

Terapia Ocupacional em Saúde da Mulher: impacto dos sintomas do climatério na atividade profissional.

Occupational Therapy in Women's Health: impact of climacteric symptoms on professional activity.

Terapia Ocupacional em Salud de la Mujer: impacto de los síntomas climatéricos en la actividad profesional.

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ABSTRACT: Climacteric is a natural process in the life of women, through which many undergo without complaints, while others present symptoms that vary in intensity and diversity. It is known, also, that the behavioral disorders present in this process are influenced by the social and personal characteristics of each woman¹⁻². Besides the biopsychosocial changes present in the climacteric, there are, also, the requirements related to the work activity, which is the focus of this study, whose objective is to understand the impacts of the climacteric period on the performance of professional activity. This research is characterized as a qualitative study of the descriptive type. The qualitative study allows the participants of the research to speak for themselves, leading the researcher to understand the meaning of the phenomenon studied³, that is, the relations between the climacteric, its signs and symptoms, and the performance of professional activity, from the perspective of female employees of a hospital. Nine female employees from different sectors, aged 45-59, participated in the study. A semi-structured interview script developed by the researcher herself was used as a data collection instrument. For information analysis, the content analysis technique of Bardin (2009)⁴ was used, from which two main categories were obtained, denominated: “Understanding the climacteric” and “Impacts on work activity”. It can be understood, from the reports, that there

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is an impact due to climacteric symptoms in the work activity and that modifications in this activity would benefit the participants.

Keywords: Climacteric, Women's Health, Occupational Therapy.

RESUMO: O climatério é um processo natural na vida das mulheres, pelo qual muitas passam sem queixas, enquanto outras apresentam sintomas que variam em intensidade e diversidade. Sabe-se, também, que os distúrbios do comportamento presentes nesse processo são influenciados pelas características sociais e pessoais de cada mulher¹⁻². Além das alterações biopsicossociais presentes no climatério, há, ainda, as exigências relacionadas à atividade de trabalho, a qual é foco deste estudo, cujo objetivo é compreender quais os impactos do período do climatério no desempenho da atividade profissional. Esta pesquisa caracteriza-se como um estudo qualitativo do tipo descritivo. O estudo qualitativo permite que as participantes da pesquisa falem por si, levando o pesquisador a compreender o significado do fenômeno estudado³, ou seja, a relação entre o climatério, seus sinais e sintomas, e o desempenho da atividade profissional, na perspectiva de funcionárias de um hospital. Participaram da pesquisa nove funcionárias de diferentes setores, com idades entre 45 e 59 anos. Utilizou-se como instrumento de coleta de dados um roteiro de entrevista semiestruturado elaborado pela própria pesquisadora. Para análise de informações, foi utilizada a técnica de análise de conteúdo de Bardin (2009)⁴, da qual obtiveram-se duas categorias principais, denominadas: “Compreensão do climatério” e “Impactos na atividade de trabalho”. Pode-se compreender, através dos relatos, que há impacto decorrente dos sintomas do climatério na atividade de trabalho e que modificações nessa atividade beneficiariam as participantes.

Palavras-chave: Climatério, Saúde da Mulher, Terapia Ocupacional.

RESUMEN

El climaterio es un proceso natural en la vida de las mujeres, en la que muchos van sin quejas, a otros los síntomas varían en intensidad y diversidad. Es conocido también, que los trastornos de comportamiento presentes en este proceso están influenciados por las características sociales y personales de cada mujer^{1,2}. Además de las alteraciones biopsicosociales presentes en el climaterio existen los requisitos relacionados con la actividad laboral, que es el foco de este estudio, cuyo objetivo es entender lo que los impactos de la etapa del climaterio en el desempeño de actividades profesionales. Esta investigación se caracteriza como un estudio descriptivo cualitativo. El estudio cualitativo permite a los participantes de la encuesta hablar por sí mismos, lo que lleva a los investigadores a entender el significado del fenómeno estudiado³, es decir, la relación entre lo climaterio, sus signos y síntomas, y el desempeño de la actividad profesional, la perspectiva de los empleados de un hospital. Los participantes eran nueve empleados de diferentes sectores, con edades entre 45 a 59 años. Se utilizó como instrumento de recolección de datos de una guía de entrevista semiestructurada preparado por el investigador. Para el análisis de la información se utilizó el análisis de contenido de Bardin (2009)⁴, que se obtuvo en dos categorías principales llamados “Comprensión climaterio” y “Los impactos sobre la actividad laboral”. Se puede entender a través de los informes que hay impacto de los síntomas climatéricos en la actividad laboral, y los

