

# Women's Health and Nursing Research

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**T**HE STUDY on which this article is based began as a result of the observations of Joanne Sabol Stevenson, editor of the Ohio State University School of Nursing's newsletter, *CNR Voice*. In a recent issue, Stevenson commented on the following:

- The criticisms made by feminists concerning the "health care provided to women and the negative attitudes toward women patients";
- The great voids in knowledge relating to the "healthy functioning" of females throughout their life cycle;
- Predominance of "indirectness of research" on women, research that is not intended to gather knowledge about women per se, but is directed toward their childbearing functions and toward their being "subjects" for research; and

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- The general negativity concerning the experiences of females—for example, headache and menstrual experiences—none of which are perceived as positive and normal when considered in the overall biopsychosocial functioning of the female. Women's experiences, comments, and complaints have often been interpreted as "deviant, pathological, or simply bothersome."<sup>1(p2)</sup>

Stevenson argued that there should be more attention given to research *about* women that focuses on their experiences as female—as both subject *and* object of a study—instead of women as subject and her offspring as inseparable objects. More studies are needed of "community-based women living and coping in normal social systems as opposed to female 'patients' and institutional women."<sup>1(p2)</sup> Stevenson suggested a twofold goal for research on women's health: (1) build a field of knowledge about women and their health that offers a unique contribution to science that is complementary to current information about diseases and deviations from normalcy, and (2) translate such knowledge and its ramifications for health-seeking behaviors in a way that enhances the quality of life for women.

We decided to investigate the accuracy of Stevenson's observations and other claims that women's health research is increasing.<sup>2,3</sup> Therefore, we conducted a review and study of published nursing research to provide data on nursing's attention to women's health. This study was designed so that research categories could be generated without being limited to traditional specialty areas.

## REVIEW OF THE LITERATURE

Previous efforts to detect trends and summarize the state of the art of nursing research have not been successful in classifying discrete categories of critical inquiry. The 1977 silver anniversary issue of *Nursing Research* published several assessments of the state of clinical nursing research in the specialties of medical-surgical nursing, community health, maternal-child, psychiatric, and gerontological nursing.<sup>4-8</sup>

The findings on nursing research trends during the 1970s were inconclusive, and few statistics were cited. The major trends noted were

- An increase in the number of community health research reports;
- An increase in studies related to nursing intervention and its influence on change;
- A slight increase in attention to the elderly. The diversity of issues addressed by nursing research has provided problems in attempts to categorize and classify specialty investigations.

Olesen discussed the proceedings of a conference held at the University of California at San Francisco and suggested that an increase in awareness of the needs of women has led to an increase in medical and nursing research of sex differences in

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health care and policies.<sup>2</sup> Marieskind suggested that since the late 1960s the women's movement has directed a restructuring of the health system with both redefinition and refocusing of health care toward women's needs.<sup>3</sup> The index of *Nursing and Allied Health Literature* provides a subtitle of "women" for classification of articles. However, the majority of articles listed in this area are not research.

## CONCEPTUAL FRAMEWORK

Because the scope of nursing includes human beings at various points along the health-illness continuum, one logical classification for organizing clinical nursing research would be to categorize at what point on the continuum the purpose of the research can be placed. Leavell and Clark's concept of levels of prevention along the health-illness continuum was used to put this classification process into operation.<sup>9</sup>

In their model (Fig. 1), Leavell and Clark represented the levels of application of preventive measures—primary, secondary, and tertiary—as paralleling the natural history of a disease. The application of primary prevention is appropriate during the prepathogenesis period, when the preliminary interaction of agent, host, and environment is occurring before disease has been produced.

The application of secondary preventive measures begins as soon as the disease process is detectable and is instituted for early diagnosis and prompt treatment. If the disease has advanced beyond its early stages, secondary prevention may be aimed at preventing sequelae and limiting disability.

When defect and disability have become fixed, tertiary prevention is instituted through the use of rehabilitation to aid in returning individuals to their optimal level of wellness. This occurs during the convalescence phase of the pathogenesis period.

### Categorize levels of disease prevention

The natural history of disease within an individual and its associated levels of prevention are viewed as continuous processes. However, it is possible to categorize discrete levels of prevention by determining an individual's changes relating to both development of pathologic states and altered treatment needs. The focus is on the period of the disease within the individual, and the specific preventive measures flow from this. Practicing good nutrition may be considered to be primary prevention when promoting growth and development in the healthy individual. Nutrition can be considered tertiary prevention when its intent is to facilitate wound healing of a decubitus ulcer.

