



ASSISTANCE TO WOMEN IN MENOPAUSE: SPEECH OF NURSES
ASSISTÊNCIA À MULHER NO CLIMATÉRIO: DISCURSO DE ENFERMEIRAS
ASISTENCIA A LA MUJER EN LA MENOPAUSIA: DISCURSO DE ENFERMERAS

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ABSTRACT

Objectives: to investigate the attitude of nurses in assisting the user during menopause, and analyze the relationship of these professionals with the patient who experiences this phase. **Method:** an exploratory study with a qualitative approach conducted with 140 nurses of the Family Health Strategy (FHS) in João Pessoa / Paraíba / Brazil. The data were collected through semi-structured interviews and analyzed by content analysis technique. The study was approved by the Ethics Committee of the Federal University from Paraíba, CAAE No. 0037.0.126.000-07. **Results:** attitudes adopted by nurses in assisting the user in climacteric were the guarantee of secrecy, respect for privacy, care, and skilled assistance to the user. **Conclusion:** showed that although the speech of nurses is in accordance with the ethical principles that guide the professional attitude of nurses, assistance to the user during menopause, in that context, is hampered in part by a lack of training to deal with them specific issues of menopause. **Descriptors:** Nursing Care; Menopause; Family Health.

RESUMO

Objetivos: investigar a atitude de enfermeiras na assistência à usuária no climatério e analisar a relação dessas profissionais com a paciente que vivencia esta fase. **Método:** estudo exploratório com abordagem qualitativa realizado com 140 enfermeiras da Estratégia Saúde da Família (ESF), em João Pessoa/PB/Brasil. Os dados foram coletados por entrevistas semiestruturadas e analisados mediante a Técnica de Análise de Conteúdo. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa da Universidade Federal da Paraíba, CAAE n° 0037.0.126.000-07. **Resultados:** as atitudes adotadas pelas enfermeiras na assistência à usuária no climatério foram a garantia do sigilo profissional, respeito à privacidade, acolhimento, assistência qualificada à usuária. **Conclusão:** evidenciou que, embora o discurso das enfermeiras esteja de conformidade com os princípios éticos que norteiam a atitude profissional do enfermeiro, a assistência à usuária no climatério, no referido âmbito, é prejudicada, em parte, pela falta de capacitação delas para lidar com questões específicas do climatério. **Descritores:** Cuidados de Enfermagem; Climatério; Saúde da Família.

RESUMEN

Objetivos: Investigar la actitud del personal de enfermería en la asistencia al usuario durante la menopausia, y analizar la relación de estos profesionales con el paciente que experimenta esta fase. **Método:** estudio exploratorio con abordaje cualitativo realizado con 140 enfermeras de la Estrategia Salud de la Familia (ESF) en João Pessoa/PB/Brasil. Los datos fueron recolectados a través de entrevistas semi-estructuradas y analizadas mediante la técnica de análisis de contenido. El estudio fue aprobado por el Comité de Ética de la Universidad Federal de Paraíba, CAAE No. 0037.0.126.000-07. **Resultados:** las actitudes adoptadas por los enfermeros en la asistencia al usuario en el climaterio son la garantía de la confidencialidad, el respeto por la privacidad, atención, asistencia especializada para el usuario. **Conclusión:** mostró que aunque el discurso de las enfermeras es de acuerdo con los principios éticos que guían la actitud profesional de las enfermeras, la asistencia al usuario durante la menopausia, en ese contexto, se ve obstaculizada en parte por la falta de capacitación para tratar con ellos temas específicos de la menopausia. **Descriptores:** Atención de Enfermería; Menopausia; Salud de la Familia.

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INTRODUCTION

Menopause is defined as the period of transition between the old non-reproductive and reproductive health of women, characterized by hormonal and metabolic changes that can lead to changes involving the psychosocial context.¹⁻⁴ You can come or not accompanied by symptoms.

The climacteric spans the entire phase when estrogen and progesterone (hormones produced by the ovaries) will gradually cease to be produced. This phase is marked by the decline of production of eggs for fertilization and declining production of hormones that promote embryonic development in the early stages.¹

Menopause is reported as "syndrome" and is considered from a medical perspective, it affects women's health in its totality and long term, causing a number of symptoms.⁵ However, the study showed that menopause should not be considered a pathological process, despite the presence of clinical manifestations due to gradual decrease of hormones.²

With increasing life expectancy, women start to live a third of their lives in menopause, living with hormonal changes resulting from this process, which reveals a significant impact on quality of their lives.⁶ Moreover, this fact implies increased pursuit of health services, requiring their professional knowledge and skills to assist this population contingent.

