

PERCEPÇÕES DE ENFERMEIROS SOBRE A ATENÇÃO AO CLIMATÉRIO*
NURSES' PERCEPTIONS ABOUT CLIMATERIC CARE*
PERCEPCIONES DE LOS ENFERMEROS SOBRE LA ATENCIÓN AL CLIMATERIO *

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RESUMO

Objetivo: analisar a atenção à saúde das mulheres acerca do manejo do climatério por enfermeiros de Atenção Primária à Saúde. **Método:** trata-se de um estudo qualitativo, descritivo, que tem, como referencial teórico, o conceito de percepção. Analisaram-se os dados transcritos por meio de Análise Temática Dedutiva. **Resultados:** informa-se que surgiram quatro categorias temáticas: Educação permanente e continuada; Organização dos serviços; Abordagem às mulheres em climatério e Utilização de terapias complementares. Acredita-se que os resultados contribuirão para novas perspectivas na atenção à saúde da mulher. **Conclusão:** conclui-se que a atenção à saúde da mulher em climatério ocorre de forma fragmentada e descontínua. Percebeu-se a necessidade de realizar educação permanente voltada ao tema climatério, bem como a elaboração de protocolos, normas e diretrizes atuais que orientem a atuação profissional.

Descritores: Climatério; Saúde da Mulher; Atenção Primária à Saúde; Enfermagem; Áreas de Fronteira; Enfermagem em Saúde Pública.

ABSTRACT

Objective: to analyze women's health care regarding climacteric management by Primary Health Care nurses. **Method:** it is a qualitative, descriptive study, which has, as theoretical reference, the concept of perception. The data transcribed was analyzed by means of a Deductive Thematic Analysis. **Results:** It is informed that four thematic categories have emerged: Permanent and continuous education; Organization of services; Approach to climacteric women and Use of complementary therapies. It is believed that the results will contribute to new perspectives in women's health care. **Conclusion:** it is concluded that the women's health care in the climacteric period occurs in a fragmented and discontinuous way. The need for permanent education on the subject of the climacteric period was perceived, as well as the elaboration of protocols, norms and current guidelines that guide the professional action.

Descriptors: Climacteric; Women's Health; Primary Health Care; Nursing; Border Areas; Public Health Nursing.

RESUMEN

Objetivo: analizar la atención de la salud de la mujer sobre el manejo del climaterio por enfermeros de Atención Primaria de Salud Método: se trata de un estudio cualitativo, descriptivo, que tiene como referencia teórica el concepto de percepción. Los datos transcritos fueron analizados mediante Análisis Temático Deductivo. Resultados: se informa que han surgido cuatro categorías temáticas: Educación permanente y continua; Organización de servicios; Aproximación a la mujer en climaterio y uso de terapias complementarias. Se cree que los resultados contribuirán a nuevas perspectivas en la atención de la salud de la mujer. Conclusión: se concluye que la atención a la salud de la mujer en el climaterio se da de forma fragmentada y discontinua. Se advirtió la necesidad de realizar una educación permanente enfocada en el tema climatérico, así como la elaboración de protocolos, reglas y pautas vigentes que orienten el desempeño profesional.

Descriptores: Climaterio; Salud de la Mujer; Atención Primaria de Salud; Enfermería; Áreas Fronterizas; Enfermería en Salud Pública.

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*Article was extracted from the Undergraduate Thesis entitled " Women's Health Care in the Climacteric Period: Guidelines for Professionals and Managers of Primary Care Services in the Municipality of Chapecó/SC. Federal University of Fronteira Sul/UFFS. 2015.

How to cite this article

Banazeski AC, Luzardo AR, Rozo AJ, Sinski KC, Palombit MR, Conceição VM. Nurses' perceptions about climateric care. J Nurs UFPE on line. 2021;15:e 245748 DOI: <https://doi.org/10.5205/1981-8963.2021.245748>

INTRODUCTION

In the 20th century, public policies focused on women's reproductive period in health care were included with the objective of addressing all phases of women's lives. At the same time, in 1984, the Program on Integral Assistance to Women's Health was created, which involved all women's cycles, including the climateric period, but did not fully assist women. Thus, in 2004, the World Health Organization (WHO) launched the National Policy of Integral Women's Health Care, which brought principles and guidelines focused on the integrality of women's health in the climateric period.¹

With a significant number of women experiencing the climacteric period, it is necessary to pay attention to health not only in the reproductive phase, which the National Health Policies prioritize, but above all, in the development of actions focused on non-reproductive health.