In considering the application of levels of prevention, the authors considered only clinical nursing research for examination. *Clinical nursing research* was defined as a scientific activity associated with testing theories or hypotheses related to the practice of nursing with clients or patients, exclusive of nursing education and administration.

### Definitions

Three mutually exclusive subsets of clinical nursing research were (1) women's health research, (2) maternal role research, and (3) all other clinical studies. *Woman* was defined as the female human being at

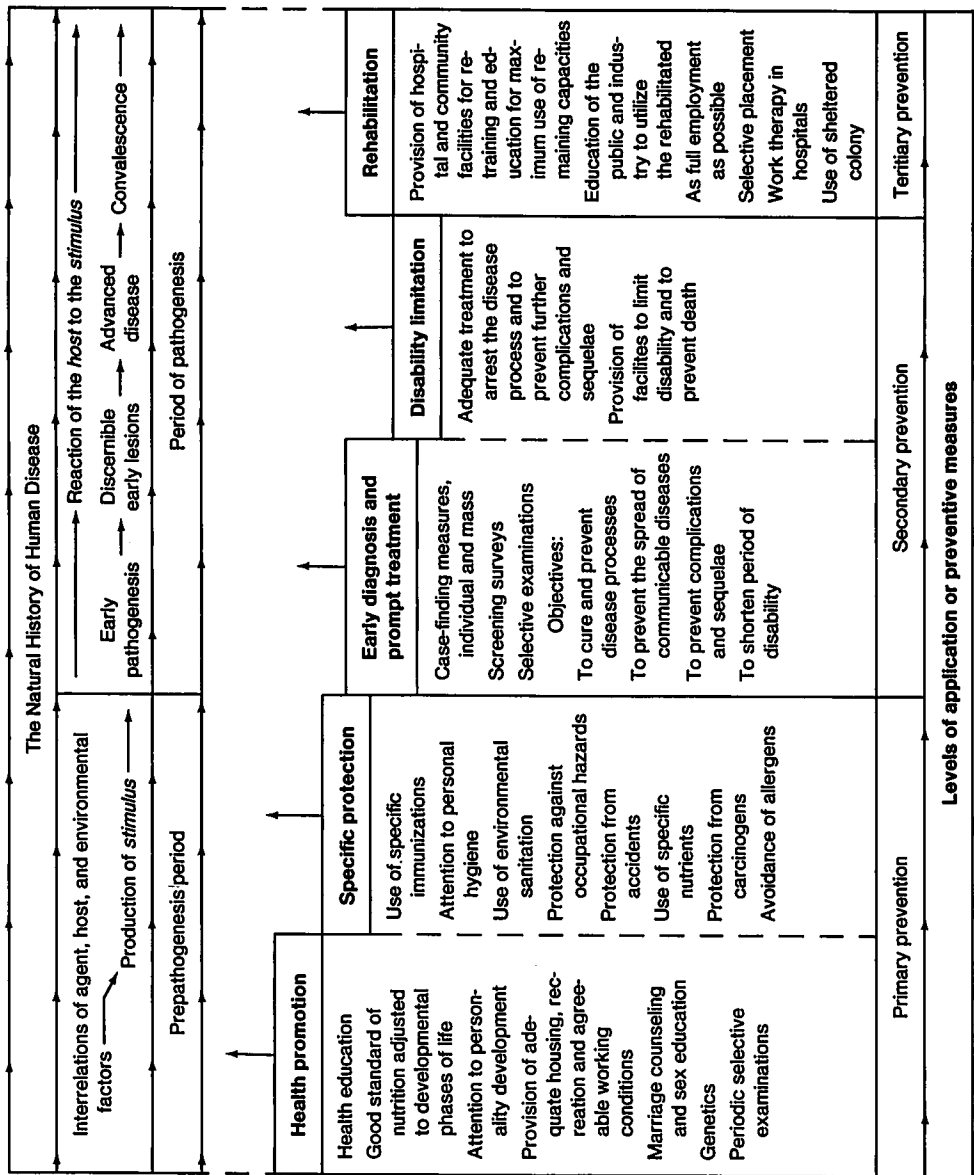


Fig. 1. Application of levels of prevention. (Adapted from Leavell HR, Clark EG: *Preventive Medicine*, ed 3. New York, McGraw-Hill, 1965).

or past menarche. *Woman's health research* was defined as the critical investigation of phenomena with deliberate use of the variable woman, exclusive of the maternal role, as determined by the stated purpose, problem statement, or conceptual framework.

