

Full Length Research Paper

A study of the connection between self-esteem and self-care agency in hysterectomy patients

*¹Ahmet Çetin İzgören, Uğur F. Şerif¹ and İsmet OKur Doğan²

¹Faculty of Nursing, Department of Gynecologic and Obstetrical Nursing, Hacettepe University, Ankara, Turkey.

²Faculty of Nursing, Department of Gynecologic and Obstetrical Nursing, Gazi University, Ankara, Turkey.

E-mail: cetin.ahmet2009@hacettepe.edu.tr

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This descriptive study was performed in order to determine the connection between the self-esteem and self-care agency of women who underwent hysterectomy. The study was performed 2010 in the largest Obstetrics and Children's Health Research and Training Hospital in the eastern side of Istanbul. The sample size was total of 120 women were contacted. In their 2nd day after the operation, the women filled out the Patient Information Form, the Cooper smith Self-Esteem Inventory, and the Self-Care Agency scale. The findings were evaluated with under the SPSS program. The average self-esteem score of the women was found to be 59.93 ± 7.03 , their average self-care agency score was found to be 80.31 ± 8.78 , and a positive significant relationship was found between their self-esteem and self-care agency levels ($p < 0.01$). Among the nursing care goals to be planned for women who underwent hysterectomy, raising the levels of self-esteem and addressing the lack of self-care agency are important in order to ensure that the women gain back their independent self-care activities in the shortest time in the post-operative period. Thus, patients may become less affected by the physiological and psychological effects of the surgery, and participate in their self-care in the highest levels possible.

Keywords: Hysterectomy, Self-esteem, Self-Care.

INTRODUCTION

Hysterectomy is one of the most common surgical procedures underwent by women (Kjerulffs et al., 1993). Surgical menopause was reported to cause higher levels of psychological symptoms such as anxiety and depression and more side effects on sexual life, all with more severe symptoms (Nathorst-Boss et al., 1993; Oldenhave et al., 1993). Generally, an early menopause and the thought of removing a healthy organ cause negative points of view (Khastgir and Studd, 2000). Thoughts like being scared of surgery and its complications, pain, body image changes, growing old, not being able to give birth, and reduction of womanly properties cause hysterectomy to be perceived negatively. While the sense of a reduction in feminine properties causes a reduction in self-esteem, it also may cause a loss of creativity and a sense of emptiness

(Azadeh-Ghamsari et al., 2002). While every operation has problems of its own, applications that change the physiological functions of the organism, violates the wholeness of the body, and changes the lifestyle of a person are known to be perceived as threats to self-esteem (Eti Aslan, 1996). Additionally, the concerns of women about aging, the loss of the ability to give birth, and the awareness of women about the changes in their appearance unify with certain social and symbological concepts to make going through this phase harder (Kaplan and Sadock 2004). The presence of these symptoms cause the process to be harder and the self-care agency, and thus the quality of life, of the women to be affected negatively (Yurdakul et al., 2007).

For women who underwent hysterectomy to quickly be able to undertake their self-care, especially in the post-

operative period at the hospital, they have to be able, strong and knowledgeable, which in turn requires them to value themselves. This surgical operation, which affects the self-esteem of women, also affects their self-care agency and lifestyles in comparison to their life before the operation. While planning the care that they will provide to hysterectomy patients, it is important for health care professionals to determine the relationship between self-esteem and self-care agency as well as individual characteristics (age, educational level, marital status etc.) related to those concepts. Although there are many studies regarding self-care agency or self-esteem, there were no studies in the literature evaluating the relationship between self-esteem and self-care agency as well as other characteristics related to those concepts. The study was planned to address this deficiency.

MATERIAL AND METHODS

The present study was designed as a cross-sectional and descriptive study. The study was conducted in the Gynecology clinic of a Obstetrics-Pediatrics Research and Training Hospital in Istanbul between April 2010 and August 2010. The hospital where the study was conducted in is the largest obstetrics hospital located at Istanbul's Anatolian side with a bed capacity of 565 and was therefore chosen for this study.

The universe and sample of the study

Statistical analysis yielded a sample size of 118 patients with an error margin of 5% and a confidence interval of 95%. 132 patients were invited to participate (or contacted) in the study and 120 patients completed the interview and responded all questions. Among the participants, 3 women who did not agree to participate and 9 women who agreed to participate but discontinued the study during data collection were excluded. We included total 120 women who had a hysterectomy in our sample. The study sample consisted of women who were at least literate, were not diagnosed with gynecological cancer, accepted to be interviewed, and were selected on the basis of nonprobability sampling.