It is believed that climacteric and menopausal care is a line of care that needs to be perceived and understood, not only by women and those around them, but also by health professionals, as a part of ageing. It is known that considering the implications of female identity along the vital cycle is challenging, because both climacteric and aging unleash new feelings, involving losses and gains.²

The research question was then listed: "What perception do health professionals, caregivers and managers have regarding Climacteric Women's Health Care in Primary Health Care (PHC)?"

OBJECTIVE

To analyze women's health care regarding climacteric management by Primary Health Care nurses.

METHOD

It is a qualitative, descriptive study and has, as theoretical reference, the concept of perception³ in which the way of being and seeing the world is a subjective aspect produced from external stimuli that are understood in a singular way for each individual. It is added that, in this way, researchers have directed the production of data according to the described concept.

A city in western Santa Catarina, located in southern Brazil, with approximately 216,654 inhabitants, was chosen as the study scenario, according to data from 2018 of IBGE.⁴ The study was conducted with a total of eight nurses, with an average of 14 years of education and aged between 27 and 59 years, who work with Public Policies for Women in Primary Health Care (PHC), being four coordinators and four assistants of the Family Health Strategy (FHS), who met the criteria for inclusion: nurses who performed care activities and local management of Family Health Centers (FHC) and who had been working in PHC for at least six months. Those FHCs in which there was only one nurse performing the functions of manager and assistance were excluded. The participants were identified by codes with letters and numbers that distinguished the care and nurse managers, with numbering from one to four, being EA1 to EA4, as well as EG1 to EG4.

It is revealed that the period for the production and organization of the data lasted eight months. The information was obtained through a semi-structured interview, with a previously elaborated script, considering the inquiries related to the research question. The interviews were individual, audio-recorded and lasted a maximum of one hour, and were later transcribed into digital files by the researcher. The purpose of the recording was to be completely faithful to the testimonies. The transcriptions were analyzed by means of Deductive Thematic Analysis,⁵ classifying

them into common categories according to their frequency and relevance, and later organizing them into thematic units.

In order to better understand the data collected, four categories were listed, which are intended to meet the objectives of the survey: Permanent and continuing education; Organization of services; Approach to women in climacteric and Use of complementary therapies.

The ethical and legal precepts of Resolution 466/12 of the National Health Council, which approves guidelines and regulatory norms for research involving human beings, were respected. Participants were requested to sign the Free and Informed Consent Term (FICT). The research project was approved by the Human Beings Research Ethics Committee under the CAAE: 45129315.6.0000.5564.

RESULTS

Permanent and continuous education

The interviewees were approached on the subject of permanent and continuous education, when they reported the following.

I don't remember when I had the training [...] the secretariat always does, but not about the weather and menopause [...] I probably did [...] when they launched the protocol, in 2003 [...] I went through training, but a long time ago [...] two-hour training [...] expository class [...]. ...] there was no follow-up, it was an update [...] related to the nurse's prescription [...] now we don't do it anymore [...] I was prescribing the medication, giving continuity of the treatment indicated by the doctor [...] many nurses had no more training [...]. (EA1)

[...]as we have the protocol, I believe we had something, but I do not remember the time [...]. (EA4)

It was also stated by them that it is of utmost importance that training occurs, as well as the updating of existing protocols.

[...]it would be interesting, starting from the secretariat, to train us [...] it is good for us not only to refer to the doctor [...]I feel left out [...] the Nursing could do beyond this. (EA2)

I would like to have a greater theoretical basis [...] there is no time, you have to meet the demand [...] we have nothing to train the secretary [...] it is a subject that is not much addressed [...] it is half abandoned even by the ministry [...] I think it is important to train all professionals, on the climateric period, from the health agents [...]. (EG2)

[...]in ten years in the network, I have never been through training on menopause [...] I feel left out[...]. (EG3)

Approach to menopausal women

In the Nursing consultation, a dialogue with the woman about climacteric conditions is initiated, addressing signs and symptoms, as can be observed in the following statements.

In the Nursing consultation, I give orientation, clarify what is climacteric, the menopause, the symptoms, whether or not it needs treatment [...] the doubts [...] I talk about food, physical activity, lifestyle [...] I try to make the most complete approach possible [...] some talk about religion [...] mental health [...] a meditation, reading, in general. (EA1)

I am talking about the symptoms, the changes [...] not all will feel the same [...] need for a hormone replacement [...] keeping up to date, exams annually, preventive, mammography [...] if they have previous hypertension, others develop from it [...] I am associating with the climacteric period[...]. (EA3)

The Nursing appointment should serve as a tool to explain to women about the changes that will occur, such as menstrual cycle, weight gain, sweating and intense heat waves.