*Maternal role research* was defined as the critical investigation of phenomena associated with the values, attitudes, and behaviors of a woman in relation to her dependent child. *Other clinical studies* was defined as those clinical research reports that were not women's health or maternal role.

Because the nursing research investigated for this project related to clinical nursing practice, it can logically be subsumed under Leavell and Clark's application of levels of prevention.<sup>9</sup> Through use of a Venn diagram (Fig. 2), the application of levels of prevention can be considered to be the universe of professional health care preventive measures. Falling within this universe are the three mutually exclusive sets of clinical nursing research: women's health research, maternal role research, and all other clinical nursing

research. The researchers assume that each set of nursing research will extend across all levels of prevention, but relative quantification is not known, and therefore precipitates the questions addressed in this study.

## QUESTIONS AND HYPOTHESES

The following research questions were generated on the basis of the conceptual framework:

- What proportion of clinical nursing research has investigated the health of women in the first person singular as compared with studies relating women to the maternal role?
- What levels of prevention have been studied by nurses in relation to the health of women? What levels of prevention have been studied in other clinical nursing research? What levels of prevention have been studied for the maternal role?
- What trends can be determined in the proportion of clinical nursing research investigating the health of women in the 1970s?

Based on the research questions, the authors proposed the following hypotheses for the study:

1. There will be no difference in the proportion of clinical nursing research addressing general clinical nursing, women's health, and maternal roles.
2. There will be no difference in the levels of prevention studied by nurses concerning clinical nursing, women's health, and maternal roles.
3. There will be no statistically significant

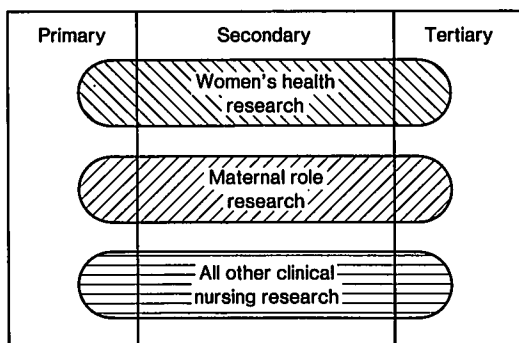


Fig. 2. Universe of professional health care preventive measures.

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cant difference in the number of research reports related to women's health by year.

4. There will be no statistically significant difference in the number of research reports related to women's health by journal.

SELECTION OF THE SAMPLE

The sample consisted of four nursing journals: *Americical Journal of Nursing*, *Journal of Psychiatric Nursing and Mental Health Services*, *JOGN Nursing*, and *Nursing Research*, and represented the period from January 1970 through December 1979. The selection of these journals was based on a finding from a study by Cohen, Duncan, Lovejoy, and Pass, which revealed that 67% of clinical nursing research reported by nurses in nursing journals was published in these four journals.<sup>10</sup>

METHODOLOGY

A pilot study was conducted in which the investigators surveyed a selected number of journals represented in the sample and collected data pertaining to the levels of prevention represented in the clinical, maternal, and women's health research reports. The pilot study resulted in the development of a tool to categorize and tabulate research reports (see boxed material below). The categories were (1) maternal role, women's health, and other clinical nursing; and (2) primary, secondary, tertiary, or nonspecific levels of prevention. The literature was surveyed to identify articles that met the criteria for inclusion in the study. For example, a clinical nursing research article was examined to determine if the purpose, hypotheses, or findings related to the maternal role, women's health, or other clinical nursing. If the research report was selected,

CATEGORY AND NUMBER of CLINICAL NURSING RESEARCH REPORTS			
		Journal _____	
		Year _____	
<i>Clinical Nursing</i>			
Maternal role	Total	All other clinical nursing	
Primary	_____	Primary	_____
Secondary	_____	Secondary	_____
Tertiary	_____	Tertiary	_____
Nonspecific	_____	Nonspecific	_____
Women's health			
Primary	_____		
Secondary	_____		
Tertiary	_____		
Nonspecific	_____		

it was reviewed to determine which level of prevention it addressed. Articles that concerned more than one level of prevention were presented to the group of investigators, who established the appropriate category by identifying the predominant level of prevention from the purpose of the study. In the few cases when no predominant prevention level could be determined, the article was categorized as "nonspecific." The interrater reliability for the categorization process was established at 0.75. An annotated bibliography was compiled from the articles related to women's health (see Appendix).