cambios en esta actividad beneficiaría a los participantes.

Palabras-clave: Climaterio, Salud de la Mujer, Terapia Ocupacional.

INTRODUCTION

Brazil, in the last decades, has presented a gradual increase of the aging index of the population. According to data from the Brazilian Institute of Geography and Statistics (IBGE)⁵, life expectancy at birth, in Brazil, is 74,9 years old, for both sexes. The data indicate, also, that women present a higher life expectancy than men, which means that more women experience the aging phase and require specialized attention in the health area, focused on the peculiarities present in the aging process. In this perspective, women are the main users of the Unified Health System (SUS), demanding integral health care, specifically, in the climacteric period.

The climacteric is defined as a biological phase of life that comprises the transition between the reproductive and non-reproductive period of the woman. The climacteric period is not considered a pathological process, and menopause represents a milestone present in this phase, which corresponds to the last menstrual cycle. In this period, there is a reduction in estrogen production by the ovary, which generates physical, hormonal, metabolic, somatic, psychic and social changes. Such manifestations may, or may not, generate signs and symptoms that characterize the climacteric syndrome.^{1,6,2}

The climacteric is a natural process in the lives of women, where many undergo without complaints, while others present symptoms that vary in intensity and diversity. The behavioral disorders present in this process are influenced by the social and personal characteristics of each woman^{1,2}. The climacteric woman feels the impacts of this period reflected in the scope of the social relations, marital, professional and spiritual life, as well as in the socio-cultural context and, especially, the family.^{1,2,7}

In addition to the biopsychosocial changes that women face in the climacteric, there are, still, the demands of the work, which can be understood as the patterns and skills necessary to satisfactorily perform the professional activity. These are: time management; relations with professional colleagues, managers and clients; leadership and supervision; creation, production and distribution of products and services; initiation, maintenance and completion of works in accordance with labor standards and procedures.⁸

For Rosa (2013)⁹, the occupational roles played by individuals in the social environment are directly related to the process of health and disease. The more occupational roles the individual performs, the greater the possibility of health and personal accomplishment. However, it is necessary to embrace the demands presented by climacteric women to help them become protagonists in their life history, to recognize the changes in their own bodies and their possible health implications.^{10,7}

Work activity is considered an area of occupation of the individual, and work is understood as the effort to make, construct, fabricate, produce, shape or model objects to organize, plan or evaluate services or processes of life and government, being executed with or without financial reward.⁸

In this way, it is aimed, through this study, to understand the impact of the climacteric period on the performance of professional activity.

MATERIAL AND METHOD

A descriptive study with a qualitative approach was used as methodology. The qualitative study allows the research's participants to speak for themselves, leading the researcher to comprehend the meaning of the phenomenon studied³, that is, the relations between the climacteric, its signs and symptoms, and the performance of professional activity, from the perspective of the employees in a hospital in the state of Paraná. The research was carried out from april 2016 to february 2017, being used as a data collection tool a semi-structured interview script elaborated by the researcher. The script was composed of eight questions regarding climacteric, its signs and symptoms and its impact on professional activity. The interviews were audio-taped and, later, transcribed, keeping the anonymity of the participants. The recruitment of the participants took place through the dissemination and the invitation to participate in the research in the sectors in which the employees exercised their functions.

