Health Meanings and Practices among Midlife Professional Thai Women

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Abstract: Midlife professional women face many challenges including changes in physical functions, chronic illness and increasing demands from both professional and family roles. Understanding women's health meanings and health care practices within their sociocultural context is important.

A qualitative research design, informed by general principles of feminist inquiry, was used to explore the experiences of professional women regarding their health meanings and health care practices. Twenty midlife professional Thai women, working as teachers and nurses in northern Thailand, were recruited purposively between May 2005 and February 2006. In-depth individual interviews were conducted and data were processed based on Morse and Richards' analysis guide.

Results included the themes: "being able to maintain normality," as the meaning of health; and, "rearranging my way of life," as the health care practices. "Being able to maintain normality" was found to be the women's ability to manage multiple roles productively and capability of having a normal state of physical functioning and emotional stability. "Rearranging my way of life" was evidenced through the women's readjustment of their eating styles, initiation of consumption of nutrients and vitamin supplements, effort to have more exercise, precautionary accident risk activities and modification of known ways of reducing stress. Findings have significant implications for policy-makers and health care professionals to provide health promotion programs which consider the meaning of health and health care practices for women.

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Key words: midlife professional Thai women, health meanings, health care practices, qualitative research, feminist inquiry

Background and Significance

Midlife is a complex period, with various challenging experiences, for women. Among these challenges are changes in physical and psychological health and roles within the family and work domains. In the physical domain, midlife is often the time when chronic illness starts to manifest.[1] In addition to physical concerns, midlife women have been found to suffer from psychological distress. [2-3]

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Changes in social status experienced in midlife often are associated with social roles expectations. Some women associate midlife with maturity, wisdom, achievement and freedom, and a sense of satisfaction at having successfully raised their families.[4-5] Due to higher educational levels and earning potentials, the roles and status of women in Thailand are changing. Thai women have become more engaged in professional occupations than in previous generations,[6] and their contributions to national development have been recognized. However, traditional attitudes toward gender remain evident in predominate female service occupations, including the professions of education and nursing.[6] Demanding work and family responsibilities and multiple roles may be sources of stress and affect the health of midlife Thai women, particularly those who are professionals.

Thai women have been socialized to assume essentially full responsibility for the household, care of parents and affiliated ill family members and the family's finances; they also may have outside employment,[7-8] although traditional attitudes toward gender roles may limit opportunities for personal growth. Because of social expectations and responsibilities placed upon them, midlife professional Thai women may not have opportunities to achieve their goals. Government bureaucratic reform also may stressful for them, in light of prior findings that women experience frustration, and perceive working within an institution undergoing change, to be a major cause of stress.[9]

Professional Thai women may exhibit less of the recommended health promoting behaviors. Those working in education and nursing in northern Thailand have been found to have ineffective exercise behaviors, although they exercise regularly and do not experience barriers to exercise.[10-11] Thus, there is a need to explore the meaning of health and health care practices, in the public sector, of midlife professional Thai women, within the context of the on-going changes (i.e. transformation of a new national management system, governmental reform and progressive and steady development of health businesses throughout Thailand).[12]

Although midlife women's health has been a focus of Thailand's health policy since the formulation of the eighth plan (1997-2001) of the National Health Development Plan,[13] health services are based mainly on the dominant biomedical model (i.e. most physicians suggest that women use hormonal replacement therapy,[14] a biomedical model "solution" to menopause). In addition, numerous studies of midlife Thai women have focused on the biological aspects of menopausal symptoms,[15-16] reflecting biomedical assumptions about midlife, and, consequently, have largely ignored a holistic view of women's health experiences. Such a narrow focus of midlife women's health at menopause makes women feel a sense of despair about their old age and their vulnerability to poor health.[17-18]

On the other hand, some midlife Thai women have been found to not perceive menopausal symptoms as suffering.[15, 19-20] Rather, they have been more concerned about health changes that affect their economic capacity, due to having difficulty performing hard work, and relying on modern health care services. However, they are known to seek care from traditional practitioners when modern medicine cannot resolve their concerns.[20-21]

In order to provide holistic care for midlife professional women, there is a need for health care providers to recognize the: multidimensional nature of their health; interplay among the predominant biomedical model of health; and, psychological and social factors that influence women's perspectives of health and health care practices. The concept of health perceived by women globally has been found to emphasize a similar focus on equilibrium of one's basic needs, an ability to perform daily role activities and freedom from disease and personal illness.[22-23] However, limited research has been conducted

regarding midlife women's perspectives in the context of the Thai society.[18-19,24] Most studies have focused on Thai women's perception of their health, without clearly understanding that health at midlife may have a more inclusive meaning for them.