Data Collection and Instruments

The researcher administered the Patient Information Form, the Coopersmith Self-esteem Inventory, and the Self-Care Agency Scale to the patients in patients' rooms via face-to-face interviews on the 2nd day following hysterectomy. Data was collected on the 2nd day following surgery since the patients experienced pain on the 1st day after the surgery.

Patient Information Form

The form was developed by the researcher after reviewing

the relevant literature (Freeman et al., 2005; Karaaslan 1993; Pelik 2004; McCalep 2000; Özgür et al. 2010) and was prepared for investigating the backgrounds and sociodemographic characteristics of the women.

Coopersmith Self-esteem Inventory

The Self-esteem Inventory was developed by Stanley Coopersmith and is used for evaluating individuals' attitudes toward various areas of their selves. The inventory can measure individuals' attitudes toward their families as well as the drives for attaining leadership, proving one's self, and contemplating one's self. Higher scores indicate that the individual has high self-esteem (Coopersmith, 1967). In this study, the Cronbach alpha value for the Coopersmith Self-esteem Inventory was found to be 0.71 and this coefficient demonstrated that the inventory is appropriate and reliable for use in our study sample.

The Self-Care Agency Scale

The Self-Care Agency Scale was developed by Kearney and Fleischer in 1979 and determines individuals' ability and agency to take care of themselves. The scale focuses on the self-evaluation of individuals regarding acts of self-care and contains 35 items. As the scores obtained from the scale increase, it is assumed that the self-care agency of individuals increase (Kearney and Fleischer, 1979). In this study, the Cronbach alpha value for the Self-Care Agency Scale was found to be 0.76 and this coefficient demonstrated that the inventory is appropriate and reliable for use in our study sample.

Ethical Considerations

The study was conducted according to universal ethical principals as well as scientific principles. Permissions to carry out the present study were obtained from the Ethical Board and the institution. The study was explained to potential participants and their questions regarding the study were answered. Participants who agreed to participate in the study signed Informed Consent Forms.

Limitations of the Study

Study results are limited to the hospital where the research was conducted and therefore cannot be generalized to all cases that underwent hysterectomy.

Statistical Analysis

Data was evaluated using the SPSS program. While evaluating data, descriptive statistical methods such as

frequencies, percentages, means and standard deviations were used. The Cronbach alpha coefficients were evaluated in order to demonstrate that the self-esteem and self-care agency scales were valid and reliable in the sample of hysterectomized women. The student's t-test was used for comparing two groups. The one way analysis of variance was conducted for comparing more than two groups. In addition, the Tukey HSD Post-hoc test of advanced analysis was used in order to determine the source of group differences on the self-care agency and self-esteem scores according to individual characteristics where there were more than two groups. The Pearson correlation analysis was conducted for determining the relationship between scales. The results were evaluated according to the two way significance level of $p < .05$ and 95% confidence intervals.

RESULTS

The mean age of the women who participated in the study was 51.51 7.38. While the majority of women were married (86.7%), it was found that 69.2% of them graduated from primary/middle school and 58.3% had an income which meets their expenses. The majority of women (60.8%) were diagnosed with uterine myoma and 52.5% did not have a chronic condition (Table 1).

The mean self-esteem score of the women who participated in the study was 59.93 7.03 and the mean self-care agency score was 80.31 8.78. There was a high and positive correlation between self-esteem and self-care agency ($p=0.001$) ($r=0.883$) (Table 2).

The self-esteem and self-care agency mean scores showed significant differences according to age, educational level, marital status, level of income, chronic conditions, status of menstruation during the pre-operative period, and self-reports of well being during the post-operative period (Table 3).

The Tukey HSD Post-hoc test of advanced analysis was used in order to determine the source of group differences on the self-care agency and self-esteem scores according to individual characteristics where there were more than two groups. The results of the Tukey HSD Post-hoc test of advanced analysis showed that the self-esteem and self-care agency mean scores of the group aged between 39 and 48 were higher than those of other age groups ($p=0.001$). The self-esteem and self-care agency mean scores of the group aged between 49 and 58 were higher than those of the group aged between 59 and 68 ($p=0.001$). When we examined educational status, it was found that the self-esteem and self-care agency mean scores of women who had a Bachelor's degree or higher were higher compared to women who had a lower level of education ($p=0.001$). In means of chronic conditions, it was observed that the self-esteem and self-care agency mean scores were

higher in the group of women who did not have a chronic condition compared to those who have a chronic condition ($p=0.001$). It was found that the self-esteem and self-care agency mean scores of the group who felt well during the post-operative period were higher

compared to those of the group who felt worse during the post-operative period ($p=0.001$).