Regarding the ethical aspects, the project was approved by the Ethics Committee of the hospital that was the local of the research, on April 8th, through opinion nº 1.483.813. All invited employees took note of the research, and those who accepted to participate were included in the research conditioned to the acceptance and signing of the Informed Consent Form (TCLE).

Nine female employees from different sectors, aged between 45 and 59 years, participated in the study; with levels of education from the middle and the technical to the complete superior, with masters and/or specialization. The different positions recruited for the research were: assistance, coordination/service management, laboratory practice and general services. It is stressed as inclusion criteria for the survey the age between 45 and 60 years; be an employee of the hospital chosen for the research, regardless of marital status, number of children, previous illnesses and treatments; and who had already passed through the menopause (last menstrual cycle).

For data analysis, a data treatment technique was used for qualitative research denominated content analysis^{4,11}. Such technique allowed to obtain indicators that provided the understanding and interpretation of texts related to the climacteric phenomenon and the perspectives presented by the participants during the interview.

The analysis of the content is divided into three phases, and, in the first phase of pre-analysis, the organization of the material and the systematization of ideas were carried out⁴. In this phase,

transcription of interviews and their storage in a personal file of the researcher occurred. After transcription, the “*exhaustive reading*” of the content was carried out, for familiarization and selection of the subjects addressed.

In the second phase, exploration of the material, the categorization of the material was carried out. That is, through the selected material, groupings of themes by similarities were carried out, allowing the construction of categories and subcategories pertinent to the research.^{4,11}

In this phase of the content analysis, two main categories were obtained: “Understanding the climacteric” and “Impacts on the work activity”, and, within the “Understanding the climacteric” category, three subcategories appeared: “Climacteric/Menopause”; “Signals and symptoms”; “Treatment”.

The third phase, treatment of results: inference and interpretation⁴, aimed to make gross material results valid and meaningful for the development and completion of the research.

Participants were questioned about the understanding of the climacteric, the signs and symptoms present in this period, the treatments performed (hormonal, natural or absence of treatment) and the climacteric influence on the work activity. To discuss the data collected in the interviews and to reach the objective of the research, a literature search was conducted, which enabled the development and conclusion of the research.

DISCUSSION OF DATA ANALYZED

1. Category: Understanding the Climacteric

During the climacteric period, many women present signs and symptoms that may, somehow, reflect on their performance of professional activity. It is observed, however, the importance of verifying the influence of the climacteric impact on the performance of professional activity. To better understand this phenomenon, the first questioning proposed to the female employees participating in the research was related to the understanding of “**Climacteric/Menopause**”, the first subcategory of analysis of the main category “Understanding the climacteric”. Here is what can be observed in the reports of participants A1, A2, B1 and B2:

The climacteric is when the decrease of the reproductive period of the woman begins (...) there will be no more ovulation, it will decrease the amount of circulating hormones due to diminished hormonal function (...) (A1)

What do I understand about climacteric? I understand that it is a phase of the reproductive activity of the woman, where she is in the period of finalization of her reproductive capacity. (A2)

The climacteric is a period that can be more or less long, depending on the woman, her genetics,

anyway, and that there is a transformation, mainly, in the body, physiological, and that it also has emotional, psychological changes in the woman's life, which extends for a varied period. (B1)

It is a time when the woman will stop menstruating. (B2)

It was noted that the participants presented an understanding about climacteric and menopause, being aware of what happens in this process and knowing how to differentiate the terms – climacteric and menopause –, according to the literature. The literature brings climacteric as a biological phase of life that includes the transition between the reproductive and non-reproductive period of the woman and menopause, the last menstrual cycle, diagnosed from 12 months after the verification of a previous period of amenorrhea.^{1,6,7}

The climacteric can be divided, still, into: premenopausal, characterized by the decline of fertility in women with regular menstrual cycles or with a menstrual pattern similar to that occurring during reproductive life – occurs after the age of 40; perimenopause, which begins two years before the last menstruation and goes up to one year later (with irregular menstrual cycles and endocrine changes); and postmenopausal, which begins one year after the last menstrual period.⁶