As the well-being of midlife professional women affects others with whom they interact and to whom they give care and advice, a better understanding of the meaning of health and health practices among them has far reaching importance. They play an important role in Thai society as valuable citizens who have the potential to be the healthy elderly in the near future. Thus, there is a need for research which focuses on women's issues, and a commitment to research that reflects women's value of their "experiences" about health meanings and health care practices, as well as generates understanding of how they view their experiences. Such knowledge also might be useful in the development of a socio-cultural based intervention for such women.

Purpose of the Study

The purpose of this study was to describe the meaning of health and identified health practices among midlife professional women in northern Thailand.

Methods

Methodological Approach

A qualitative research design, informed by principles of feminist inquiry, was used because this approach emphasizes a holistic perspective, places focus on the midlife professional women's perceptions and interpretations of their experiences, and relates them to the way in which society is constructed.[25-26] The design enhanced understanding and interpretations of the perceptions and meanings of health and health care practices, as well as the behaviors, within the underlying values and context of everyday life,[26-28] of midlife professional female nurses and teachers in government in a metropolitan city in northern Thailand over a period of ten months (May 2005 -February 2006).

Researcher as an Instrument

Because the primary researcher was a major investigative instrument in this study, it is important to provide her background.[28] The researcher is a midlife professional woman who was born and lived in northern Thailand. Her competency in the local languages and knowledge of the local culture helped her appreciate the participant's descriptions of their cultural connotations and denotative meanings.

In feminist inquiry, the researcher must be sensitive to ethical issues arising from the concern for, and even involvement with, participating individuals.[29] In Thailand, social hierarchy can affect interactions. The primary researcher, as an assistant professor in a university and through her work in the government sector, had nursing knowledge, gained through twenty years of experience, in providing care to women. To minimize potential adverse affects, participants were informed that the primary researcher was a doctoral student who wanted to learn from them, and respected them as experts in the meaning of health and health care practices for midlife professional women. To avoid creating distance between her and the informants, the researcher avoided wearing a community health nurse uniform during the interviews.

Participants

Purposive sampling, combined with snowball sampling, was used to select the study participants. Recruitment focused on midlife female teachers and nurses working in two schools and one hospital in Chiang Mai. These settings were selected for

their accessibility and high proportion of midlife professional women. All three settings were Ministry of Education facilities. All midlife professional women within the settings were eligible to be included in the study. Initial selection criteria included women who were: 1) a resident of Chiang Mai; 2) aged 40-59 years; 3) working as a teacher or registered nurse; 4) speaking Thai, or the local dialect; and, 5) available and willing to participate in the study..

Twenty Thai women (twelve teachers and eight nurses), who ranged in age 40 to 59 years (mean = 50 years) and were Buddhist, participated in the study. Ten were married, seven were single and three were divorced. Most had earned a Bachelor's degree. Their individual monthly income ranged from 15,000 Baht to more than 50,000 Baht (mean = 31,323 Baht, SD 9,675). Six held administrative positions in their respective organization. Twelve were primary care providers for their elderly parents. All of them had identified health problems, which ranged from occasional, annoying symptoms to chronic illness. Eleven participants still had menstrual periods and five were taking hormonal replacement.