## FINDINGS

A total of 371 clinical nursing research reports were found in the four selected journals for the years of 1970-1979. *JOGN Nursing* was not published until 1972. With regard to the subject of the studies, 13.4% related to maternal role, 5.6% to women's health, and 80% to other clinical studies. With regard to level of prevention for all the studies, 28.8% were classified as primary, 59.6% as secondary, and 10.8% as

tertiary. A total of three articles (0.8%) addressed instrument development and did not fit the classification. These were labeled as nonspecific for level of prevention.

A distribution of the levels of prevention for each clinical category (women's health, maternal role, and other clinical nursing) was also determined (Table 1). Of the total women's health research, 42.9% was primary, 42.9% was secondary, and 14.2% was tertiary. For maternal role research, 52% was primary, 48% was secondary, and none was tertiary. Clinical nursing research reflected 24% as primary, 59.6% as secondary, and 10.8% as tertiary, with 0.8% classified as nonspecific.

The data were also analyzed with the Kruskal-Wallis nonparametric one-way analysis of variance to determine if there were differences in the reporting of women's health by journal or by year. The obtained chi-square ( $\chi^2$ ) of 10.931 was not significant for year (critical  $\chi^2$  [ $\alpha = .05$ ,  $df = 9$ ] = 16.92). A graph of the number of women's health reports by year is presented in Fig. 3. A significant chi-square of 11.812 was obtained for the

**Table 1.** Percentages of clinical nursing research according to level of prevention and clinical category

Clinical category	Level of prevention				Total
	Primary	Secondary	Tertiary	Nonspecific	
Maternal role	N = 26 (52%)	N = 24 (48%)	N = 0 (0%)	N = 0 (0%)	N = 50 (13.4%)
Women's health	N = 9 (42.9%)	N = 9 (42.9%)	N = 2 (14.2%)	N = 0 (0%)	N = 20 (5.6%)
All other clinical nursing	N = 72 (24%)	N = 189 (62.6%)	N = 37 (12.3%)	N = 3 (.1%)	N = 301 (80%)
TOTALS	N = 107 (28.8%)	N = 222 (59.6%)	N = 40 (10.8%)	N = 3 (.8%)	371

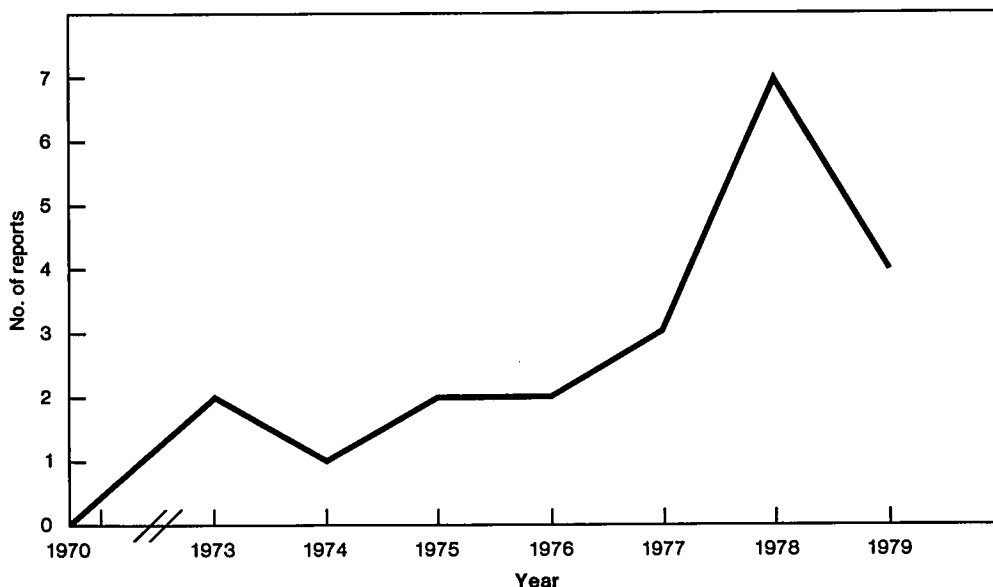


Fig. 3. Total number of women's health research reports for years 1970-1979.