Among the guidelines outlined by the Ministry of Health, which guide the humane and comprehensive attention to women who are in menopause, include: hosting, ethics in relations between professionals and users, the physiological and psychosocial phase and sexuality. However, although there is the assumption of guidelines to be followed in practice this does not occur, since the action of professionals is conditioned by the objective conditions of institutional work, the position they occupy nurses in the health field and the representation that make the climacteric.

With regard to objective conditions, we emphasize that these may be related to the lack of prioritization of care policies, health services, women in menopause, and, consequently, related to insufficient financial resources directed to this sector. Under these conditions, we believe that patient care during menopause, under the Family Health Strategy, is still precarious, which can influence the professional conduct of nurses

and the relationship with the patient during menopause.

Attention to women's health is a priority only in Public Health Policies, when it is in the reproductive phase, losing that attention when entering the menopause, but clarifies that nurses have opportunities to assist patients in menopause during the treatment program gynecological cancer.⁸

Research involving assistance to women during menopause is incipient or poorly disclosed.⁸ In recent decades, the goal of the research has been to seek therapies (particularly the development of pharmaceutical compounds based on the synthetic hormones) that alleviate the undesirable symptoms associated with hormonal changes, common during menopause. However, there are few studies that show how women are heard by health professionals and how they feel at this stage and still would like to be assisted.⁹ Add up: studies that discuss the attitude of health professionals (particularly nurses) in assisting the climacteric and their relationship with the patient in this phase are also incipient.

Based on the foregoing, we feel the need to investigate the nursing care for patients who experience the menopause, and we aim to help strengthen critical reading concerning this subject and, consequently, to find answers to the questions of nursing care practice relating to menopause.

Given these considerations, the study aimed to investigate the attitude of nurses in care for women during menopause, and analyze the relationship of these professionals with the patient who experiences this phase.

METHOD

An exploratory study with a qualitative approach, which works with the universe of meanings, motives, aspirations, values and beliefs, whose focus is the exploration of the set of opinions and representations concerning the subject we want to investigate.¹⁰

The study was conducted at the Family Health Units (USFs), located in the city of João Pessoa (Paraíba). The study population consisted of nurses linked to the Family Health Strategy and the sample was the one hundred and forty professionals, defined based on the following criteria: be in a professional performance at USF at the time of data collection, have at least one year professional practice in the FHS, take up the case and have availability for that.

Data collection was conducted in February and March 2010, through recorded interviews, using structured subjective issues, in order to

meet the proposed objectives for the study, and the empirical data analyzed by the technique of content analysis considering the phases of pre-analysis, coding, inference and interpretation of data.¹¹⁻²

In this research, we consider the guidelines and standards regulating research with human beings, established in Resolution 196/1996 of the National Health Council, in force in the country, with the project, referring to a broader investigation was approved by Ethics Committee (CEP), University Hospital Lauro Wanderley (HULW) Federal University of Paraiba, under protocol. 0037/07 and n. CAAE 0037.0.126.000-07.

RESULTS AND DISCUSSION

In this study, we sought to identify, from the speeches of the participants, the attitude adopted by nurses to assist patients during menopause, and know how to give them professional relationship with these patients. Therefore, the content expressed in the depositions were organized on the basis analysis technique adopted in order to demonstrate more frequent responses given by nurses to such matters as what is shown in the following tables.

Table 1. Percentage distribution of the answers of the participants to possible attitudes adopted in patient care during menopause. João Pessoa (PB), 2012. (n = 140).

Answers	n	%
"Guarantee of professional secrecy (information and questions during the consultations)"	85	60,7
"To respect the privacy of the user"	36	25,7
"Respect to the user (autonomy, individuality, to social and religious values and to scholar level)"	60	42,8
"Refuge (a good attention, valuation of complaints, concerns and needs of the user)"	52	37,1
"Qualified assistance to the user (act correctly, guide, counsel and refer for specialized consultation with a doctor or psychologist and conduct educational activities)"	26	18,6
Others	06	4,3

Table 1 indicates a concentration of alternative responses to "guarantee secrecy", with 60.7% (85); "Respect the user" with 42.8% (60) and "Home", with 37.1% (52).

The concentration of these answers aspects manifests an attitude that ethics is said to be followed, i.e., demonstrates that nurses with regard to subjective aspects of care, assume the attitude of keeping the confidentiality of information, respect the individuality of the patient and listen to the their complaints and needs. The nurse as a professional Health has the right to "access information related to the person, family and community, necessary for professional practice", but has a duty to maintain secrecy about the fact that confidential aware as a result of its activity professional.¹⁴

We believe that this attitude of nurses to maintain the confidentiality of information helps to provide security for climacteric patients when these reveal information and answer questions during nursing consultation, and also has to do with the professional concern of preserving the autonomy and individuality even still, respect for social values and religious and educational level of the patients. Such responses reveal a predisposition nurses to maintain an attitude of commitment to treat the patient in a humane way during menopause, thus contributing to the incorporation of the host, as a strategy for humanization of nursing care.

