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Preserving and Promoting Health among Middle-aged Women: A Grounded Theory Study

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Abstract

Introduction: Middle age is a developmental stage. Women in this stage are capable of preserving and promoting their own health as well as the health of other members of their families. In fact, women's health can assure other family members' health. Studies indicated that to preserve and promote their own health, women take several initiatives, which are process-based. Accordingly, the present study aims to identify the processes used for preserving and promoting health process in middle-aged women.

Methods: This qualitative study was carried out using a grounded theory method. The participants were 20 middle-aged women who were selected by purposive and theoretical sampling. The required data were collected by semi-structured interviews with the participants. Data collection and analysis were done simultaneously from the first stage. Accordingly, all the recorded interviews were transcribed. Then, the transcribed data were analyzed using Strauss and Corbin's approach and the extracted concepts and themes were categorized.

Results: Changes in physical and mental health status are identified as a main concern of middle-aged women. The ongoing process to remove concerns and preserve and promote health among the participating women appeared in maintaining im/balance in health, in/efficient adjustment, and moving toward change.

Conclusion: The health-oriented behaviors were represented by three forms of process. In fact, these three formations are not independent of each other, but, paralleled, interrelated and with different speeds reinforced health-oriented behaviors among women to preserve and promote their health. The identification of health-oriented behaviors formation in middle-aged women can help community health nurses know the type of behaviors, processes, and elements that enable women to preserve and promote their own health.

Keywords: Health, Health Promotion, Middle-Aged Women, Grounded Theory Study

Introduction

Health along with all its aspects is one of the basic human rights. Women's health and its physical, psychological, social,

cultural, and spiritual aspects influenced by their biological, social, political, and economic backgrounds represent a continuum extended throughout their lifecycle and are closely



associated with their living conditions (1, 2). A study found that menstruation as a physiological process was considered a taboo and imposed specific social and cultural restrictions on women (3). Another study showed that women considered menopause as a period of freedom (4). However, women in Iran and Turkey have attempted to conceal menopause as they considered it the end of femininity and youth (5,6).

One of the periods of women's life is middle age which is accompanied by key changes such as biological changes, changes in health status, loss of physical ability, changes in appearance, loss of family or friends, job changes, attitudinal changes, as well as transitional periods such as menopause and child abandonment. This period is usually associated with a combination of complex emotions and different patterns of response to these changes developed over the years. However, middle age can be the peak of one's life, provided that health is taken into account in all its aspects (7). Research findings showed that, during this age, women's health problems including perceptions of unpleasant physical and psychological changes increase (8). Besides, they are subjected to emotional and psychological abuse by various individuals, hindering their access to healthcare services. One of the barriers to accessing professionals is physicians' maltreatment with middle-aged women and their disregard for their health (9).

A systematic review of qualitative studies on women's health in Iran also showed that although relatively few qualitative studies have been done on their health, these studies show the processes shaping women's health behaviors have not been identified. However, the results of this systematic review showed that to protect and promote women's health, they need to identify health dimensions from women's perspective (10).

Self-management is one of the factors that contribute to women's health-seeking behaviors (11). Studies have shown that factors such as socio-cultural roles, gender, health beliefs, and perceptions of health needs are involved in shaping these behaviors (12). However, it seems

that the formation of health behaviors or the formation of health-promoting behaviors is process-based (11). Since one of the biggest responsibilities of nurses is to promote health and the concept of health is one of the nursing meta-paradigms and nursing is considered a health-centered discipline (13), the researcher seeks to conduct a qualitative study to identify the processes used by middle-aged women to preserve and promote their health. Therefore, this study was conducted to identify the process of preserving and promoting middle-aged women's health.

Methods

Human behaviors are shaped through social encounters and interactions. Grounded theory (GT) is the best option for discovering processes in human interactions. In this study, first, purposive and then theoretical sampling was used to select the participants (14). To this end, a person who appeared to be interested in different aspects of his/her health was selected as the first participant. The other participants were selected through purposive sampling according to the inclusion criteria, with the most variety in terms of age, marital status, the number of children, and employment status. In the process of data analysis, when it was felt the data were aligned/misaligned with the researcher's mentality, a participant who was in the position in question was interviewed to check the accuracy of the researcher's presumptions. Since some participants stated that their husbands' and children's behaviors have concerns for them, a husband and three children were also interviewed. In this way, the researcher would answer the questions that came to her mind. The sampling process continued until the data saturation, i.e. the point in which no new information is discovered in the process of data collection and analysis. A total of 20 individuals participated in the study and 21 interviews were conducted.