The climacteric cannot be understood only by its physiological changes, but, also, as a stage in which women undergo economic, social and cultural changes⁷, as observed in the reports of participants A2 and A3:

Menstruation, for me, was a moment where I felt more feminine, more woman, right? It's as if God has blessed me with something that only he could give and take away from me. And, then, I was too scared not to menstruate any more during my life, but when menstruation started to fail and this was getting close, I saw that it would not disturb, neither my work routine, nor my daily routine and much less my routine of affective relationships. There was not going to be any loss. That's why I was... losing my fear... (A2)

Climaterium is a period where the hormonal action of the woman, which keeps the woman active, which gives female characteristics to woman, they have a process of decline, they go into a process of decline. (A3)

It can be observed that participants A2 and A3 described the climacteric period significantly and related to questions about being or remaining a woman.

Climacteric is not considered a pathological process, and present behavioral disorders influence the social and personal characteristics of each woman. The climacteric woman feels the impacts of this period reflected, also, in social relations, marital, professional and spiritual life, as well as in the socio-cultural context and, especially, the family.^{1,2,7}

The end of the possibility of reproduction, the feeling of loss of femininity and the fear of

aging that surround the experience of many women in this period of life may be the source of an existential malaise, which may be expressed in many ways not immediately evident, depending on the perception and meaning that women ascribe to the climacteric.^{12,7}

In the report of B2, it is evident the positive meaning that she brings in her experience in the period of the climacteric, unlike literature, which brings as a barrier the feeling of aging.

I did not feel old, I felt liberated. I think that's it. It's also in the head... some women stay like... I do not, it does not bother me at all, on the contrary. I was more satisfied. Then, well, that was good for me. I'm feeling so good! (B2)

Aging is determined not only by chronology, by the passing of time and by social status. It is, also, a process strongly associated with personal histories. Comorbidities and expected bodily changes that may arise with aging, the climacteric period and the roles that will be played in the social environment can provoke changes in the woman's image of herself. Such impact on self-image can potentiate a psychological suffering, causing women to be insecure, anxious and, in some cases, even depression about the new period of life they are experiencing.¹

As described in the literature, C3 considers climacteric synonymous with discomfort:

So, climacteric is that phase that stops menstruation and that problems begin to arise, the hot flashes and... discomfort. (C3)

According to this report and as exposed in the literature, in the climacteric, women undergo several physical and psychic changes, named by biomedicine as climacteric syndrome.⁷

The second subcategory, **"Signs and Symptoms"**, present in the main category, "Understanding the climacteric", brings the symptoms: hot flashes, irritability or change of mood and sweating as the most reported by the interviewees, as seen in the reports of A2, A3 and B1:

So, this emotional lability, as we call it, was more salient in me. And, then, I realized that over the last three years the climacteric period has been filled with emotions... (A2)

Symptoms: change of mood (very important! Normally, I am a cheerful, an extroverted person), (...) it irritated me very easily, irritability, tiredness, leg pain, insomnia, difficulty sleeping at night, and hot flashes, at any time of the day. (A3)

...after I stopped menstruating is that I began to feel some effect on my body, so, for example: some hot flashes, sweating, hyperemia of the skin, I would say, well, that's what happens to me. (B1)

These statements reinforce the arguments of the Brazilian Federation of Gynecology and Obstetrics Climacteric Societies (FEBRASGO, 2004)⁶ that most of the typical symptoms of climacteric come from the reduction of circulating estrogen levels, being the most frequent

vasomotor instability, menstrual disorders, psychological symptoms, genitourinary atrophy and, in the long term, osteoporosis and cardiocirculatory alterations.