DISCUSSION

Gynecological surgery can be a major source of stress for women because the operation involves the loss of organs which determine sexuality and the female identity. This stress can be evident especially after hysterectomy. Habituation to the new situation, the disruption of hormone balance, and the loss of reproductive organs after the operation may have a negative impact on self-esteem. In our study, the mean self-esteem scores of hysterectomized women was found to be 59.93 ± 7.03 . In a study by Cimete and Gençalp, the mean self-esteem scores of hysterectomized women was found to be 60.20 ± 6.04 (Cimete and Gençalp 1995). The mean self-esteem score found in our study is similar to the one found by Cimete and Gençalp. In a study by Pelik (2004), it was found that the mean self-care agency score of hysterectomized women is 88.18 ± 14.33 . Pelik (2004), suggested that low levels of self-care agency in women was related to insufficient training and care provided during the pre-operative period regarding procedures to be conducted and self-care in the post-operative period.

Whetstone (1989), reported that self-esteem is one of the most influential factors regarding the undertaking of an efficient self-care role. Kaerney and Fleischer (1979), found that self-care agency increases as self-esteem increases. In our study, we found a high and positive correlation between self-esteem and self-care agency in hysterectomized women ($p=0.001$). This finding is parallel to those of studies conducted with different groups (Whetstone, 1989; Larkin, 1988; Petersen-Martin and Cottrell 1987).

Fisher (1999), determined that the physical changes occurring during illness or the normal aging process were integrated into the concept of self. The decrease in the self-esteem and self-care agency score averages with increasing age that is present in our findings is compliant with the studies of Lev et al. (1999) and Fisher (1999). The self-esteem and self-care agency mean scores of women showed significant differences according to age. The reduction in the level of personal independence that is expected with increasing age is also expected to reduce self-care agency (Lev et al., 1999). In our findings, the self-esteem and self-care agency score averages of the women showed a significant change with changing levels of education. Our finding is parallel to those of studies conducted with different groups (Ferroni and

Table 1. The distribution of women according to individual characteristics

Individual Characteristics	n =120	%
Age		
39-48	22	18.3
49-58	56	46.7
59-68	42	35.0
Educational level		
Literate	5	4,2
Primary/middle school	83	69.2
Lycee	27	22.5
University and/or above	5	4.2
Marital status		
Married	104	86.7
Divorced/widow	16	13.3
Level of income		
Income more than expenses	18	15.0
Income meets expenses	70	58.3
Income does not meet expenses	32	26.7
Indication of Hysterectomy		
Uterine myoma	73	60.8
Endometrial Hyperplasia	21	17.5
Abnormal Uterine Bleeding	26	21.7
Chronic Condition		
Hypertension	33	27.5
Diabetes	10	8.3
Coronary disease	5	4.2
Other (Hipothyroidism/Rheumatism)	9	7.5
None	63	52.5
History of surgery		
Present	46	38.3
None	74	61.7
Pre-operative Menstruation		
Menstruates	40	33.3
Does not have menstruation	80	66.7
Post-operative self-evaluation of wellness		
Very well		
Well	16	13.3
Partially well	21	17.5
Not well	54	45.0
	29	24.2

Taffe, 1997; Chen and Conrad, 2001; Shu et al., 2001; McCalep, 2000). This may be explained by the fact that adults give more importance to their personal characteristics, which feed their self-esteem, as their level of education increases and have higher levels of satisfaction with those characteristics as a result. The fact that self-care agency increases with higher levels of education shows the importance of education in creating positive health behaviors.