I always question how menstruation is [...] I approach the subject when there are any symptoms [...] I orient [...] I reassure [...] I use what we have available, which is not only medicine [...] go for walks, take care of the weight [...]. (EA2)

Guiding women on the difficulties encountered in the climacteric, the flares, urinary incontinence [...] I talk about Kegel exercises, the lack of libido, the heat [...] anxiety [...] the orientation part enters the subjects in groups of hypertensive and diabetics. The prevention that needs to be done, with more care, the vaginal canal is dry [...] she will feel more pain [...] she needs special care in sexual intercourse [...] many times, in the elderly, many people with HIV-AIDS have appeared [...] I ask about the signs and symptoms [...]. (EA5)

According to the following lines, the nurse does not feel confident to have an integral approach to climacteric women. It is necessary, in nursing consultations, when the climacteric issue arises, for the professional to create a bond, providing them with the desired understanding.

When a woman is over 45, I always ask, is she already menopausal? We do in the anamnesis [...] in the collection of the preventive [...] talk about the symptoms, but orienting the medical consultation [...] no matter how much the nurse has the knowledge to pass much, they do not believe [...] orient that they are normal symptoms [...] what is abnormal, to reassure [...]. (EG1)

[...]we welcome the woman [...] we raise the eating habits, emotional aspects and self-care [...] we usually show the preventive [...] we talk about the symptoms [...] we talk about it according to experience [...]. (EG2)

Service organization

It was identified in the following lines that there is not a specific strategy for this topic, which addresses the subject and clarifies the doubts, because the activities in which these women are inserted are the same as those of the users with diverse health problems.

I have a physical activity group [...] women like it a lot [...] it's more the climacteric people up [...] we have a problem of physical space [...] we don't make groups because we don't have an adequate place [...] we don't have a project to expand [...]. (EA4)

Use of complementary therapies

Professionals were asked about the use or not of complementary therapies and it is noted that there is a very limited knowledge about aromatherapy and teas themselves.

I try to give tea, which has available. [...] for menopause, specifically, I don't indicate [...] more so, melissa tea, citron, fennel [...]. (EA1)

[...]I use aromatherapy and teas, but it is more in pregnancy, in climacteria, I do not indicate anything [...] women use soy lecithin, soy products [...] I indicate in the consultation only for women who can not take hormone [...] hormone replacement is more effective. (EA5)

Those interviewed who were engaged in some type of complementary therapy chose not to follow up the work and referral to the service, since there is no guidance or supply of teas or other therapies.

[...] the hiking group [...] had auriculotherapy, was the physiotherapist who did [...] only guides the issue of hiking [...] teas, we do not have as a habit [...] some talk that use isoflavones [...] comment about teas [...] has the care there in the woman's clinic, I do not know if there is any complementary therapy [...]. (EA2)

DISCUSSION

There are difficulties in sharing information and knowledge related to the climateric period, since, according to the interviewees, there was training right at the launch of the National Policy for Integral Women's Health Care (NPIWHC), however, there was no continuity of training activities for them to be instrumental in assisting climateric women.

According to the participants, the lack of training is a problem, not only in the municipal sphere, but also in the Ministry of Health itself, which produces the guidelines for women's health care. This situation is acknowledged as important to the interviewees, since they mention to feel the lack of training. Thus, it becomes possible to evidence that this exchange of knowledge enables the updating of their assistance protocols, i.e., it standardizes the care provided.

The educational actions are constituted as a relevant dimension of the work of the nurse, being carried out from the identification of assistance gaps in the service and with the intention of increasing the quality of care provided.⁶ Health professionals are trained by the permanent

education policy to improve the quality of assistance of the services offered by UHS. Individual actions are prioritized with a focus on the needs of each health region. It is part of the daily practice of the nurse through the national curricular guidelines, being characterized as one of the pillars of the professional exercise.⁷

It is clear, however, by analyzing the lines, that the professional nurse works only for the demand of the service. The PHC requires the construction of links between professionals and their users, the capacity to deal with the complexity of the health-disease process and the articulation of practices and knowledge that go beyond the core of professional competence. It is observed that these factors are responsible for raising workloads on professionals and, by not being recognized and faced, may limit the scope of actions for promotion and integrality in PHC, going against permanent education actions.⁸

It is known, in relation to continuing education, that it instigates and determines self-confidence in the care offered, providing moments for the manifestation of experiences and personal development, enabling the improvement of interpersonal relationships, with users, family and team. In order to increase the quality of the services provided, Permanent Health Education is used as a device for bringing UHS professionals' daily lives closer to the population's needs.⁹

According to the participants, it is perceived that the services are not able to put into practice continued education with climateric women, so they do not have specific strategies focused on this group and they feel poorly prepared to serve them, besides their individualities in this period of life. The participants, who mentioned that they do not actively search, reported that there is still a problem with physical space, which makes it difficult to form groups.