Among the signs and symptoms stemming from the climacteric period, some are due to the gradual fall or the hormonal imbalance (biological dimension), and others are related to the general state of the woman and the lifestyle adopted until then¹³. It can be observed in the statements of the participants A1 and B2 the relation between the perception of the symptoms and the lifestyle:

No, I did not feel any difference. I know there are colleagues who report hot flash and irritation. I never had that. No... it was normal... quiet ... Thank God. (A1)

...it was not like, like, waking up at night, with hot flash... so, you know? I did not lose [sic] libido, I did not... I did not feel that I was depressed, I did not gain weight, on the contrary, I lost weight. Look, I'm going to tell you that I'm pretty cool. Wow, it was pretty calm, so I never had problems with menstruation, so I guess that was it too. (B2)

For Cardoso (2015)⁷, what characterizes the way each woman experiences the climacteric period is related to the way she experienced the other stages of the reproductive cycle.

The experience of each woman influences, as well, the search for treatments, be they hormonal or natural. From this discussion comes the third subcategory, called **“Treatment”**.

According to the reports of participants A3, B1, B3 and C3, resistance or difficulty adapting to the use of Hormone Replacement Therapy (HRT) is noted:

I did, atfirst, a hormone dosage, to see if I was really at that stage and, after I realized that I really was, I sought treatment. I started, but I could not continue because I had side effects. Then I stopped the treatment, and focused more on natural things: juices, teas ... Now I do not use any medication... all natural... (A3)

And I'm taking a natural medication, because I do not accept taking hormone. So, I take this natural medication once a day, and I realize that with the medication it has improved a lot... (B1)

I tried, also, not to use hormonal replacement, but the sweating was too much, a lot of sweating, very hot. Then I fought for four years not to use, then, I went, I went to a gynecologist, I talked to him and I came to him and I said that I would really start to use it, to do the hormonal replacement. And, after I started, it got better... (B3)

...I took it, like, in the beginning. I started with a synthetic, but I did not get along. It was for few, for a few days like that... (C3)

According to Vigeta (2004)¹⁴, before HRT is indicated, a careful individual analysis of the risks and benefits must be done, clarifying the woman about the therapy she is going to undergo, in order to, this way, help her in the choice of the best therapeutic option. In addition to the medical contraindications, it is important to assess whether there are situations that contraindicate the use of HRT, such as low level of collaboration, intellectual, social or economic difficulty, other than the resistance, of woman, even with clarifications.

The application of alternative therapies for the treatment of climacteric symptoms has increased significantly due to the adverse effects of HRT, as reported in the literature¹⁵, and as observed in the reports of participants C3, B3 and A1:

I've been doing it, it's been a while, I've been doing physical activity and, nowadays, I do pilates, so that It can help with the pain relief. (C3)

...I went out to walk, I lost weight, you know? I do not lose focus... (B3)

And, maybe, because I do, I am a sportswoman, I am a street runner, I have no symptoms of menopause. (A1)

FEBRASGO (2004)⁶ corroborates the reports of the participants affirming that, in the postmenopause, the physical activity contributes decisively to diminish the bone resorption, accentuated at that time, consequently, reducing the risk of fractures.

Botero (2010)¹⁶, in his study, states that groups that regularly practice aerobic physical activities, such as swimming and running, observe a reduction in the severity and frequency of hot flashes by up to 50% when compared to the incidence in a group of sedentary women. Besides it, regular physical activity contributes to the preservation of muscle mass and joint flexibility, reducing the intensity of somatic symptoms and leading to a sensation of greater well-being in the climacteric. In addition, there is improvement in mood, increase in bone mineral density, decrease in resting heart rate, improvement of lipid profile and reduction of pressure levels.

Among the participants, there were two who reported the need to anticipate menopause due to health issues, such as treatment and cure of uterine fibroids.