Regarding the host, this was understood as the ability of the nurse to perform a qualified hearing, seeking value the complaints, concerns and needs of the patient during menopause. Study shows it is essential that nurses during visits to review the subjectivity of women, through the redemption of personal history, values, expectations and desires, so that there is the approach of scientific knowledge with sensitivity and avoid each mechanistic and reductionist approaches.¹⁵ Thus, professionals must promote appropriate care to women during menopause and allow express their doubts and fears.

In this sense, the host should be adopted as a strategy for initial quality care to women during menopause. The host is considered as a strategy to implement the principles of universality, comprehensiveness and equity, by qualified hearing. This allows ensuring access to health services and warmly solving, identification of needs, risks and vulnerabilities user, facilitating improved interpersonal relationships and consequently the quality of care.¹⁶⁻⁷

Thus, there are several possibilities for intervening in menopause, however, the effectiveness depends mainly on the qualified hearing these women, the hidden issues in their complaints, their feelings and perceptions of the aging process. Therefore, it is essential that women have space to express

their feelings about the moment you're living and the difficulties they are experiencing to receive information about the changes your body is undergoing and the implications for their health.¹⁵

Nevertheless, we observed a decreased incidence of responses related to the more practical aspects of nursing care, i.e., with working conditions and attitudes toward the phenomenon of menopause, such as: "Assurance of user privacy while browsing, "with 25.7% (36);" qualified assistance to the user ", with 18.6% (26).

We see that the responses were less expressive of nurses who reported offer to guarantee patient privacy during the consultation with the nurse. We assume that this may be related to inadequate physical conditions in which the patient can not feel the urge to expose aspects of their personal privacy. Although the conditions of the physical ambience of FHS units the city of João Pessoa have undergone significant transformations, from the construction of new units, some old units still work in poor facilities, inadequate buildings in the realization of numerous professional activities, as cytological examination, vaccinations, dental care, space for conducting educational practices, among others. This reality may serve to explain this assumption.

As for the skilled assistance to the user, this was understood as the act right nurse, his ability to guide, advice and refer the patient to a specialist and to conduct educational activities. Regarding the aspect of "act right", this refers to attitudes that must be undertaken with competence, the nurse before the patient during menopause, how to offer assistance that can help improve their health. The Code of Ethics for Professional Nursing provides: "The Professional Nursing has operations responsible for the promotion of the human being in its entirety, in accordance with the principles of ethics and bioethics."

The nurse says this demonstrates the attitude to be taken before the patient during menopause:

So we can watch the user at this stage, we have to engage and seek to know more this phase with all its nuances peculiar, because there is nothing encouraged such assistance. We need to improve how people and be empowered, be tolerant, flexible, reliable and engaging more with this clientele. (Nurse 81).

The nurse, so you can carry out their activities with competence, i.e., so you can

"do right" before a patient during menopause and beyond need to adopt an ethical attitude, be empowered to offer assistance. This assumes knowledge and after it, training. Some nurses said they did not have the proper preparation to meet the climacteric patient who seeks the Family Health Unit:

It's insufficient due to a lack of skilled professionals in the unit. (Nurse 1)

I believe we should be above all else. An educator, aiming to clarify, educates, transforms and improves the quality of life of any user. Truly, it is so common that give assistance to women at this stage, since we are not encouraged, as are other practices to the FHP. (Nurse 18).

It's not much different from the other groups, in their various phases. I have insufficient knowledge to accompany a patient complaining of more complex phase of menopause. (Nurse 72).

These statements serve to illustrate the argument we've been having about the act and correct the nurse to support study that claims to be the one climacteric stage not yet received due attention of health services. The professionals still do not feel prepared because of lack of investment in training division.⁸

About aspects guide and advice, understand that this conduct does not contribute to meet the health needs of the patient, since it reflects a form of outdated teaching, linked to the functionalist model of care in the field of Health Consider the comments of the authors on the Health field:

[...] Although there are already several initiatives ethical to respect and value the participation and autonomy of the individual in actions relating to their welfare, even today we see the predominance of the linear model of education, guidance depository, that is anchored in a school model of domination.^{18:316}

The terminology used in the educational process in health involves the use of verbs such as "guidance," whose meaning implies an attitude founded on the traditional model of education in which the teacher determines the educational program to be adopted. For them, this conception of health education is characterized as a model depository, since the relationship between educator (nurse) and student (user) remains marked by unidirectionality and verticality. Thus, as there is no user involvement, it usually undergoes this type of vertical relationship in order to meet their health needs.¹⁸

The realization of educational activities, the low expressivity of the respondents saw the lack of defined strategies regarding the

educational aspect, i.e., indicated that this practice, although considered by nurses as part of quality care to patients in menopause, does not take place Featured in health care activities of nurses within the ESF, because of lack of training.