Data Generation

After signing an informed consent, each participant was requested to provide demographic data. The interviews, which focused on their perceptions of health meanings, health changes during midlife, activities and lifestyle habits, social roles, characteristics of healthy midlife women and support for midlife women's health, were tape-recorded. Initial questions were descriptive, i.e.: "From your perspective, what is the meaning of health?" "What are your daily activities both in your home and at your work in taking care of your health?" "What do these activities mean to you? Each person's response guided the next question. The interview was directed toward gaining a clear understanding of their perceptions and experiences regarding their health and health care. At the beginning of the second interview, each participant was presented with a written summary of her first interview, which provided an opportunity to validate the interpretations, increase understanding of the participant's meaning of health and health care experiences and encourage sharing of information not initially provided. Teachers were interviewed between classes, in their office or a quiet room, at their respective school. Most of the nurses were interviewed in a vacant room on their respective ward. Two of the nurses, however, chose to be interviewed at their dormitory after their work shift.

The participants' comments regarding the interview process affirmed the impact of feminist inquiry as a means of promoting critical reflection among them. Many commented about the opportunity for reflection provided whereby they could explore their experiences and thoughts regarding their health and health care practices. For others, interviews prompted a critical review of what they perceived as their achievements regarding their health and health care.

Field notes were used to document the social interactions of the participants, as well as the situations and activities that occurred in the settings during the daily observations. Reflective journal entries helped to control for researcher biases.

Data Analysis

Qualitative data management and analysis was accomplished in accordance with Morse and Richards' analysis guide.[30] Audio-tapes were transcribed verbatim. The transcripts, field notes and reflective journal were read repeatedly to foster insight regarding the participants' experiences within their context and background. Brief narratives about their lives, daily activities and health concerns were written and reviewed to gain understanding of their common life patterns. The narratives were overviews regarding

what each participant chose to tell about her life. Data analysis and synthesis were accomplished through the process of coding, categorizing and conceptualizing, as set forward by Morse and Richards.[30] To facilitate transparency, the interplay between analytical criteria and data was documented. Attention was directed to ensure that the participant language and researcher's recordings preserved the participants' statements, without exploitation or distortion.[31] Consistent with feminist inquiry, findings were shared with the women, as part of the researcher's commitment to empower them.

Ethical Considerations

The research proposal was approved by the research ethics review committee of the researchers' institutions. The purpose and nature of the study, as well as ethical considerations, were explained to each potential participant prior to obtaining written consent. Code numbers were used in the transcripts and personal identifiers were removed. Reports of study findings do not allow for identification of individual women. All study documents were stored in a locked filing cabinet and destroyed when the project was completed. Reciprocity was considered in the research, to address the moral obligation of the researchers to the participants. The participants were provided a non-monetary (wooden token) compensation at the end of the study, as a thank you for their involvement. In addition, health consultation was provided after completion of the interviews, whereby participants' concerns were discussed and they were encouraged to seek medical treatment as needed.

Rigor

Rigor in feminist research emphasizes the contextualized nature of women's experiences and interpretations.[25-26, 28] In this study, both Lincoln and Guba's[32] naturalist alternative and feminist research criteria, presented by Hall and Stevens, [26] were used. Rigor as trustworthiness of data and interpretation of the study included the criteria: credibility, transferability, dependability, and confirmability. Strategies to ensure credibility, achieved when the researcher's descriptions are recognized as valid by those who had that experience, [32] included data triangulation from different sources and participant checks during the interview process. This was done by restating, summarizing and paraphrasing participants' responses to clarify and confirm the researchers' understanding. To ensure transferability, the study was conducted in natural settings at times and in places subjects preferred. No claim was made that their experiences represented the experiences of every midlife professional woman in Thailand. Dependability, the appropriateness of the decisions and methodology, [32] was ensured by an audit trail with field notes and reflective journals regarding theoretical decisions. Confirmability, the degree to which the findings were determined by the participants and the context of the study, [32] involved the participants' validation of the content, interpretation and completeness of each of their interviews.

Results

"Being able to maintain normality" was identified as the theme for the meaning of health to the women. "Rearranging my way of life" emerged as the theme for health care practices among the participants.

Being Able to Maintain Normality

Health, as "being able to maintain normality," was found to be an essential aspect of the women's wellbeing. They were concerned about their ability to be resourceful enough to face the physical changes associated with aging, while fulfilling multiple roles

arising from family obligations and demands for productivity within their professional life. Health, as "being able to maintain normality," was manifested in their capabilities to productively carry out 'multiple roles' and maintain a normal state of physical functioning and emotional stability.