I have already had a different situation because I was presenting myoma. And, because of the myoma, I began to have problems like bleeding, pain, right? And, so, I started taking a medication to inhibit menstruation. With this, the doctor chose this procedure to treat myoma. I started taking the contraceptive to stop menstruation, and I took it for two years, from there I did new exams... it reduced the size of the uterus, reduced colic, ended up bleeding. And, then, with some more tests of hormone levels, I had already entered the menopause... (B2)

...it stopped coming [menstruation] because I had surgery, and had the removal of the uterus, it was removed and did not come [menstruation] anymore. I was 43 years old, it's going to be three years now in august.... I had a fibroid, and myoma weighed more than one kilo, so I had to take it off. (C2)

These participants reported not having performed the treatment for the climacteric period, since such a period did not occur naturally:

The myoma was treated. I have not started yet another treatment, but he said I will, I'm going to feel the same symptoms, the doctor told me. He said that, when the hot flashes start, it is time to do the treatment... (C2)

And, due to the myoma, I started to have problems like bleeding, pain, right? And, so, I started taking a medication to inhibit menstruation. With this, the doctor chose this procedure to treat the myoma. I started taking the contraceptive to stop menstruation, and I took it for two years, then I did some new tests... it reduced the size of the uterus, reduced colic, ended up bleeding. (B2)

1. Category: Impacts on the Work Activity

The questions related to the work generated the second main category, named **“Impacts on the work activity”**. The understanding and importance of work emerged from this category, as well as the need for each employee to remain productive even in the face of the different symptoms present in the climacteric period.

According to reports from two participants, C1 and A3, there was a need to stop working or to anticipate retirement due to the influence of climacteric symptoms on the work activity. However, this departure presents social and cultural barriers that go beyond their physiological needs.

There's no way, right? We must work, so, there's no way you can stop working. (C1)

So, today I can retire, if I wanted to, so, I think, yes. Because, to me, getting up in the morning is not easy. After I'm in the workplace and at service, the thing is going, but the fact that you get up every day, something that I did not realize... it was part of my daily life... (A3)

Cardoso (2015)⁷ states that work activity plays an important role in social participation, in addition to contributing to the self-esteem and independence of the individual.

It is noted that, unlike the two previous reports, participants B1 and B2 understand that there are impacts related to climacteric symptoms and to work activity, however, they have created mechanisms of adaptation and acceptance regarding this new stage of their lives.

Stop, no, but I'm on a pace, so, I keep doing what I've done my whole life. I think the climacteric for me has not even diminished my creativity (...) (B1)

Now, as for the service, I come, I do my service, I perform, I think even better today than before... the climacteric did not differentiate me at all, but what I think, so, is that for me it improved. In my head, it has improved. For me, it is a relief to have no menses. I am fine. (B2)

In the reports of A3 and C1, the impacts due to the climacteric syndrome in the work activity have caused damages to the satisfactory performance of the work activity. The following statements depict the barriers they perceive, which make it difficult to carry out the work satisfactorily:

So, sometimes I felt that I was on the edge, I already had so much situations that I really lost control at work, problems with employees, that I could not deal at the right time, the way I should, then, later, I went to see what really that irritation was, that change of mood, you know? (A3)

Oh, many times the tiredness, right? There are times when I wake up like this and my body is very tired, right? So, the bad mood too, at work and more at home, with the family, with the husband... but other things, no, it's calm, we deal with that. (C1)

In the data collected, the most present symptoms that influenced the work activity were tiredness/fatigue, hot flashes, lack of concentration, changes of mood and sweating, as reported by participants A3, C2 and B1.

(...) I think that concentration is also a factor. I had more difficulty concentrating, attention and even memory loss, which may be related to age, but I felt that very strongly at that stage. (A3)

The heat is the most disturbing. And it bothers, doesn't it? People think it is a big deal over nothing sometimes, in summer and winter. Imagine, you complain of heat in the winter! (C2)

It disturbs, they disturb, because, this way, look, I was giving lessons and I started to sweat, so the sweat started dripping, for the hair, face... We feel a bit like this, right? Kind of bad, it causes discomfort. (B1)

There are reports of other symptoms in the literature that also influence performance and professional activity. They are: decreased muscle strength, depression, osteoporosis and difficulties with memory^{7,6,1}. The problems with memory and hot flashes, which require more of the female workers in the work environment, and in many cases cause constraint and embarrassment are highlighted⁷.

Once the impacts related to symptoms and work activity were identified, the participants were questioned about the need for modifications in work.