variable of journal (critical  $\chi^2$  [ $\alpha = .05$ ,  $df = 3$ ] = 11.34), signifying a difference in the journals reporting women's health research. A Mann-Whitney U test was performed between all possible groups to determine where the difference occurred. Significant z-scores ( $p < .05$ ), which reflect a correction for ties, were obtained for comparisons of *Nursing Research* and *American Journal of Nursing*, *Nursing Research* and *Journal of Psychiatric and Mental Health Services*, and for the comparison of *American Journal of Nursing* and *JOGN Nursing*.

## CONCLUSIONS

The largest percentage of clinical nursing research fell into the category of other clinical nursing, as expected. A comparison of the totals for women's health and maternal role showed twice as much research on women in relation to the childbearing and childrearing roles.

Whereas clinical nursing research fell heavily in the area of secondary prevention, women's health research had equivalent numbers in both primary and secondary levels. The maternal role category had a slightly larger percentage of primary studies over secondary. The smallest proportion of studies for all clinical categories was in the tertiary level of prevention, with none in the category of maternal role.

The third hypothesis was retained since no statistically significant relationship was found for year of publication. The graph of Fig. 3 presents these data, which might suggest the beginning of a trend, but the number of cases may be too small to be conclusive.

The fourth hypothesis was rejected, because a statistically significant difference was obtained for journals reporting women's health research. *Nursing Research* and *JOGN Nursing* were the journals



responsible for publishing the majority of women's health research, followed by *Journal of Psychiatric Nursing and Mental Health Services*. *American Journal of Nursing* published the least amount of women's health research.

## IMPLICATIONS AND DISCUSSION

These data support the observations by Stevenson and demonstrate that there is twice as much nursing research about women in the role of childbearer and caretaker than on women as both the subject and object of research. Nursing research has paid little attention to health care needs determined by sex differences.

Because the largest portion of clinical research fell in the category of secondary prevention, nursing has evidently followed a disease-oriented focus in selecting problems for critical inquiry. This trend may be attributed to influences such as the following:

- It is the path of least resistance because hospitalized and institutionalized samples are more readily available than healthy groups.
- Funding has been primarily allocated for research on treatment of disease.

The equivalent percentages of primary and secondary research on women's health could be attributed to the fact that women are the greatest consumers of preventive health services.<sup>11</sup> The focus on primary prevention for the maternal role may also reflect the nature of the needs of this population (such as prenatal care).

The lack of research in the tertiary level of prevention may reflect the lack of nurse researchers in this area, or it may reflect the lack of tertiary preventative research

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reports in the particular journals of the study. Accordingly a variety of other health care professionals can be found in the rehabilitation setting, which may account for less concentration of nursing research. It would be useful to determine the amount of interdisciplinary research in this area.

This study did not reveal a steady upward trend in numbers of nursing research throughout the decade as expected. Therefore this finding does not validate previous suggestions that the women's movement of the late 1960s and the 1970s refocused health toward women's needs. This lack of an upward trend may be because reports are usually published several months to several years after the research is completed. In addition the impact of a social movement may be reflected first in changes of attitude followed by action. Therefore the 1980s will probably show a steady rise in women's health research.

The fact that *Nursing Research* and *JOGN Nursing* were the most frequent publishers of women's health research is not surprising because they represent nursing research and women respectively. The early years of the *American Journal of Nursing* studied reflected more research than the later years. This could be because the number of nursing publications during this decade increased, providing nurses with greater opportunities to share their critical inquiries.

## RECOMMENDATIONS

The study should be extended across a greater number of years and with a wider range of journals to determine if nursing has addressed women's health in trends not reflected by the variables of this study. While previous studies have indicated which journals publish the majority of clinical nursing research, a wider range of journals may provide further data on nursing research, particularly in the tertiary level of prevention.

The data collection tool should be revised to provide for tabulation and categorization of each research report rather than by journal and year. This would facilitate further data analysis through use of statistical tests such as chi-square for hypotheses 1 and 2.

Further information should be gathered on nursing research and the needs of both men and women. Research on biologic sex differences that influence health care needs is essential for sound delivery of health care to both men and women. Thus

nursing research should be examined for its contributions to this data base with subsequent recommendations for action by the profession.

