



Review article

Influence of the type of work shift in Female Sexual Function Index of healthcare sector female workers



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ABSTRACT

Objective: To determine the influence of the type of work shift over the sexual function of healthcare sector female workers.

Methodology: Quantitative, cross-sectional and correlation type of study. Universe composed of a high complexity hospital female workers aged between 20 and 64 years old who worked in Day Shifts (DS) and Rotating Shifts (RS). Bio-social-demographic profile of 365 female workers was characterized by means of the Female Sexual Function Index (FSFI). Statistical analysis was carried out using SPSS v.19.0 Software and univariate, bivariate and multivariate analyses were applied. Mann-Whitney's non-parametric test was employed, altogether with Chi Square Test, Fisher's exact test and logistic regression with p -value < 0.05 .

Results: 36, 5 years old mean age (10, 65 SD); 43,2% belongs to DS and 56,7% belongs to RS. General FSFI scored 27, 86 points (6, 11 SD), with an mean of 27,47 points (6,82 SD) for DS and 28,16 points (5,51 SD) for the RS. Variables that might affect FSFI in the case of RS were the Health Service Assistant category, with 7, 11 OR; 2, 051–24,622 IC; $p = 0,002$ and chronic disease with 2, 226 OR; 1093–4533 IC; $p = 0,027$. Protective variables for DS, the use of hormonal contraceptive method with 0,322 OR; 0,145–0,713 IC; $p = 0,005$ and non- hormonal contraceptive method with 0,229 OR; 0,09–0,586 IC; $p = 0,002$.

Conclusion: There was no significant FSFI difference per shift. A protective factor for DS and two Risk factors for RS were identified.

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Introduction

Sexuality is closely linked to life quality and over the years it has become a significant part of results related to sexual and reproductive health. One of the tools that has been employed to assess an area of female sexuality was developed by Rosen and cols [1] in 2000; it was called “*The Female Sexual Function Index*” (FSFI), where six assessment domains are grouped: desire, arousal, orgasm, lubrication, satisfaction and pain; it was validated in Chile in 383 women aged between 20 and 59 years old [2].

There are different settings of work development that might impact people’s health conditions. While effects and risks related to male and female healthcare workers exposed to rotating shifts have been identified in the healthcare sector, their impact in the area of sexuality is not sufficiently documented. The large majority of healthcare workers is composed of women. In their case, it is described that sleep disturbance unbalances hormone levels and it has an effect on the following points: variations in the menstrual cycle, changes both in the ovarian hormonal secretion as well as in the pituitary hormonal secretion, increase in the rate of

spontaneous abortion, higher risk of breast cancer and female dysfunctions and impact on the “CLOCK genes” expression patterns [3], besides the increase in 17-beta-estradiol concentrations, higher level of expression of CLOCK, NPAS2, PER1, PER2 and REVERB α genes, as well as lower expression of PER3, CRY1, CRY2 genes among female members of the rotating shift versus day shift [4]. Additionally, cardiovascular and carcinogenic risks are reported on shift workers when procoagulant heparanase enzyme activity, Xa factor and plasminogen activator inhibitor 1 are increased [5].

During the day the majority of the body’s physiological processes are carried out, including brain activity, metabolism and homeostasis, by means of an endogenous synchronizing system located in the ventral hypothalamus (suprachiasmatic nucleus); thus, the body attains a proper functioning of the circadian rhythm [6]. The American Academy of Sleep Medicine recognizes the “sleep disturbance of the night worker” as one of the disturbances of the circadian rhythm that happens when the person is systematically forced to stay awake during his/her normal sleep cycle; this leads to a de-synchronization of his/her

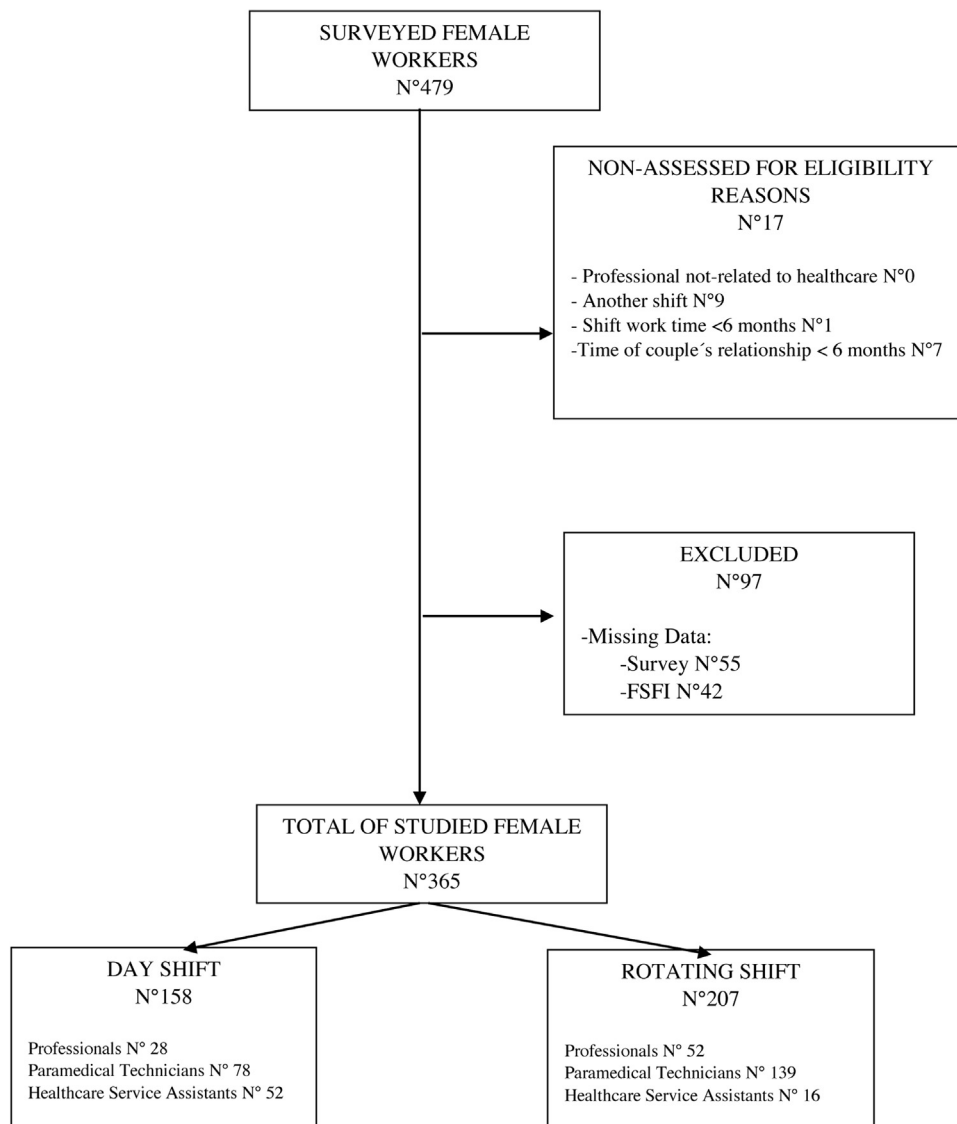


Fig. 1. Study diagram.

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