It can be seen that specific strategies and projects aimed at the group of climateric women are lacking, thus causing many not to seek health care, thinking that because it is an expected phase, their symptoms, such as mood swings, sweating and heat waves, are common, characteristic and have no treatment.¹⁰

Women's health care must be rethought, and reflections are needed on the opening of new programs, services, and on expanding what is already available to meet the demands of this women's cycle.¹¹

Mention was made, in relation to the approach to climateric women, by the participants, of the use of the Nursing consultation, and this is recognized as important to create a bond between the woman and the professional so that she can report all her complaints. It is noted that, during the climacteric period, professionals report using the consultation to provide orientation, clarify what menopause is and its correlated situations, and that not all women are the same, therefore, they do not manifest the same complaints.

The Nursing appointment should also contribute so that the woman can see herself as a being who has rights and duties, who is an autonomous being and who should always maintain her self-esteem, because, during this period, some of the psychological symptoms involve decreased self-confidence and depressed mood.¹² The professional nurse, as a responsibility, has to associate knowledge and practices so that he can leave, in his care actions, enlightening attitudes about the changes of this new phase of women's life, since it is a natural process.¹³

It can be seen, however, that they do not feel confident in discussing some topics, such as sexuality and sexual practice. They report the possession of knowledge about the climacteric and orient about, but then there is the request for a doctor's appointment, bearing in mind that, in their perceptions, the clients do not believe in some orientations.

Women generally experience this stage alone, silently and with insufficient information. For this reason, the quality of life is considered to be the foundation of the implementation of interventions in the climacteric, and the subjective and cultural aspects of complaints are also valued.¹⁴

The challenges and difficulties regarding the supply of health services are noted. In the management practice, the nurse, as coordinator and articulator of the caring process, the ideological and theoretical bases of classic administration and the practice of resource management are used. They become, for this, the managerial tools of fundamental importance, considering that they contribute to the organization and evaluation of the health services/information and, consequently, to the improvement of the quality of the health care offered to the citizens.¹⁵

It is identified that, when questioned about the use of complementary therapies, the interviewees know little or almost nothing about the subject, because they report to give orientation about some teas during pregnancy, but during the menopause period, generally, they do not indicate anything other than the replacement of hormone, because it is widely used by modern medicine.¹⁶

They mentioned, in relation to other complementary therapies, that there are walking groups and auriculotherapy, but they do not give continuity, as well as they do not know about other treatments that have some kind of complementary therapy due to the lack of communication between sectors. The insertion of integrative practices in the care of climacteric women in the health unit is due to the interest of the unit itself and of the municipality's health network, since there must be subsidies to train the professionals working in the unit.

It is noted that, due to the lack of integrative and complementary practices, they can help to improve the welcoming listening, creating a bond between the professional and client, integrating the human being with the environment in which he lives and using resources provided by nature.¹⁷

It is understood that the nurse must have an active role in care, promote health education, assess the impact of climacteric period on women's health and enable the prevention of diseases and illnesses. It is known that the orientation and sensitization of women will in the future prepare them to experience possible adversities related to this new phase of life.

CONCLUSION

From this research, it was identified that the Climacteric Women's Health Care, in the studied reality, is a service about signs and symptoms based, many times, on the personal experience of each professional. It is warned that the approach to women in this phase is not carried out based on rigorous scientific grounds and not on updated permanent education offered by the management of these services. In this sense, it is recommended that knowledge be improved in order for the approach to be effective, consistent, integral and, at the same time, differentiated. It is necessary, considering that women are the majority of the Brazilian population and the main users of UHS, to analyze issues related to their health, including its different dimensions. Thus, it is understood that health needs to be perceived beyond the simple access to services or absence of disease.

CONTRIBUTIONS

All authors also contributed in the conception of the research project, collection, analysis and discussion of the data, as well as in the writing and critical review of the content with intellectual contribution, and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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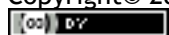
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Submission: 17/06/2020

Accepted: 21/12/2020

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