In general there appears to be a need for increased attention to the tertiary level of prevention for all clinical categories of nursing research. This important aspect of health care may be influenced by biologic and behavioral sex differences. As more women enter the professional and economic milieu, their needs for rehabilitation and reeducation may change from the needs of previous eras.

In addition, these investigators encourage the nursing profession to critically examine its role as a contributor of knowledge about women. As Leininger clearly stated, "No academic discipline came into being without substantive research related to identifying, defining, and refining its knowledge base"<sup>12(p202)</sup>. As a profession composed largely of women, nursing should take the lead in the critical investigation of women's health for establishing a sound theoretical basis for practice.

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## Appendix

Abstracts of  
Women's Health Research

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Aby NK, Nielsen K: Physical sensations during stressful hospital procedures. *JOGN Nursing* 8 (2):105-106, 1979.

The purpose of this study was to determine the physical sensations a woman experiences during a saline abortion. Of this sample of seven women, the following sensations were reported by at least two thirds of the women: insertion of the needle, a full or bloated feeling, and progressively stronger abdominal cramps. The authors suggested that these findings be used within an "expectancy framework" to prevent or reduce distress in a threatening situation.

Ager JW, Werley HH, Shea FP: Correlates of continuance in a family planning program. *JOGN Nursing* 2(6):15-23, 1973.

The purpose of this study was to identify those variables that differentiate among women who continue or drop out of family-planning programs. The dropout group was distinguished from the active group by their negative reaction to oral contraception and their perception of barriers and problems in using clinic services. No recommendations for nursing practice were given.

Berlin LE, Dotterer WH, Henriques ES: Increase in diaphragm use in a university population. *JOGN Nursing* 8(5):280-282, 1979.

The purpose of this study was to determine if there was an increase in the

number of women using the diaphragm for contraception and to determine the reasons for selecting the diaphragm. A significant increase in the number of women using the diaphragm between 1973 and 1976 was found, and the major reason for choice of the diaphragm was concern over oral contraception and side effects of the IUD. Major reasons for not selecting the diaphragm were that it was messy and interfered with sexual spontaneity. No recommendations for nursing practice were given.

Bourne J, Kahn J, Conger S.B, Tyler C: Surveillance of legal abortions in the United States. *JOGN Nursing* 1(1):11-22, 1972.

The purpose of this study was to determine the number of legal abortions performed in the United States during 1970, to describe the population of women obtaining abortions, and to identify factors associated with morbidity and mortality resulting from induced abortions. Two hundred thousand abortions were performed in the United States during 1970. The majority of women obtaining abortions ranged in age from 14 to 25, and were predominantly white and unmarried. Girls less than 15 years of age and women 40 years of age or older had the highest abortion-to-live-birth ratio. Mortality was found to be more than three times higher for abortions performed on women who were more than 12 weeks pregnant. No recommendations for nursing practice were given.

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Burgess AW, Holmstrom LL: Crises and counseling requests of rape victims. *Nurs Res* 23(3):196-202, 1974.

The twofold purpose of study was to identify the crisis requests of rape victims and to determine follow-up counseling requests. The authors categorize and describe immediate crisis requests for intervention as follows: medical, police, psychological, control, and uncertain. Follow-up counseling requests were for ventilation, clarification, and advice. This report was from an ongoing clinical research project. The importance of the counselor making the correct assessment of the request is discussed with identification of therapeutic approaches for specific requests.

Burgess A, Holmstrom L: Accountability: A right of the rape victim. *J Psychiatr Nurs* 13(3):11-16, 1975.

The purpose of this study was to determine what rape victims expect from professionals. The emergent theme was that victims wanted explanations from professionals about role expectations and about the procedures that are to be done. No recommendations for nursing care were given.

Cosper B, Fuller S, Robinson G: Characteristics of post-hospitalization recovery following hysterectomy. *JOGN Nursing* 7(3):7-11, 1978.

The purpose of this study was to describe the characteristics of the post-hospitalization recovery period for women who had undergone hysterectomy, with the explicit consideration of the relation-

ship of the surgery to the women's feelings of sexuality and the fears and myths that precede and follow it. Age was not significantly related to posthospitalization experience, except that older women experienced fewer negative emotional changes than did younger women. Physical changes included 75% experiencing fatigue and 50% experiencing relief of backaches and headaches. The majority stated that they were neither more nor less nervous than usual. Forty percent stated that they wanted additional information about the first week at home. Recommendation for nursing practice included emphasizing the need for specific information to be given to these women before discharge, rather than reassurance through generalities.

