



Differences in coping with menopausal symptoms in nurses and general workers in Japan

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ABSTRACT

Objective: We examined the differences in coping with menopausal symptoms between nurses and general workers, and we examined the association of the differences with understanding of menopausal symptoms in Japan.

Methods: Three hundred and ninety-seven nurses and 217 general workers aged 45–60 years who had experienced menopausal symptoms completed a health questionnaire including questions on coping with menopausal symptoms and an understanding of causes and treatment of menopausal symptoms.

Results: Approximately 50% of both nurses and general workers had experience in coping with menopausal symptoms. Both nurses and general workers who had a sufficient understanding of menopausal symptoms were likely to cope with the symptoms and to visit hospitals. For coping strategies, the proportions of women who used diversion and dietary supplements were high in nurses and general workers, and the proportion of nurses who used diversion was significantly higher than that in general workers. Nurses with a sufficient understanding of menopausal symptoms had received hormone replacement therapy, and general workers with a sufficient understanding of menopausal symptoms had received herbal medicine.

Conclusion: The proportions of nurses and general workers coping with menopausal symptoms were similar, although nurses had better knowledge regarding menopausal symptoms. More efforts to provide information and appropriate education regarding menopausal medicine and coping strategies may be required for both nurses and general workers.

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1. Introduction

Recently, it has been reported that severe menopausal symptoms were associated with occurrence of osteoporosis, insulin resistance and vascular endothelial dysfunction [1–3]. Acceptance of physical change during the menopausal transition and selection of appropriate strategies for coping including treatments are needed for menopausal women to enjoy their life afterwards. Evidence regarding the effectiveness of strategies for coping with menopausal symptoms, such as exercise and dietary supplements, has been accumulating [4–7]. However, it has been suggested that these strategies were not recommended as proven therapies for managing vasomotor symptoms because of their negative,

insufficient, or inconclusive data [8]. The percentage of women in Japan who visit hospitals for treatment of menopausal symptoms is low. Miwa et al. reported that 80% of Japanese working women during the menopausal transition felt they were in a poor condition with physical symptoms but that 60% of those women did not visit a hospital and consult with a doctor [9]. Also, the percentage of women in Japan who visited hospitals for receiving hormone replacement therapy (HRT) as a treatment for menopausal symptoms has been reported to be only 4.6% [10]. Therefore, health care for women who suffer from menopausal symptoms may be insufficient. In particular, working women are busy and they may not have time to receive a medical examination.

On the other hand, the level of menopausal symptoms may differ according to the type of occupation. It has been reported that female teachers in Egypt, the majority being professors, married and residents of an urban area, had high scores of depressive mood, loss of concentration, insomnia and hot flashes as menopausal symptoms. Also, the majority of those teachers did not disclose their

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menopausal status or symptoms at work [11]. In Japan, Miyaoka reported that menopausal symptoms varied depending on the type of occupation and that modified Kupperman's menopausal index was low in female agricultural laborers and self-employed women and was high in female teachers and office workers [12]. Liu et al. reported that the frequency of menopausal symptoms such as general fatigue, irritability and arthralgia was high in middle-aged nurses and that the proportions of the frequent menopausal symptoms for which nurses complained were relatively high compared to those in a community population [13]. We also reported that nurses were likely to have a feeling of being tired or lacking in energy, irritability, difficulty in concentration, feeling tense or nervous and feeling unhappy or depressed as menopausal symptoms [14]. Since nurses perform hard work, work night shift and spend long hours in the working environment, they have high levels of mental and physical fatigue and stress. It has been suggested that job stress of shift workers is higher than that of day workers [15,16]. Nursing is an occupation for which the proportion of shift work is high [15] and it is a very stressful occupation [15,16]. We reported that job-related factors were associated with menopausal symptoms in nurses during the menopausal transition [14]. Severity of menopausal symptoms in nurses may be stronger than that in women with other types of occupation.

However, it is expected that nurses would give positive consideration to coping strategies and treatments for menopausal symptoms and would select appropriate coping strategies and treatments since nurses have medical knowledge regarding causes and treatments of menopausal symptoms. Therefore, coping with menopausal symptoms in general workers who have little information regarding causes and treatments of menopausal symptoms may be different from that in nurses. To the best of our knowledge, differences in coping with menopausal symptoms have not been clarified.

