

: ,

:

•

1.

가 (, 1989). 가 가

가 , (Watson, 1985).

, , , , , (Woods, 1975)

George Gwyther(1986)

, , 가 (가 , 1994 ; , 1994 ; , 1994) 가

, , 가 , (Montgomery, Gonynea & Hooyman, 1985 ; Novak & Guest, 1986 ; Thompson & Doll, 1982 ; , 1984 ; , 1986) , 가

2/3 (, 1987),

10 159 (, 1993),

(Williams, 1976),

가

1.

(Montgomery et al., 1985), (Butts, 1979). (1992) Butts, 1979) Dennerstein (1976) 10 Zarit, Reever & Bach-peterson(1980) 29 Kosberg & Caril(1986) 5가 가 (Deimling & Bass, 1986). (George & Gwyther, 1986).

1.

2.

3.

1997 4 2 5 30 ,
 K I ,
 가 가 , 가 가 ,
 가 가 (1996) 1 , 2 .
 “ ?”, “ ?”, “ ?” 가 ,
 가 () 가 ,
 1 1 2 , 1 -2 . □
 1 1 20 . 3 -4

4.

Lincoln & Guba Spradely, Taylor
 & Bodgan .
 1) . ,
 2) .
 3) 가 .
 4) .
 5) .

1.

9 45 29 52 .
 가 가 가 ,
 8 (88.9%) 가 5 가 가 .
 8 (88.9%) , 1 (11.1%) .
 가 3 (33.4%) 가 , 2 (22.2%), 2 (22.2%), 2

< 2>

가

가

가

가

가

가

가

가

3)

(3).

< 3>

가

가

가

가

4)

(4).

가

가

5) 가

가

가

(5).

< 5> 가

()

3.

(6).

< 6 >

	1,2,3,4,5,6,7,8,9
	2,4,5,6,7,8,9
	1,7,9
	3,7
가	2,4,6,7
	1,2,3,4,5,6,7,8,9
	7,9
	2,4,9
	7,8,9

•

9

5가 , 가 , 가

가 (1993), (1993) dududr

가 (1987 ; Hampton & Yarnasky, 1974),

(, 1987)

가

가 가 가 (, 1990),

(, 1989),

가

(Dodge, 1972),

가

가

(, 1987),

가

(, 1995),

9가

9가

가

K

I

1997 4 2 5 30

1.

5가

1)

2)

3)

4)

5) 가

2.

9가

, 가

가

가

가

1.

가

가

2.

3. 가

가

< >

1. (1990).
2. (1995). , 34(1), 70-71.
3. , 91987). . 30(9), 1260-1277.
4. , (1979). , 22(2), 119-127.
5. , (1987). , 17(2), 149-154.
6. (1989). , 54(6), 393-403.
7. Clements, I.M. & Robert, F.B., 譯(1986). 가
8. (1996).
9. , 가 (1993). 가 , 23(4), 467-486.
10. (1993). 가.

- : An invisible crisis. *Family Relations*, 31, 379-388.
33. Williams, M. A.(1976). Easier convalescence from hysterectomy. *American Journal of Nursing*. 3, 438.
34. Williams, M. L.(1992). Sexual adjustment after hysterectomy. *JOGNN*, 21(1), 42-47.
35. Wood, N. F.(1974). *Human sexuality in health and illness*. St Louis, C. V. Mosby Co.
36. Zarit, S. H., Reeve, K. E., Bach-Peterson, J.(1980). Relatives of impaired elderly : Correlates of feeling of Burden. *The Gerontologist*, 20(6) : 649-655.

- Abstract -

When women are removed with their matrix which is a emotionally significant organ of symbol in psychologically adapting themselves to mother and woman, that is threatened and injured with woman role decisively

The nursing for women with hysterectomy is limited to medical treatment and the nursing related to troubles in psychology, emotion they experience in general situation due to operations is hardly realized.

New basis for nursing can be realized when we both have relation with lived human experience related th health and become to be a part of it. We need to catch their experience due to the loss of matrix to understand women with hysterectomy.

The subjects of the study were nine patients who were admitted to a gynecological ward of a hospital in Seoul, suffering from vaginal bleeding, back pain, abdominal pain and so on and diagnosing as non-cancer.

The data were collected from April to May 1997 by listening to the subjects' expression of their experience and by participant observation of the subjects' reactions.

A tape-recorder was used under the permission of the subjects, to prevent the loss of spoken information.

The result of the study was as follows :

The data on burden content from the interview were categorized as psych-emotional, physical, personal interaction, financial burden and maternal role burden.

The factors which have influence on the burden of the subjects are an offer of information, support system, age, occupation, economic situation, family history, character, season, the existence of ovary and religion.

In conclusion, since we ascertained that the nursing in the process of recovery decide the quality of life, though women with hysterectomy undergo various burden experience and adapt to it in the end, it is necessary to give them enough information and educate husband, having on important effect on the burden experience, to be a good supporter. And technically skilled nurses of consultant are thought to be able to contrive better qualitative life of women with hysterectomy as an important bridge between the subjects and their required information, since the nurses have their well-formed position of relationship of confidence through continuous contact with patients and their family.