Daus AD, Hafez ESE: *Candida albicans* in women. *Nurs Res* 24(6):430-433, 1975.

The purpose of this study was to investigate factors that affect the incidence and severity of vaginal candidiasis. The following variables were found to be significantly associated with the incidence of *Candida albicans*: drug addiction, obesity, oral contraceptives, pregnancy, antibiotic therapy, and diabetes mellitus. The authors recommended that nurses should be alert for those at risk for candidiasis and also recommended patient teaching for prevention.

Farrell B, Allen M: Physiologic/psychologic changes reported by USAF female flight nurses during flying duties. *Nurs Res* 22(1):31-36, 1973.

The purpose of this study was to substantiate the existence of certain physiologic and psychologic changes directly

associated with exposure to occupational flying. Flight nurses were chosen for the study because no research relative to sex difference had been done. Specific physiologic changes noted by these nurses included increased menstrual flow and duration, greater tendency to bruising, sleep-pattern changes, and headaches. No control group was used in the research design, so the authors note there may be no relationship between flying and the subjective changes reported by the nurses.

Hain MJ, Chen SP: Health needs of the elderly. *Nurs Res* 25:433-439, 1976.

The purpose of this study was to identify health needs of the elderly living in congregate dwellings who were age 65 and over. Sex was a significant variable in the research design. Women living alone had more problems with swelling of feet and ankles, while men reported more chest pain. Women had a greater difficulty in physical functioning, especially in moving around their houses. In emergency situations men living alone called for an ambulance first, while women called relatives or friends. A specific recommendation for nursing practice was to encourage the use of a home health aide or community group that could assist women with their ambulatory difficulties.

Ipema D: Rape: The process of recovery. *Nurs Res* 28(5):272-275, 1979.

The purpose of this study was to obtain an explanation of the rape event, to describe the victim's responses to the rape, and to identify acts of the victim that resulted from the rape as they related to the social environment. Conclusions given

were that the recovery process from rape was analogous to the grieving process: the rape was a traumatic loss. It was crucial for the victim to articulate her experiences, and those victims with inadequate social support systems should be provided counseling sessions as an avenue for ventilating feelings and integrating the rape experience. Recommendations for practice were that counselors should be cognizant of their influence on the rape victim's perception of the rape experience, and that a rape victim advocate could provide continuity of support and information.

Kilroy P: Feminine hygiene products—Issues and answers. *JOGN Nursing* 6:37-41, 1977.

The purpose of this study was to determine the advantages, disadvantages, and nursing implications involved with the use of feminine hygiene products. Study conclusions were that douching was purposeless as a routine feminine hygiene measure, feminine deodorant sprays were inefficient, and that sanitary napkins and vaginal tampons were found to be effective ways of absorbing menstrual flow and postpartum lochia. The recommendations presented were related to nurses' use of this information in counseling patients and providing information for safe use of products.

Kreuger J, Hassell J, Goggins D: Relationship between nurse counseling and sexual adjustment after hysterectomy. *Nurs Res* 28(3):145-150, 1979.

The purpose of this study was to examine the relationship among the source, kind, and quality of information patients

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perceived, and the level of knowledge, feelings about self, and self-reported sexual behavior following hysterectomy. Study conclusions were that nurse counseling was not significantly related to the hysterectomy patient's sexual adjustment 8 weeks after surgery. A recommendation given for nursing practice was that nurses must develop and test the effectiveness of the programs that are intended for hysterectomy patients.

O'Neill MF: Patients with hypertension. *Nurs Res* 25:349-351, 1976.

The purpose of this study was to identify common psychologic needs of patients with essential hypertension and to suggest appropriate nursing interventions. Sex was used as a variable in the research design. Conclusions were that women had a greater need for affiliation and men had a greater need for dominance. Women with hypertension scored significantly higher on autonomy and aggression. A recommendation for nursing practice was that nurses assist persons with hypertension through patient teaching and counseling, which incorporates the knowledge that these clients reflect a process of thwarted needs and a cycle of inadequate behavior. Nursing attention is also encouraged for intervening in the cycle of negative feedback, lowering of self-worth, and continued inadequate behavior, which may constitute non-self-actualization.