Kim and Lee (2001), found a relationship between psychological sequels after hysterectomy and insufficient social support systems. In the data collection phase of

our study, we found that women who had the support of a spouse showed higher self-esteem in comparison to women who were widowed or divorced in the post operative period, and this makes us think that self-esteem levels are affected by social support mechanisms. One of the reasons for the low self-esteem

levels among the widowed and divorced in our study may be the fact that the Turkish social structure still causes a "widowed" woman to be viewed with a stigma and induces "social isolation", which, in turn, causes the social support systems of divorcees to be lower than married women (Koç, 2010). The communication and

Table 2. The mean scores of self-esteem and self-care agency and the relationship between them

Scales	M±SD	Min.	Max.	n =120
Self-esteem	59.93±7.03	40	92	r=0.883
Self-care agency	80.31±8.78	60	125	p=0.001

Table 3. The distribution self-esteem and self-care agency scores according to individual characteristics

Individual Characteristics	Self-esteem score M±SD		Self-care agency score M±SD	
Age				
39-48	67.00±7.53	F=44.25	92.81±8.75	F=94.35
59-68	61.42 ± 5.25	p=0.001	84.27 7.42	p=0.001
	54.28±3.97		68.48±6.42	
Educational level				
Literate	52.80±7.16		64.40±2.88	
Primary/middle school	^{57.98} ± 5.35	F=24.57	^{77.24} ± 9.86	F=24.24
Lycee	64.44±5.12	p=0.001	88.56±7.63	p=0.001
University and/or above	75.20±9.55		102.60±12.64	
Marital status				
Married	60.81±6.93	t=3.65	82.40 ±11.04	t=5.55
Divorced/widow	^{54.25} ± 4.84	p=0.001	^{66.69} ± 5.97	p=0.001
Level of income				
Income more than expenses	66.00±7.16		66.59±9.31	
Income meets expenses	^{61.08} ± 5.85	F=27.48	^{59.93} ± 8.12	F=74.53
Income does not meet expenses	54.00±4.97	p=0.001	83.54±6.31	p=0.001
Indication of Hysterectomy				
Uterine myoma	60.27±7.25		80.78±12.10	
Endometrial Hyperplasia	^{60.76} ± 6.53	F=0.92	^{80.67} ± 12.15	F=0.31
Abnormal Uterine Bleeding	58.31±6.80	p=0.400	78.69±10.86	p=0.735
History of surgery				
Present	59.82 ±7.54	t=-0.131	80.86±11.50	t=-0.410
	61.00 6.75	p=0.896	77.95 12.02	p=0.683
Chronic Condition				
Hypertension	56.36±6.27		73.00±9.92	
Diabetes	^{57.60} ± 6.02	F=9.27	^{76.90} ± 11.72	F=15.37
Coronary disease	56.80±3.34	p=0.001	77.00±9.53	p=0.001
Other (Hypothyroidism/Rheumatism)	54.66±2.82		68.33±5.80	
None	63.17±6.66		86.65±9.62	
Pre-operative Menstruation				
Menstruates	62.70±7.09	t=3.16	86.65±9.69	t=4.50
Does not have menstruation	^{58.55} ± 6.62	p=0.021	^{77.13} ± 11.49	p=0.001
Post-operative self-evaluation of wellness				
Very well	66.75±7.96		92.56±10.13	
Partially well	65.71 4.99	F=28.73	89.33 6.49	F=54.41
Not well	58.81±5.13	p=0.001	80.59±8.30	p=0.001
	54.06±4.35		66.48±5.40	

interaction that married women perform with their spouses and children while fulfilling their daily obligations require them to be healthy and strong. Since married women are expected to resume their roles and responsibilities in their family by quickly recovering in the post-operative period through spouse support, their self-care agencies may be expected to be higher than

divorcees (Özgür et al.,2010).

Factors such as income level, education, age, and ethnic and cultural history affect the responses of women to hysterectomy (Kim and Lee 2001). The significant change in self-esteem and self care agency with income level in our findings is compliant with the findings of Twenge Jean et al. (2002); Karaarslan (1993) and

Callaghan (2005). Since a low income level may cause negative relationships and family conflicts, it can be considered to affect self-esteem negatively. Increasing levels of income increase quality of life, and self-care agency is expected to increase as well.

Women who undergo hysterectomy are individuals in need of self-care support whose self-esteem has been affected negatively both by the loss of a valued reproductive organ and a surgical operation in their lives. Thus, the major factor affecting the self-esteem and self-care agency of a woman can be considered the hysterectomy itself and not the reasons behind the operation or previous operations underwent by the patient.

In the literature, self-esteem and self care agency were found to be affected negatively in adults with chronic or temporary physical illness (Karaaslan 1993, Büyükkaya et al. 2006). In the case of a woman who has already underwent surgical trauma and lost her uterus, the presence of other chronic illnesses may cause other complications or problems for the woman to deal with. Thus, the presence of additional chronic conditions may negatively affect self esteem and self-care agency.

