up my mind that I was going to get well fast and I sure did. Doctor says I can go home tomorrow and the day after that is Easter Sunday so you see everything turned out just like I expected."
4. "I have had so much trouble bleeding so heavily that this condition has made me a nervous wreck. The doctor said I couldn't go on this way. It's better to be a better Mother to two children than a raving maniac to more. I know I'll start feeling better once this is over."	4. "I can't believe I'm the same person I feel so relaxed. Even my legs don't ache as they did. I'm so glad to have this operation over with; you'll never know. I know I'm going to be much calmer at home and a better Mother to my children now that the operation is over."

Patient 9

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I expect I'll be uncomfortable, you know there is always some discomfort after an operation."	1. "The operation wasn't half bad and really not too uncomfortable after the first day or so."
2. "I'll probably be up and around the first or second day. I don't like to stay down too long. Makes a person weak."	2. "I was up the day after surgery. I felt wobbly but after the first time I got up and around my myself."
3. "I know I'll feel better when I'm up and able to take care of myself."	3. "I did feel better when I was up and taking care of myself."
4. "I expect to recover fast. I always do. Nothing keeps me down for very long."	4. "I knew I'd recover fast. Like I said, nothing keeps me down for very long."
5. "I'll be so glad to have the operation over with. Never knowing when I was going to hemorrhage and for so long was driving me crazy. I expect to feel like a new person. With all that trouble gone I'll feel like living again."	5. "I know it's soon after the operation but I do feel like a new person. I really feel good."
6. "I don't expect to be in the hospital more than four or five days."	6. "My doctor says I can go home tomorrow like I expected."

Patient 10

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I expect some discomfort but it shouldn't be too bad."	1. "The first two days I had pain but then it just seemed to leave and I felt fine."
2. "I'll probably be up and around and taking care of myself the day or so after the operation and I should recover pretty fast from there."	2. "Yes, I was up the day after surgery and although I felt faint it didn't hurt to stand. I have been taking care of myself and walking all over the place."
3. "The pain and hemorrhaging for so long now have made me very nervous. My nerves are shot and I'm so irritable all the time. I know after the operation my nerves will be calmer and I'm looking forward to feeling more relaxed and easier to live with."	3. "This is even better than I expected. I feel calmer and more relaxed already."
4. "I'm in good condition so I don't expect to be in the hospital for very long. Oh, less than a week I think, maybe sooner than that."	4. "I expected to go home in less than a week didn't I? I'm doing so good doctor says I can go home tomorrow."

Patient 11

Pre-Operative Expectations

1. "Oh, let me see what I expect. Everyone I have talked with tells me having this operation isn't any picnic but I don't expect to feel as badly as everyone said they felt."
2. "I'll probably be out of bed by the first or second day and by then I should be able to give myself my own care."
3. "Even though I'm looking forward to a long rest I expect to be home in five or six days because I do mend fast."
4. "Well, I expect to feel much better than I have been feeling for the past couple of years. I'll be so glad to have this operation over so I can feel good again."

Post-Operative Realization

1. "I felt pretty good for the first two days until I had that gall-bladder attack. Believe me, I didn't expect that as I've never had a gall-bladder attack in my life. Otherwise, I really was doing fine."
 2. "I was up the day after surgery but then I had this gall-bladder attack and I haven't been up much since then."
 3. "I could have gone home tomorrow if it wasn't for this thing laying me up."
 4. "I really felt pretty good and so relieved to have this operation over with until I had the gall-bladder attack."
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Patient 12

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I have never been able to express my feelings in words but I don't expect to feel as badly as I think right now after surgery."	1. "The operation wasn't half as bad as I thought it might."
2. "I expect to be able to move around and take care of myself after a few days. I suppose I'll be up two to three days after surgery."	2. "I was up the day after surgery and really doing fine. I'm able to care for myself and I'm anxious to go home."
3. "I expect to have a rapid recovery, no doubt about that."	3. "I had no doubt about how fast I would recover and you see, I did, didn't I."
4. "I'll be glad to have it over with. The symptoms have made me so nervous, I'm just a nervous wreck. I certainly expect to feel better."	4. "I certainly do feel much better. I seem calmer and better able to handle things. I'm so glad the operation is over and I can feel like my old self again."
5. "I miss my little boy so much I just can't stay here too long. I plan on going home practically as soon as I'm on my feet. I expect that will be in about four or five days."	5. "Even though it is only my fourth day, I'm going to ask my doctor to let me go home this afternoon. He said he thought I could."

Patient 13

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I can stand any discomfort after the operation after what I've been through with my condition. I think it won't be as painful."	1. "I'll take the operation anytime. It wasn't bad at all. Just a little nausea and pain for the first day. That was all."
2. "I expect to be up in one or two days and taking care of myself."	2. "I was up the day after surgery and on the go ever since taking care of myself and roaming the halls."
3. "I don't expect any trouble. I'll snap right out of it. I always do. Nothing ever bothers me and I spring right back into shape."	3. "I told you I'd snap out of it and spring right back to shape. I never had a bit of trouble like I said."
4. "I'll be so glad to have this operation. I never knew when I was going to start hemorrhaging and it was driving me crazy. I expect to be in good shape after this is over."	4. "I'm so glad the operation is over. I should of had it done years ago instead of putting it off. I feel like a new woman and it's a wonderful feeling."
5. "I'm a very active person and I do enjoy my work. I don't expect to stay in here too long after the surgery as I have many things to do. As soon as the doctor will let me go I'm on my way and I plan on being here just four days."	5. "My doctor says he can't keep me down so I'm going home this noon. Things did turn out as I expected didn't they."

Patient 14

<u>Pre-Operative Expectations</u>	<u>Post-Operative Realization</u>
1. "I'll have a bad day or so after surgery but like tomorrow I don't expect to remember anything. I may groan and gripe but I won't remember. I expect it won't be so bad."	1. "The thing that bothered me so much was I was so nauseated. I've never been nauseated before but when I woke up the next morning I was fine. The day of operation was vague, I hardly remember it like I said."
2. "I don't feel I'll be able to do much until the first or second day but it is a matter of mind over matter. When I get up I'll take care of myself and in about four or five days I'm headed for home."	2. "Well, I've really done fine. I was up the day after surgery. I took care of myself since then and today I'm headed for home. Like I always say, it's a matter of mind over matter. In fact, everything I said I expected was just about what I said."
3. "I don't expect no trouble but I know things can happen. I've sat with relatives after surgery so I kind of have an idea of what goes on."	3. "I didn't expect no trouble so I was surprised when I got this bladder infection. Doctor said it was from the catheter. I didn't want it in the first place, Oh well, things can happen and it seems to have cleared up but it won't keep me from going home."
4. "I'm usually a happy person and nothing bothers me but this hemorrhaging and distress just shot my nerves. I'm so cranky with the kids and my poor husband. I just decided to put a stop to being like this so the operation is a welcome relief. On top of feeling better I expect to lose weight."	4. "Look, I've lost weight already like I've expected. Gee but I feel good and happy. Like I always say and teach my kids, it's a matter of mind over matter."

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