Parker M: Culture and preventive health care. *JOGN Nursing* 7(6):40-46, 1978.

The purpose of this study was to determine the relationship between the degree of modesty pattern and obstetric and

gynecologic preventive health behavior, and the degree of male dominance and obstetric and gynecologic preventive health behavior. Women with low modesty patterns and low male dominance participate more in preventive health activities. Women with low male dominance index scores demonstrate low modesty patterns. Low preventive health care behavior is demonstrated by older women whose educational level does not exceed 8 years, whose source of payment for health services is public assistance, and whose primary health care provider is the hospital clinic services or private practitioner (as compared with a third source of care—a comprehensive health center). Recommendations given for nursing practice included: (1) nurses must expand their knowledge of the specifics of the preventive health care behavior of various populations, and (2) nursing assessment should give special attention to women's definition of their optimal health status, past illness experience, and the family medical history in order to educate women regarding their vulnerability to illness.

Phillips CR: The hysterectomy patient in the obstetric service: A presurgery class helps meet her needs. *JOGN Nursing* 6:45-49, 1977.

The purpose of this informal study was to help understand and meet the needs of pre-hysterectomy patients. Patients who were counseled by their physicians had more unanswered questions preoperatively on admission than those who attended a class taught by a nurse. The physician-taught group also had greater expectations of negative changes in sexuality. The

recommendations discussed relate to the obstetric-gynecologic nurse's role in pre-operative preparation of the hysterectomy patient.

Smyth K, Call J, Hansell J, et al: Type A behavior pattern and hypertension among inner-city black women. *Nurs Res* 27(1):30-35, 1978.

The question asked in this study was "Is type A personality descriptive of inner-city black women, a population of clinical interest because of the high rates of hypertension?" Conclusions were that type A women, both normotensive and hypertensive, showed the same amount of blood pressure variability during an interview. Nursing recommendations included prescriptions to retrain women to make fewer type A responses to their environment, though they noted that the stress associated with living in the inner city makes this retraining difficult.

Stillman MJ: Women's health beliefs about breast cancer and breast self-examination. *Nurs Res* 26(2):121-127, 1977.

The purpose of this study was to identify women's health beliefs about breast cancer and breast self-examination (BSE), and the extent to which these women practiced BSE. Of the sample of suburban women, 97% scored high in perceived benefits of BSE in reducing threat of breast cancer, 40% practiced BSE monthly, and 20% had high beliefs in the benefits, but did not practice BSE. Embarrassment and religion influenced beliefs and practices, and a majority of those who practiced BSE were unsure of their ability to

detect a mass. Recommendations for nursing practice centered on the relevance of this information to cancer education programs.

Turnbull E: Effect of basic preventive health practices and mass media on the practice of breast self-examination. *Nurs Res* 27(2):98-102, 1978.

The purpose of this study was to assess factors that affected use of breast self-examination (BSE). The most significant factors that influenced health-oriented women to practice BSE on a regular or occasional basis were learning about it from nursing programs, fears related to cancer, and work experiences. The non-health-oriented group indicated that influential factors were cancer fears, effect of mass media, and guidance of a physician. The authors suggested that increased nursing intervention related to BSE is needed, and pointed to the need for further research relative to areas that need clarification for women who practice BSE.

Woods NF, Earp JA: Women with cured breast cancer. *Nurs Res* 27(5):279-285, 1978.

The purpose of this study was to document experiences with the health care system of women immediately, as well as 4 years following mastectomy; to describe some of the changes or problems encountered after the return home; and to determine if quality of survival, as reflected by symptoms of depression and sexual adaptation, is associated with demographic variables, complications following surgery, and the presence and types of social support. Among the women interviewed 4

- 16 years after mastectomy, mental outlook appeared to be strongly associated with the number of physical complications that still persisted from the surgery. Women with high numbers of residual physical symptoms had high numbers of depressive symptoms. Social supports had a buffering effect, especially with women with only one complication. The quality of the marital relationship was associated with sexual adaptation. Recommendations for nursing care included taking measures to prevent physical complications after mastectomy, mobilizing available social supports while the woman is still in the acute-care setting, and tagging high-risk women—those with multiple physical complications or few social supports—for intensive aftercare.