Being Capable of Productively Managing 'Multiple Roles'

Participants perceived 'health' to be a function of their ability to effectively do their work. Most considered themselves healthy because they could work. Moreover, they emphasized health as vital in order to be successful regarding family role responsibilities. They reported their daily demands focused on family nurturing and well-being. Their roles in the family were based on the gender role expectations of a Thai female family member (i.e. primary caregiver, mother, wife, and daughter with unconditional respect for her parents as reflected in the remark, "*For being a woman, it is common that I have to look after my family*"). They perceived needing to sustain capability for fulfilling their domestic arrangements, as they took responsibility for all household chores, and believed that effective fulfillment of their family roles and responsibilities were indicators of achievement and wellbeing. The women saw their achievement as a reward through which they gained a sense of self-value and being able to contribute.

> Health means being able to look after my parents as best I can...I am also satisfied that I can do for their comfort ... At present, I do my best for them, my house is neat and clean, food is available for their every meal...I pay back to them with my full potential.

Being Capable of Having a Normal State of Physical Functioning and Emotional Stability

Participants also emphasized health as: the capability to have good physical fitness and cognitive potential and the absence of preventable or uncontrolled chronic illness and menopausal symptoms. Their professional roles required them to be present in their workplace at least eight hours per day, five days a week, with the physical skills required to carry out their job. Being a female professional required them to combine cognitive ability and physical functioning.

> Health means I must have physical fitness and have the ability to think...To be able to think is important to my work; for instance, I must create interesting health projects ... I am always invited to the professional conferences...If I do not have this ability, I cannot do the work.

From the women's perspective, although sickness was unavoidable at their age, it often was manageable. Most women perceived that illness brought with it the feeling of being unable to meet role expectations and of burdens related to having to ask others to provide care for them, as well as the expense of receiving care, including time and money for medical visits and/or medication.

Health from the women's perspective also included not experiencing uncontrolled or severe menopausal symptoms. The participants perceived menopause to be a specific natural event associated with midlife, as well as a sign of aging. They viewed menopausal symptoms beyond their control to be abnormal and considered those who had abnormal menopausal symptoms to be *'lom pid dearn'* [ลมผิดเดือน] or "mad." Thus, it appeared that the subjects needed to be advised, at a *'wai thong clinic'* or menopausal clinic, on how to manage menopausal symptoms.

> Health for midlife must be normal, not having aging diseases...not having serious symptoms during menopause until I cannot work... I had menopausal symptoms and I was afraid of an inability to do all my responsibilities and I was afraid I would have 'Lom pid dearn,' which means an abnormal person or a mad woman caused by hormonal changes and leaving it untreated... So I went to a 'wai thong clinic' for treatment.

In addition, the participants valued the capacity to manage and control their emotions so as to be able to maintain a peaceful mind and serenity, while facing undesirable situations or stress. They perceived that those who had emotional stability would have good relationships with others, be delightful and calm in all experiences and not have extreme emotional reactions in undesirable situations.

> Health means not too much stress...It is our inner strength to face with stress situations... if there is stress but I feel I can control it, manage it well, and not have too much stress, it will be good.

Rearranging My Way of Life

The women emphasized the importance of engaging in health care practices to maintain their health. Most reported experiencing a deep internal shift, between 45 and 50 years of age, and recognizing that their health was not the same. They began to pursue ways to maintain health when they recognized changes in their sense of health. Increasing responsibilities inherent in their multiple roles, which required both physical and psychological energy to complete, influenced their awareness of the need to make changes in their way of life. They actively continued to rearrange their lives, and to make day-to-day attempts to restore, maintain or achieve health: *"I try in my everyday life to maintain my normal health as it used to be."*

While not all of them were immediately upset by their health risks, they were, without doubt, aware that the intrusion of health changes associated with middle age meant *"life will not be the same."* Specifically, they described several approaches to "rearranging my way of life" including: "readjusting my eating style," "initiating consumption of nutrients and vitamin supplements," "taking precautions against the risk of accidents," and "modifying known ways of reducing stress."