The persons who met the inclusion criteria were in the age range of 40-65 years, had no serious physical and mental illness requiring frequent referral and hospitalization in medical centers,

and were willing to participate in interviews. Besides, the researcher at the theoretical sampling stage found that interviewing the relatives of middle-aged women including those who interacted with them closely would assist in obtaining more comprehensive data about the concept under study. To this end, the three children and the husband of one of the participants were also interviewed. One physician in charge of the clinic was also interviewed to confirm the findings. The data were collected at sites such as the participants' home or workplace, the researcher's office, or any other location suggested by the participants and previously arranged with the participants. The study used mixed data including semi-structured interviews and field notes. The length of the interviews varied from 30 to 60 minutes depending on the participants' willingness and contribution. The interviews were conducted by obtaining the prior consent of the participants and ensuring them of confidentiality of their identities. Examples of interview questions were: "How do you define health?", "What do you typically do for your health during one day of your life?", and "According to your experience, what factors do influence your health?" To collect more data, eliciting questions and phrases were used: "Did you mean?" and "Could you please provide more explanations about". In grounded theory studies, data collection and analysis are carried out continuously and simultaneously from the beginning of the study. After transcribing the interviews into text, the researcher thoroughly reviewed the interview transcriptions. This was done to preserve focus and familiarity with the transcriptions. The collected data were analyzed based on Corbin and Strauss's grounded theory (14). The data analysis began with repeated re-reading of codes and notes. Corbin and Strauss's paradigm model was used to connect contextual factors to the process. In this study, four criteria of credibility, authenticity, transferability, and confirmability were used to ensure the trustworthiness of the data (15). To determine the credibility of the data, there was continuous involvement with the

subject and the data. The research team's views were used in the process of conducting interviews and data analysis. The interview transcriptions and the extracted codes and subcategories were discussed and reviewed with some of the participants. The data were collected using mixed sources (the interviews and field notes). To determine the authenticity of the data, a mixed-method was used and an external observer who was both an expert in the field of women's health and qualitative research but was not a member of the research group was asked to review the data, and the research findings were confirmed. To ensure the confirmability of the findings, all activities were recorded and a report of the research process was also prepared. To check the transferability of the data, the results were shared with two non-participant women who had similar situations to the participants, and they stated that the findings had similar associations for them.

Ethical considerations included obtaining verbal consent and providing participants with information about the purpose of the study. They were also assured that their data would remain confidential and they can leave the study at any time they wished.

Results

The participants in this study were selected based on the principle of maximum diversity required for qualitative studies and through theoretical sampling (Table 1).

The process used by middle-aged women in preserving and promoting health was categorized into three themes including "maintaining im/balance in health", "in/efficient adjustment", and "moving towards change". This study identified the needs, concerns, and problems of women for preserving and promoting their health by repeated reviews of the interview transcriptions, codes, and notes taken during the data collection process. The most important concern for women was about changes in physical and mental health.

Maintaining im/balance in health

From the collected data, a number of physical and mental illnesses faced by middle-aged

women were identified. The women adopted various strategies to overcome these problems. The outcomes of adopting strategies by women were changes in their physical and mental health. These outcomes were placed at the two extremes of a health promotion-decline continuum. As such, this ongoing process of these actions in response to the physical and psychological problems faced by women appeared in the form of outcomes for maintaining im/balance in health.

Concerning the factors leading to maintaining im/balance in health based on the paradigmatic model (conditions/strategies/outcomes), some statements made by the participants are presented to shed more light on the issue. One of the participants stated, *"I feel good when I'm doing the exercise (conditions). I have always been interested in doing exercises and hiking and mountain climbing are my favorite hobbies. I walk for half an hour every day (strategy), and I want to be always energetic (outcome)"* (Participant 14).

Concerning preserving balance/imbalance in the face of health threats, one of the participants stated, *"I have high blood fat (conditions) because it is hereditary. I have been using liquid oil for many years, and I do not eat fatty foods (strategy). I avoid foods that are high in fat, such as pasta (strategy), I use more vegetables (strategy), I go hiking (strategy) as it has a great effect on my blood fat (outcome). I do feel good (outcome)"* (Participant 10).

In/efficient adjustment

In the face of health-threatening factors, women used strategies with consequences at the two extremes of a continuum of acceptance of and adjustment to reality. Therefore, the acceptance of reality, either by coercion or by logical or thoughtful acceptance was called the in/efficient adjustment.

To illustrate our discussion of in/efficient adjustment to preserve and promote health, some instances of the statements made by the participants based on the paradigmatic model (conditions/strategies/outcomes) are provided here, *"I used to get angry with my husband about why he wouldn't socialize with other people. I was always asking him to take us to our relatives'*

homes, and he would say no, and I was always crying (ineffective strategy) and I told him let's go, but he didn't like it. But now I say to myself it is foolish to cry when he doesn't like to visit his close friends and family members (effective strategy). I don't get angry even if he doesn't like to visit my brother's family (effective strategy). There is no point in risking my health because of his behavior (outcome)" (Participant 1).