Participants reported that changes in work activity would be beneficial. Some questioned that

their co-workers would benefit most, as reported in A2 and A1:

In the case of other women, for sure. In my case, no, I'm not disturbed. Since I had no symptom that got in my way at work, I did not have to adapt anything, right? (A2)

No, I did not feel any difference. I know you have colleagues who report hot flashes and irritation. I have never had that. (A1)

On the other hand, respondents A3, C1 and C3 agreed that the changes would be beneficial and would improve their own productivity at work, as the following reports:

I think so. I was even thinking about changing to the afternoon, working in the afternoon. But, for me, at the moment, it is not viable. All my obligations to the institution, for the moment, are in the morning. So, I would really like to change my turn, I've thought about it several times and not once. I would like to change my position. When I am with a patient, directly, it does not require so much from me, it does not require so much concentration, it does not require so much conflict mediation. I think it would be better. So, changing of shift, changing of position, right? (A3)

I think so, I think so. If the workload was reduced a bit, right, so we have more time to rest. I come in at 8 o'clock and leave at 6 o'clock in the afternoon. So, I think if I reduced the workload, I think we could make it. (C1)

In my sector, yes, because it is very hot there, (...) the sun strikes us... on our faces, our legs hurt, and if you are already hot, that is too much. An air conditioner would help, because you would close all the windows and keep the air. (C3)

Senço (2016)¹⁷ reports that the hospital organization seeks to satisfy workers and patients, however, many institutions are bureaucratic, not allowing the health team to effectively participate in the formulation of institutional plans. Although suggestions have been made about improvements in the work environment, not all are feasible for structural and/or administrative reasons. There are, also, relations with the team, which can make changes difficult, since, in the work environment, majority opinion is what prevails, as reported by B1:

So, sometimes, one woman is hot, she goes and turns on [the air conditioning], and the other one is cold... and, so, one keeps talking to the other 'wow, you're on fire, and I'm cold'. So, that's it, you have to check the team. If you are in a team, in the same environment and you are having hot flashes, and the others are not, then it is difficult, you know? (B1)

In the literature, Senço (2016)¹⁷ argues, still, in his article proposals that improve the quality of life of health professionals in the work activity. The proposals that approached the reality of this study were: the promotion of institutional policies of the worker health, with greater incentive and regulation of rest in the post-shift; limitation of the number of consecutive hours worked;

improvement of environmental conditions, safety, hygiene and ergonomics at work; greater emphasis on the formation of critical and philosophical thinking about the concept and space of health in society; and provision of psychological and psychiatric support services at the different stages of careers in health.

Such proposals would benefit employees in their various sectors and would provide for their adjustment in this stage of life, as well as contribute to the satisfactory performance of the work activity.

CONCLUSION

Climacteric is understood as a natural process in the life of women. Its acceptance and experience are tied to the life history and occupational roles performed by them. The way each one has experienced its reproductive cycle reflects in a way that facilitates or hinders the passage of women through this period.

The participants of the research could describe and identify the meaning of climacteric and menopause, the signs and symptoms present in this period and the treatments experienced by them, allowing the researcher greater understanding of the phenomenon studied.

The symptoms that were most reported by the interviewees are: hot flashes, irritability or change of mood and sweating. Such symptoms, according to the participants, affect the performance of the work activity, generating impacts such as: decreased productivity, delays, difficulty in keeping appointments, inattention, discomfort at work, anticipation of retirement and work leave.

Changes in work activity are necessary to improve the quality of life of female employees and to a satisfactory performance in their work activities. It is also observed the need for changes regarding the understanding of climacteric and the aging process itself. Many participants reported a feeling of shame or embarrassment due to the climacteric syndrome, which hinders not only the work activity, but also the personal relationships existing in the work environment.

Although it is in the hospital environment that health issues are discussed, there is resistance on the part of the employees, the work team and the hospital organization to consider the climacteric period as a possible barrier to the engagement and the satisfactory performance of the work activity.

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