Readjusting My Eating Style

Based upon appropriate quantity and quality of food, participants pointed out changes in their dietary intake, including reducing or avoiding unhealthy food, and/or approaching questionable types of food with caution. Participants indicated they had reduced their intake of starch, sugar and fats by avoiding sweets, such as sticky rice and desserts, and by replacing beef, pork, and chicken with fish, which they perceived to have less fat.

> I changed to eating brown unpolished rice, fish instead of pork or chicken, olive oil, and soy bean milk instead of cow milk because I have high blood cholesterol.

The women also began to choose '*safe food*', or food they perceived as free from chemicals. They said they tried to eat foods they believed contained antioxidants, which they referred to as '*food to*

eliminate toxins'. In addition, participants believed that free-radicals could cause premature aging and cancer. Thus, they felt they needed antioxidants to neutralize or eliminate free-radicals from their bodies.

> I changed to having several kinds of vegetables, such as convolvulus, which contains high beta carotene or antioxidants to prevent me from getting cancer. Tofu and soy bean have phytoestrogen to prevent breast cancer.

Initiating Consumption of Nutrients and Vitamin Supplements

Participants indicated they had started to use natural or artificial supplements to: prevent health risks, restore energy and fitness, delay the aging process and decrease menopausal symptoms. They perceived their advancing age meant physiological decline might lead to inadequate nutritional intake (i.e. lack of absorption of nutrients and decline in physical functioning).

> I have used vitamins as a supplement for my strength since I was fifty because I think I should have adequate essential vitamins to restore my energy and maintain my body functions.

Making an Effort to Have More Exercise

Subjects tried to integrate, in a manageable manner, more exercise into the regular routine of their daily life.

> I try to engage in exercise during my routine work...Instead of using the telephone, I walk to talk to the person I have to, although sometimes I have to walk from building to building.

Taking Precautions against the Risk of Accidents

When doing physical activities, the women were aware of their safety and tended to behave in a more cautious manner. They believed that consequences of an accident might restrict their capacity to help themselves and prevent them from fulfilling their professional and /or family roles and responsibilities.

> I drive slower than I used to do...I have responsibility for my paralyzed mother... I am aware that accidents, especially a car accident, may cause me disabilities until I cannot work.

Modifying Known Ways of Reducing Stress

The women adjusted to undesirable and/or stressful situations by accepting the situation "as it is" or "letting it go," and by reconsidering their approach to life in order to have harmony. They recognized that stress in their life was unavoidable and that their stress was mostly derived from increasing demands of their role responsibilities and conflicts with colleagues. To achieve a more harmonious life, the women applied Buddhist knowledge about the: life cycle of birth, old age, illness and death; importance of understanding and forgiving others; and, ways to control their mind and emotions when confronted with stressful situations.

> I knew that I could not change others so that I started to change myself by changing my attitude toward others and by controlling my mind and my emotions... with the feeling of letting it go...no one is perfect and neither am I.

Many modified their ways of reducing stress by practicing conscious awareness to stabilize their

emotions. They perceived stress to be suffering (*Duhka*) from one's actions or *Karma*. They believed that one's actions determined one's suffering or happiness, so that it was one's personal responsibility to have or not to have stress. As they began to minimize their stress, they became more aware of their thoughts, feelings and behaviors.

> If I face someone or something and I start to feel anger, I will ask myself how I feel, remind myself of my feelings and what behaviors I should have in the situation... Conscious awareness gives me a great joy and a peaceful mind.

In addition, some participants applied Buddhist rites and rituals, i.e. practicing meditation, to release stress. They also used Buddhist practices as a healing technique for their suffering.

> I do my meditation automatically every time I feel stress... I follow Buddhist teaching about the four noble truths, suffering, causes of suffering, freedom from all suffering, and a path to total freedom from suffering.