In the present study, we examined the differences in coping with menopausal symptoms between nurses and general workers, and we examined the association of the differences with understanding of menopausal symptoms in Japan.

2. Subjects and methods

This study was conducted from September to December in 2013. We asked national, public and private hospitals in Japan whether cooperation for our research is possible in advance and invited nurses in 26 national and public hospitals and two private hospitals for which cooperation was obtained. A total of 1700 female registered nurses aged 45–60 years who were working in hospitals and 1100 female general workers aged 45–60 years in Japan completed a health questionnaire. For recruitment of general workers, local residents and company employees were requested to participate in the study by public health nurses, staff in the general affairs sections of companies and leaders of civic activity. General workers included 169 office workers (22.1%), 95 self-employed workers (12.4%) and 299 workers in service occupations (39.0%) including distributive trades, service industry, manufacturing industry and sales. Participants were informed of the purposes and procedure of the study in the invitation letter. The overall response rates in nurses and general workers were 77.4% (1316/1700) and 69.6% (766/1100), respectively. We excluded incomplete questionnaires ($n=61$) and we excluded women of ages outside the age range in the inclusion criteria ($n=25$), pregnant women ($n=1$) and women without an occupation ($n=133$). Women with managerial positions ($n=683$) were excluded. We used data for 1179 women (732 nurses and 447 general workers).

2.1. Questionnaire

We designed a self-administered questionnaire. The questionnaire consisted of questions on socio-demographic factors, life style and medical history including questions on age and menstrual and menopausal status. Menstrual and menopausal status was divided into premenopause (regular menstrual cycle during the past 12 months), perimenopause (irregular menstruation during the past 12 months) and postmenopause (no menstruation during the past 12 months). With respect to coping with menopausal symptoms, we asked about experience of menopausal symptoms and whether they coped with and visited hospitals if they experienced symptoms. Also, we asked about coping strategies including improvement of life style, appropriate exercise, diversion to forget troubles and worries, dietary supplements, herbal medicine and HRT. With respect to understanding menopausal symptoms, we asked whether they had an understanding of the causes and treatments of menopausal symptoms. The understanding was assessed by four degrees ("sufficient understanding", "some degree of understanding", "insufficient understanding" and "no understanding"). All information was generated from self-administered yes/no responses to closed-end questions. The Ethics Committee of Tokushima University Hospital approved the study.

2.2. Statistical analysis

Each categorized variable is expressed as number with percentage of proportion. The significance of differences in variables other than age in the two groups was evaluated by the Mann–Whitney U test. By using the chi-square test, we analyzed the comparison of understanding of causes and treatments of menopausal symptoms and coping strategies between nurses and general workers. The association of understanding with coping strategies was analyzed by the chi-square test. All p values are two-tailed and those less than 0.05 were considered to be statistically significant. Statistical analyses for data evaluation were carried out using SPSS version 21 for Windows.

3. Results

3.1. Background characteristics of the subjects

In the 1179 women, 397 nurses and 217 general workers had experienced menopausal symptoms. There were no significant differences in menopausal status and age at the time when women experienced menopausal symptoms between nurses and general workers (Table 1).

3.2. Proportion of women with experience in coping

As can be seen in Fig. 1, in women with experience of menopausal symptoms, 213 nurses (53.7%) and 112 general workers (51.6%) had coped with menopausal symptoms. There was no significant difference in the proportions of nurses and general workers who coped with menopausal symptoms. In the women who had coped with menopausal symptoms, there was also no significant difference between the proportions of nurses (96, 45.0%) and general workers (57, 50.9%) who visited hospitals. On the other hand, the proportions of women who used self-medication such as improvement of their life, diversion, appropriate exercise and dietary supplements without visiting hospitals were 49.3% in nurses and 42.0% in general workers. In nurses who visited hospitals, the proportion of nurses who received medical treatments such as hormone therapy, herbal medicine and psychotherapy was 47.9%, the proportion who received both self-medication and medical treatments was 39.6%, and the proportion who received

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