Another participant described the process leading to the formation of an ineffective adjustment, *"I am a sensitive person (conditions). I have to get along with some issues and accept them easily but I don't (strategy), and I get upset (outcome) and I may not even mention it (strategy)"* (Participant 5).

Moving towards change

A review of the interview transcriptions revealed that along with some of the processes identified in the shaping of health behaviors, another process for promoting health was revealed. This new process was not change, but rather moving toward changing the current situation. An issue of interest was the participants' use of health-promoting strategies, making comparisons, and achieving desirable outcomes together leading to the process of moving toward change which was often associated with a motivating factor such as comparison, encouragement, and even a satisfying result.

One of the participants described her experience of moving towards change: *"I have hypertension and high blood fat (conditions). I often use chick and white meat (the first strategy). I make my food by having it boiled or steam. I prepare my dietary food apart from the food eaten by other family members (the second strategy). Wherever I go to a party, the host is careful to make a dietary food for me. And when I go to my daughter's home, she makes boiled food for me (outcome)"* (Participant 9).

Concerning the multiple outcomes and various strategies that led to the identification of this form of health-promoting behavior, another participant stated, *"When I decided to do my studies at this age, I was first disappointed (conditions). I was worried that the other classmates were younger than me and might*

have a better performance than me. But when I started my studies (strategy) I got higher grades. This made me have more confidence in myself (the outcome). I am now very happy that I am doing my studies (the outcome). Despite all the ups and downs I faced during my studies, I feel I am a useful person and this adds variety to my life (the outcome)” (Participant 14).

Another participant stated, “Coping with (conditions) stress requires practice and skill (the first strategy). I cannot easily cope with stress unless I have practiced and acquired the skill (the second strategy). This helps me to cope more easily with stressful situations (consequence)” (Participant 15).

Table 1: The participants' demographic characteristics

Participant's code	Age	Marital status	Number of children	Education	Occupation
1	44	Married	2	Bachelor's degree	Employed
2	46	Divorced	1	Middle school	Unemployed - Housewife
3	48	Single	-	Diploma	Employed
4	49	Married	2	Bachelor's degree	Employed
5	45	Married	2	Associate's degree	Employed
6	53	Married	6	Illiterate	Housewife
7	49	Married	4	Middle school	Employed
8	51	Widow	5	Illiterate	Housewife
9	56	Married	3	Associate's degree	Retired
10	56	Married	3	Diploma	Employed
11	43	Married	2	Master's degree	Employed
12	41	Single	-	Master's degree	Employed
13*	41	Single	-	Bachelor's degree	Employed
14	45	Single	-	Associate's degree	Employed
15	40	Married	1	Master's degree	Employed
16*	43	Married	2	Bachelor's degree	Employed
17*	49	Married	2	Bachelor's degree	Employed
18*	28	Married	-	Bachelor's degree	Employed
19	35	Single	-	Physician	Employed
20	40	Married	8	Illiterate	Housewife

Participants 13, 16, and 19: Middle-aged women's children, 19: Physician, and 17: The husband of a middle-aged woman

Discussion

The results of this study indicated that middle-aged women adopted a variety of strategies to preserve and promote their health. These strategies include maintaining im/balance in health, in/efficient adjustment, and moving towards change. These strategies are classified in the form of the objective to subjective patterns. Routine patterns, or patterns that are derived from common daily behaviors done by women, are the most objective ways of shaping women's health-promoting behaviors. However, in/efficient adjustment and moving towards change are considered as more subjective processes. This section discusses the way these processes are formed.

Maintaining im/balance in health was the first pattern revealed in this study to shape women's

health behaviors. This pattern was based on behaviors that ultimately led to the maintenance, promotion, or decline of physical and mental health. The participating women used several strategies to push a series of physical and mental problems on preserving and promoting physical and mental health. In the present study, maintaining im/balance in health was the first approach adopted by the participants to promote and preserve health. In a similar vein, some studies have addressed physical and mental problems and strategies that affect the preservation and promotion of health (16-19). A couple of studies have also dealt with the challenges facing women's health and factors serving as health-promotion barriers and facilitators (20,21). Although these studies did

not intend to identify the processes of preserving and promoting health, their findings pointed to health threats, resources, and personal and family factors affecting health and the consequences of physical and mental changes (8,22). In the present study, threats were also identified as conditions affecting the participants' health. A study focusing on middle-aged women's experiences in mental health promotion, although not explicitly referring to the process of preserving and promoting health, showed that achieving physical ideals, reducing stress, and strengthening mentally were the main factors affecting the promotion of physical and mental health (8). As it was stated earlier, the processes shaping women's health behavior are objective. For this reason, in addition to process-based studies, such processes can also be found in a wide range of patient-centered studies, including women with breast cancer, diabetes, and vitiligo (16,23-25). For instance, a health-based study identified problems and strategies in the form of themes such as cancer attitudes and preventive behaviors, stress management, lifestyle, social support, and personal environmental barriers (26). In another health-based study, the barriers to breast cancer screening programs in Peruvian women were identified (27). Therefore, it seems further research into health-promoting processes can identify health barriers and facilitators more accurately and, thus, more precise steps can be taken to preserve and improve health.