In our findings, the self-esteem and self-care agency score averages of women who menstruated in the pre-operative period were higher than those who didn't. A woman who enters menopause feels a decrease in her physical attractiveness (Shu et al., 2007). Although menopause is sometimes met with relief and peace, most women feel a loss and feel that their value and self-esteem decrease (Freeman et al., 2005). When Bloch (2002), examined the stance of women undergoing menopause against menstruation, he found that most (54.9%) perceived menstruation as a positive situation and that only 35.3% thought negatively about menopause. No menstruation and the thought that sexuality would end together with the ability to reproduce affect the self image and social life of a woman, and this is considered to cause low self-esteem. Women who didn't menstruate in the pre-operative period also have to deal with menopausal complaints in addition to surgical trauma in the post-operative period, and this may negatively affect self-care agency. Thus, the higher self-care agency found in the women who menstruated in the pre-operative period with regard to the women who were trying to deal with both surgical trauma and the symptoms of menopause is an expected case in the early post-operative period.

Söderhamn et al. (2000), found a significant relationship between feeling well, being active and self-care agency. Pelik (2004), found that among hysterectomy patients, the self-care agency score averages of women who felt well/very well were higher than those who felt not well/very bad. Karadağ et al. (2008), found the self-esteem scores of women who perceived their health as fine to be higher than those who

perceived it as medium and bad. Self-care agency includes the behavior necessary for an individual to continue his life, health and well being (Orem 1995). The well being perception of women can be considered to affect their participation in their care.

CONCLUSION

Among the nursing care goals to be planned for women who underwent hysterectomy, raising the levels of self-esteem and addressing the lack of self-care agency are important in order to ensure that the women gain back their independent self-care activities in the shortest time in the post-operative period. In this context, it is important to take note of the relationship between self-esteem and self-care agency as well as other characteristics related to those concepts, approaching the woman in question as a whole person. Thus, patients may become less affected by the physiological and psychological effects of the surgery, and participate in their self-care in the highest levels possible.

SUGGESTIONS

Multi-centered case-control comparison studies that include the hospital (hysterectomy group) and family health center (healthy group) can be performed.

In a hospital where admissions are made prior to the day of the operation, the pre-operative and post-operative states of the patients can be compared.

The current study can be planned as multi-centered study with a sample size sufficient to represent a population on the national level.

REFERENCES

- Azadeh-Ghamsari A, Gill R, Moerdyk N, Oberleitner B, Rademeyer K (2002). The sexual and psychological implications of hysterectomy. SAfr Med J.; 92: 517-518.
- Bloch A (2002). Self-awareness during the menopause. Maturitas.; 41(1): 61-68.
- Büyükkaya D, Fesci H, Akdemir N (2006). Karaciğer sirozu olan hastaların öz-bakım güçlerini belirlenmesi. Atatürk Üniversitesi. Hem irelik Yüksek Okulu Dergisi.; 9(2):13-24.
- Callaghan D (2005). Healthy behaviors, self-efficacy, self-care, and basic conditioning factors in older adults. Journal of Community Health Nursing.; 22(3):169-178.
- Chen CW, Conrad B (2001). The relationship between maternal self-esteem and maternal attachment in mothers of hospitalized premature infants. J Nurs Res.; 9:69-82.
- Cimete G, Gençalp N S (1995). Histerektomili kadınlara uygulanan destekleyici hem irelik yakla ımının etkisi. IV. Ulusal Hem irelik Kongresi Bildiri Özet Kitapçığı, 15-17 Kasım, Ankara.
- Coopersmith S (1967). "The Antecedents of Self-Esteem". Palo Alto, CA: Consulting Psychologists Press Inc.
- Eti Aslan F (1996). Beden imajında deđi iklik deneyimleyen hastalara yönelik hem irelik yakla ımları. Türk Hem ireler Dergisi.;46(6)-26-28.
- Ferroni P and Taffe J (1997). Women's emotional well-being:

