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BECOMING BETTER BUT DIFFERENT:

**A GROUNDED THEORY OF WOMEN'S
RECOVERY FROM HYSTERECTOMY
FOLLOWING EARLY DISCHARGE FROM
HOSPITAL.**

**A thesis presented in partial fulfilment of the
requirements for the degree of Master of Philosophy at
Massey University.**

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ABSTRACT

The purpose of this grounded theory study was to identify, describe, and generate a theoretical explanation of the experiences of women following early discharge from hospital, as they recovered from hysterectomy. Ten women participated in the study and provided the major source of data. The women, who had undergone surgery within the previous twelve months and who were discharged within five days of having surgery, were interviewed up to three times at four to eight week intervals.

Constant comparative analysis of the data eventuated in the identification of a core category, 'becoming better but different'. This is the process engaged in by women following early discharge from hospital in order to recover from the surgery and feel improved health and a sense of transformation. To accomplish this, the women actively sought to regain control of their lives and their bodies following early discharge from hospital. They felt personally responsible for their recovery and actively participated in making it happen. It is through becoming better but different that women achieve a sense of closure or recovery from the experience of having a hysterectomy. It is a multifaceted process and includes the intertwined and simultaneously occurring phases of 'assimilation', 'achieving harmony', and 'repaterning'.

The process of becoming better but different is proposed as a possible conceptual model for nursing practice and emphasises the need the women in this study felt to be 'done with' and not 'done to'. Understanding of this process by nurses will enhance the way nurses prepare women for discharge from hospital and provide care following discharge after hysterectomy. Knowledge of the process of becoming better but different may provide the opportunity for creative ways of practising and may provide the means of defining and making nursing practice visible. The consequent implications for practice, education, and research are discussed.

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