In/efficient adjustment is another process used for promoting and preserving women's health. In/efficient adjustment is often portrayed as a routine pattern adopted by women. Accepting or adapting to reality has somehow a deterrent effect on women's health. Accordingly, the literature review has shown that most studies pointed to the acceptance of the reality of the disease by the patient. In fact, in/efficient adjustment has been proposed as a way of getting along with diseases such as breast cancer (16,28). In some studies, in/efficient adjustment in middle-aged women has been suggested as a strategy to get along with the negative outcomes of menopause such as the end of young age, end

of fertility, and the onset of physical problems (5,6). The findings of a study conducted in Saudi Arabia showed that in/efficient adjustment of women was associated with the community's cultural conditions and society's emphasis on the reproductive role of women leading to a decline in health, and dissatisfaction with their maternal and gender roles (29). However, it can be suggested that in/efficient adjustment is a double-edged sword that should be used with caution. Absolute adjustment in women, given their inherent roles and specific personality traits, can lead to self-forgetfulness and a decline in health, which could endanger women's individual, family, and social health. However, women's experiences can be very helpful in taking effective measures. Some participants identified increasing age and gaining experience as a factor in their ability for effective adjustment.

Another process of preserving health promotion was moving towards change, the essence of which was to move toward improvement. Corbin stated that during the process, actions can be routine, new, and thoughtful (14). The present study showed that maintaining im/balance in health and in/efficient adjustment are mainly routine behaviors acquired during the normal course of life by middle-aged women. These two processes, which are used for preserving and promoting health, largely follow the characteristics of routine and daily patterns. Nevertheless, moving towards change is essentially a new phenomenon. A review of the interviews with the participants showed that women did not just follow past practices to manage their lives; they sometimes sought to change the prevailing beliefs and practices in society. In fact, they were determined to abandon the general principle of following the beliefs and traditions of the past. Following up studies and creating the opportunity for women to participate in social activities in the society are important factors in following this growing process.

The important thing in moving toward change is the adoption of strategies that are devised based on rational thinking and insights. The adoption

of such strategies was found to have positive outcomes for the physical, mental, and social aspects of women's health. Based on the findings of this study, moving toward change can be considered as a huge step that along with other health-promoting processes leads to promoting health behaviors in middle-aged women. A review of the literature showed that moving toward change as the process, which had an impact on different aspects of women's health, was not addressed in the previous studies. However, some of the strategies have been underlined in other studies as facilitators and barriers to health, including socio-cultural factors, education, lack of sports facilities, time constraints, and the role of the media in raising women's awareness (17, 30, 31). Moreover, it should be noted that not only moving towards change is a step to be taken by women, but also changes in the family or men's attitudes and changes in the cultural structure of society have made possible moving toward change to preserve and promote health. Women have been able to use this opportunity effectively to preserve and improve their health, influencing, in turn, the family and community health. In the same vein, a study conducted in Yazd showed that one of the barriers to women's health was the husband's domination (30). However, the present study showed that changes in men's attitudes toward women's limitations, including their education, can provide the conditions for taking more steps to move toward change. As an example, Saudi women identified the society and the traditions governing it, along with the limitations imposed on them as barriers to promoting their health (29). Swedish women also emphasized that gender approaches were one of the barriers to their plans for weight loss (32). In another study, participants acknowledged that health programmers should consider women's health needs at different stages of life and provide an appropriate context for preserving and promoting their health (33). Accordingly, the Center for Disease Prevention and Control in the USA has also shifted its preventive approach from focusing on the individual in cases such as tobacco use, inadequate nutrition, physical

inactivity, and chronic illnesses such as asthma, diabetes, and obesity to changes in policies, systems, and society (34). Studies have shown that focusing on the individual, as a preventive factor alone may not be effective, however, in addition to it, changes in underlying conditions will be highly effective in shaping health behaviors (11, 34).

Conclusion

The findings of this study revealed that women strive to preserve and improve their health by adopting different strategies such as im/balance in health, in/efficient adjustment, and moving towards change. To preserve and enhance women's health, routine and condition-based patterns such as maintaining im/balance in health and in/efficient adjustment alone cannot promote women's health but also they should be encouraged to move towards change. These three procedural patterns are not separate but parallel or even intertwined, and at different speeds, guide women's health-based behaviors to preserve and promote health.

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Conflicts of Interest

There was no conflict of interest in conducting the present study.

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