- The importance of communicating sexual needs. *Sexual and Marital Therapy*.;12(2):126-138.
- Fisher BJ (1995). Successful aging, life satisfaction and generativity in later life. *Int J Aging Human Develop.*; 41:239–50.
- Freeman EW, Sammel MD, Liu L, Gracia CR, Nelson DB, Hollander L. (2004). Hormones and menopausal status as predictors of depression in women in transition to menopause. *Arch Gen Psychiatry*.; 61:62–70.
- Kaplan HI, Sadock BJ (2004). *Klinik Psikiyatri*. Abay E (Çev. Ed.). Nobel Tıp Kitabevi, İstanbul, s:330- 331.
- Karaaslan A (1993). Benlik saygısı: genel bir gözden geçirme. *Ege Üniversitesi Hem irelik Yüksekokulu Dergisi*;9: 71-4.
- Karadağ G, Güner İ, Çuhadar D, Uçan Ö (2008). Gaziantep üniversitesi sağlık yüksekokulu öğrencilerinin benlik saygıları. *Fırat Sağlık Hizmetleri Dergisi*.; 3(7):30-40.
- Keamey BY, Fleischer BJ (1979). Development of an instrument to measure exercise of self-care agency. *Research in Nursing and Health*.; 2:25-34.
- Khastgir G, Studd J (2000). Patients' outlook, experience and satisfaction with hysterectomy, bilateral oophorectomy and subsequent continuation of hormone replacement therapy. *Am J Obstet Gynecol.*; 183:1427-1433.
- Kim KH, Lee KA (2001). Symptom Experience in Women After Hysterectomy. *JOGNN*.; 30(5):472-480.
- Kjerulf KH, Guzinski GM, Langenberg PW, Stolley PD, Moyer NE, Kazandjian VA (1993). Hysterectomy and race. *Obstetrics and Gynecology*.; 82:757-76.
- Koç M (2010). Demografik özellikler ile benlik saygısı arasındaki ili ki:yeti kinler üzerine ampirik bir ara tırma. *Akademik Ara tirmalar Dergisi*.;46:35-58.
- Larkin JA (1988). Self-care, health locus of control, and health value among faculty women. *Public Health Nursing*.;5:37-44.
- Lev EL, Paul D, Owen SV (1999). Age, self-efficacy and change in patients' adjustment to cancer. *Cancer Pract*.;7(4):170-176.
- McCalep A (2000). Sociocultural influences and self-care practices of middle adolescents: *Journal of Pediatric Nursing*.;15(1):30-35.
- Nathorst-Boss J, Von Schoultz B, Carlstom K (1993). Elective ovarian removal and estrogen replacement therapy-effects on sexual life, psychological well-being and androgen status. *J Psychosom Obstet Gynecol.*; 14: 283-293.
- Oldenhove A, Jazmann LJB, Everaerd W, Haspels AA (1993). Hysterectomized women with ovarian conservation report more severe climacteric complaints than do normal climacteric women of similar age. *Am J Obstet Gynecol.*; 168:765-771.
- Orem DE (1991). *Nursing: concept of practice self-care agency and dependent-care agency*, 4 th ed. Mosby Year Book, St. Louis:145-175.
- Özgür G, Yıldırım S, Komutan A (2010). Menopoz sonrası kadınların öz bakım gücü ve etki eden faktörler, *Anadolu Hem irelik ve Sağlık Bilimleri Dergisi*.; 13(1):35-42.
- Pelik A (2004). Histerektomi ameliyatı olan kadınların öz bakım gücünün incelenmesi, E.Ü. Sağlık Bilimleri Enstitüsü, Yüksek Lisans Tezi, İzmir, (Danı man:Yrd. Doç. Dr. Aynur Saruhan).
- Petersen-Martin J, Cottrell RR (1987). Self-concept, values, and health behavior. *Health Education*.;8:6-9.
- Shu BC, Wei WM, Li SM, Lu SY(2007). Self-concept and menopause among mid-life women: a survey in southern Taiwan. *Maturitas*.; 57:132–138.
- Soderhamn O, Lindencrona C, & Ek A (2000). Ability for self-care elderly people among home dwelling in a health district in Sweden. *International Journal of Nursing Studies*.; 37:361-368.
- Twenge Jean M, Campbell, W Keith (2002). Self-esteem and socioeconomic status: a meta-analytic review. *Personality and Social Psychology Review (Lawrence Erlbaum Associates)*. 6(1):59-71.
- Whetstone WR (1989). Perceptions of self-care in Sweden: cross-cultural replication. *Journal of Advanced Nursing*. 14: 962-969.
- Yurdakul M, Eker A, Kaya D (2007). Menopozal dönemdeki kadınlarına am kalitesinin değerlendirilmesi. *Fırat Üniversitesi Sağlık Bilimleri Dergisi*.21(5): 187-193.