The testimony of this Nurse serves to clarify:

And not actually realize something specific or educational activities aimed at the user that stage. It would be very good to have training, something that would help improve care. (Nurse 23).

Table 2. Percentage distribution of the answers of participants about the professional relationship with the patient in menopause. João Pessoa (PB), 2012. (n = 140).

Answers	n	%
"Trust (establishing trust, credibility, safety and empathy)"	24	17,1
"It is a quiet relationship."	35	25,0
"Relationship of reciprocity and friendship (mutual, intimate, with exchange of experiences)"	19	13,6
"It's a difficult relationship, not so intense and precarious due to a lack of incentives and job training (training and further information about the assistance in climacteric)"	22	15,7
"Relationship based on friendship (understanding, relationship, affinity, empathy, trust, complicity)"	69	49,3
"Based on professional ethics (humanized attendance, responsible and with respect to the user)"	36	25,7
"Based on the completeness and fairness of assistance"	03	2,1
Did not answer	01	0,7
Others	10	7,1

Considering the most frequent answers in Table 2: "Value based on friendship" 49.3% (69) "; " Based on professional ethics "25.7% (36); " It's a relationship quiet "25.0% (35).

As it comes to answers to subjective questions (why the quotation marks), we realize that there a wide distribution of them. In our view, despite this dispersion, the majority of responses indicated a positive relationship of nurses with patients in menopause. In these responses, it is clear that this relationship is based on ethics and professional permeated with empathy, trust, bonding and active listening. The following testimonies illustrate this understanding:

[...] Try to establish a bond of trust, demonstrating my willingness to always listen to them and meet them where necessary. (Nurse 10).
It is a relationship of empathy, confidence, always trying to have an active listening, to understand and to understand their real needs, to find workable solutions. (Nurse 14).

Moreover, although most nurses keep a good relationship with the patients, we note that 15.7% (22) consider the relationship precarious due to lack of incentives and professional training, with respect to assistance to women in menopause. The following statements are illuminating.

How not to participate in any workshop or training on perimenopause, our relationship is just professional, listening to their complaints, direct them and, when

Health education can be an important tool for the intervention of health professionals to women during menopause. The professionals through educational activities can collaborate in an attempt to clarify misconceptions and prejudices about the climacteric, enabling the development of a new look on that stage.^{2,3}

In the following table, we will see how this attitude manifests itself when you ask the professional relationship with the patient during menopause.

necessary, refer them to another professional. (Nurse 40)
I see little closer to this woman and I believe that is due to my limited knowledge as a professional in this field and also little incentive / training service. (RN 109).

These statements reinforce the understanding that health services are not yet structured and organized to meet patients in menopause. This reality does not present itself differently under the ESF. The reality investigated further focuses the attention to female customers that lies in the reproductive phase. Its professionals are not able to attend this portion of the population, lack of incentives and specific actions that seek quality patient care during menopause. Moreover, these services, the main motto of the assistance are more directed to the prevention and control of cancer and gynecological guidance and clarification regarding the prevention and control of hypertension and diabetes. Because they are encouraged for these practices, the nurses do not feel prepared to assist women in this phase. For another reason, their relationship is expressed with the patient, even precarious (with little approximation).

The relationship between health professionals and users are among the issues challenging the reorganization of health services. For that assistance is integral, this relationship should be guided by the professional capacity to understand the

suffering that the user expresses more immediate and meaning of their actions and words. Furthermore, when the professional empowerment and encourages patient autonomy, this tends to feel singled out, defragmented and after it show improvement in his health condition. This reflects positively on the satisfaction of both the patient and the professional.¹⁹

FINAL REMARKS

The study found, from a higher concentration of responses, the professional conduct of nurses prioritized subjective aspects of nursing care as professional secrecy regarding the user and host. From a lower frequency of responses pointed also practical assistance to guarantee the privacy and quality care to the user, particularly denouncing the physical ambience of inadequate health facilities. These, plus the unprepared professionals do not guarantee the privacy, with regard to aspects of their personal privacy, particularly those who have more complex complaints.

The lack of training of nurses in dealing with patients in menopause represented a problematic factor in the professional-patient relationship, considering that this unpreparedness competed to establish some distance in this relationship, although the highest concentration of responses have indicated the establishment of a relationship built on ethical and humanistic values guiding the profession of nursing.

We understand that the quality of nursing care to the patient during menopause depends not only on professional conduct based on ethical principles on which privileges the confidentiality, respect and acceptance, but also requires technical competence and ability of a trader to the promotion and protection of health of this patient. We believe it is essential that health services are better structured to meet these clients and nurses seek hold training courses, acquiring the knowledge necessary for its shares to be differentiated in patient care in the climacteric within the ESF.

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