Discussion

The health meanings and practices the participants shared reflect the value of women and their relationship to: increasing responsibilities and associated demands; harmony in negotiated relationships; unconditional respect for parents; and, duty to family. Despite having professional responsibilities, with full participation in paid work, they continued domestic responsibilities, including fulfilling traditional Thai roles of daughter and wife.[33]

Women repeatedly have viewed health as the personal capacity to accomplish daily role expectations, depending on one's age and social status in the society.[22-23] Their notion of health suggests women are socialized to care for others throughout their lives. In their role as daughter, wife and mother, they have endless opportunities to care for and nurture immediate and extended family members. Moreover, they remain responsible for fulfilling their expected economic roles, as well as their family roles.[34] As such, Thai women should be recognized as great contributors to the well-being of their families and to the productivity of their organizations.

The meaning of health (not having uncontrolled chronic illness and menopausal symptoms) supports previous health related findings among midlife women worldwide.[18,22-23] Generally, the participants perceived menopause and other physical changes as signs of getting old. They accepted menopause as a natural life event that would not change social status. However, they believed the aging process, including menopausal symptoms, would interfere with their well-being and lead to the development of a variety of health ailments and risks for chronic disease. This finding demonstrated they not only had concerns about health risks, but also uncertainty regarding which diseases or symptoms they might experience.

The findings related to participants' concerns about environmental influences on health, may reflect change, in northern Thailand, from a traditional agricultural society to a modern capitalist society. Pollution, congestion and accidents associated with many modernized societies are increasing throughout the world.[35] These social changes are accompanied by a shift toward individualism and competitiveness, which may contribute to increasing awareness of chronic diseases, including cancer related to environmental stress and toxins.

The health care practices of the subjects emphasized ways to restore, enhance and maintain physical functioning, prevent chronic illness, and control symptoms associated with aging and menopause. They perceived their midlife years to be

the beginning of old age and the development of greater health risks. Thus, they gradually rearranged their way of life so as to live an entirely different lifestyle. Similar awareness of health risks and self-management has been reported previously among women in midlife.[36] A unique finding in this study, however, was the participants' incorporation of traditional Buddhist teachings into their health care practices.

It is not surprising that the perspectives of the subjects, regarding health meanings and health care practices, are consistent with existing knowledge of health based on the medical model. The medical model emphasizes normal physical functioning, disability, chronic and degenerative diseases of aging, and activity limitations.[37] The meaning of health in the Thai culture emphasizes a sense of relational health or focus on connection to and harmony with others.[38] However, since the introduction of Western medicine into Thailand in 1828,the Thai people have used a biomedical model to explain health as the result of normal functioning.[13] Those in this study actively sought to enhance their basic knowledge in the sciences, which may have influenced their perceptions regarding biomedical views of health.

In addition to a concern about their physical ability, the participants perceived health to mean having emotional stability. This meaning of health reflects ideals from Buddhist teachings embedded in the Thai culture, specifically ideals about achieving a virtuous life and peace of mind. Health, from their perspective, was an inner contentment, a feeling of serenity, and a desire to strive for psychological and spiritual enrichment. Their stress-reduction activities, as previously noted among Thai women, [39] focused on changing their view of life and attitude toward others, as well as practicing conscious awareness. They highly valued achieving harmony and cooperative relationships and integrated these values in their health activities. Kindness, gratitude, and appropriateness are known to be valued behaviors throughout the Thai culture, as well as being embedded in Buddhist teachings.

According to Buddhist teachings, equanimity *(Upekkha)* is one of the four ideal states of mind, in addition to loving-kindness *(Metta)*, compassion *(Karuna)*, and sympathetic joy *(Mudita)*. Equanimity *(Upekkha)*, has been found to be used as a: tension remover; peacemaker in social conflict; and, promoter of harmony in life.[40] The findings confirm that through participation in religious practices, the participants found personal and spiritual resources to manage stress arising from conflicts, losses and the aging process. They obtained a peaceful mind by letting go of conflicts, problems, anger, hostility and worries, and felt that having a peaceful mind enabled them to maintain their capacity to meet expectations and fulfill daily responsibilities.

Implications and Recommendations

The findings support the notion that health is central to midlife professional Thai women's view of life. They view health as a comprehensive concept that emphasizes interrelations among perceived important life components, primarily their professional and family roles. Therefore, public health programs need to emphasize health practices, particularly those rooted in Buddhist teaching, that help women manage stress associated with multiple roles. The findings imply that health care professionals, especially nurses, should place emphasis on promoting women's growth toward their potential by: focusing on their capability to be productive; acknowledging their needs for a supportive environment; and, helping them find ways to balance the challenges that are part of their way of life. In essence, nurses should be encouraged to serve as facilitators, advocates and partners for women's health promotion and protection.

A qualitative research design, informed by general principles of feminist inquiry, was confirmed

as an appropriate method for the discovery and disclosure of midlife professional Thai women's meanings of health and their health care activities. A feminist approach to inquiry (a "feminist lens") influenced the: research questions posed; interview process; sensitivity needed to analyze and interpret women's social contexts; and, implications for change in women's midlife health practices. In order to further enhance understanding of women's health, application of feminist inquiry, as an approach to nursing research, should be taken into consideration with future studies. However, the nature of the research design, and the specificity of the context, limited the generalizability of the findings beyond the participants in this study. Therefore, similar studies among different groups of women, from various socioeconomic groups and backgrounds, should be conducted in order to: develop rich and comprehensive information on the meanings of health and health care practices; guide nursing practice; and, build comprehensive knowledge about midlife women's health.

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ความหมายของสุขภาพและการดูแลสุขภาพของสตรีนักวิชาชีพวัยกลางคน

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บทคัดย่อ: สตรีนักวิชาชีพวัยกลางคนมีการเปลี่ยนแปลงทางด้านร่างกายและมีความเสี่ยงต่อการเจ็บป่วยเรื้อรังในขณะที่ต้องรับภาระที่เพิ่มขึ้นของงานวิชาชีพและครอบครัว การเข้าใจความหมายของสุขภาพและการดูแลสุขภาพจากมุมมองของสตรีภายใต้บริบทสังคมวัฒนธรรมของสตรีนักวิชาชีพวัยกลางคนจึงมีความจำเป็นอย่างยิ่ง การวิจัยครั้งนี้เป็นการวิจัยเชิงคุณภาพซึ่งใช้หลักการสืบค้นเชิงสตรีนิยม ที่มีจุดประสงค์เพื่ออธิบายความหมายของสุขภาพและการดูแลสุขภาพของสตรีนักวิชาชีพวัยกลางคนที่ทำงานเป็นครูและพยาบาลในจังหวัดเชียงใหม่ จำนวน 20 รายด้วยวิธีการกำหนดคุณสมบัติแบบเฉพาะเจาะจง ระหว่างเดือนพฤษภาคม 2548 ถึงเดือนกุมภาพันธ์ 2549 รวบรวมข้อมูลโดยการสัมภาษณ์แบบเจาะลึกและวิเคราะห์ข้อมูลโดยวิธีการวิเคราะห์ของมอรส์และริชชาร์ด ผลการวิจัยพบว่าประเด็นหลักของความหมายของสุขภาพคือ “ความสามารถที่จะคงไว้ซึ่งความเป็นปกติ” และประเด็นหลักของการดูแลสุขภาพคือ “การปรับเปลี่ยนวิถีการดำเนินชีวิต” โดย “ความสามารถที่จะคงไว้ซึ่งความเป็นปกติ” คือความสามารถในการจัดการบทบาทที่หลากหลายได้อย่างมีประสิทธิภาพ และมีการทำหน้าที่ของร่างกายที่ปกติและมีความมั่นคงทางอารมณ์ สำหรับ “การปรับเปลี่ยนวิถีการดำเนินชีวิต” นั้นสตรีนักวิชาชีพวัยกลางคนมีการปรับเปลี่ยนรูปแบบการรับประทานอาหาร การเริ่มรับประทานวิตามินและสารอาหารเสริม เพิ่มการออกกำลังกาย การระมัดระวังความเสี่ยงต่ออุบัติเหตุ และการปรับเปลี่ยนวิธีการจัดการกับความเครียด ผลการศึกษาครั้งนี้เป็นประโยชน์สำหรับผู้กำหนดนโยบายและบุคลากรด้านสุขภาพในการจัดกิจกรรมส่งเสริมสุขภาพของสตรีนักวิชาชีพวัยกลางคนโดยคำนึงถึงความหมายของสุขภาพและการดูแลสุขภาพของสตรี

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