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Dysmenorrheic Knowledge, Attitudes, Self-Care Behavior, and Work Satisfaction: A Work Balance Model

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Background:

Dysmenorrhea is a common problem among women. In Taiwan, 97.43% of hospital nurses are women, and most of them are of marriageable age. The prevalence rate of dysmenorrhea among them is 74%. Because of the special nature of nurses' duties, it is difficult for them to take a temporary menstrual leave. Most of them had experiences of pain while at work, so the issue is worth considering. This will also help create a woman-friendly working environment and maintain the nurses' qualities of care and safety of the patients

Purpose:

To explore the effectiveness of a work balance model intervention with hospital nurses with dysmenorrhea. The model was based on the Transtheoretical Model and Ottawa Charter for Health Promotion. The aims of this study were to: (1) identify dysmenorrhea knowledge, menstrual attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation among nurses; (2) compare the differences in dysmenorrhea knowledge, menstrual attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation between acceptable and unacceptable work balance model interventions; and (3) explore the effectiveness of the work balance model in improving hospital nurses' dysmenorrhea knowledge, menstrual attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation.

Methods:

This study conducted a quasi-experiment of unequal control group design. We used a purposive sampling method in a medical teaching hospital in southern Taiwan. A pre-test was conducted a week before the intervention. The experimental group had intervention based on the work balance model, while the control group abided by general rules. The first post-test was held after the invention, and the second post-test was held six months later. The research instruments included: a basic information questionnaire, the Dysmenorrhea Knowledge Scale (DKS), Menstruation Attitude Scale (MAS), Dysmenorrhea Self-care Behavior Scale (DSCBS), and Menstrual Work Satisfaction Scale (MWSS). Data were entered in Microsoft Excel and analyzed using JMP 11. An analysis of covariance was used to explore the effectiveness of the work balance model intervention.

Results:

There were 205 participants in this study, and 152 had experienced dysmenorrhea during the last six months. The prevalence rate was 74.1%. In the second post-test, there were 67 participants in the experiment group and 76 in the control group. There were no significant differences in the clinical nurses' DKS scores after the intervention. The MAS scores improved significantly after the intervention, and this improvement was maintained. There were significant differences between the immediate effectiveness of the intervention and its lasting effects after six months for "Menstruation as a bothersome event," "Menstruation as a natural event," and "Denial of any effect of menstruation." "Menstruation as a debilitating event" and "Denial of any effect of menstruation" showed no significant differences after intervention. There was a significant difference between the immediate and later effects for DSCBS

scores six months later. There were no immediate changes in MWSS scores, but there was a significant increase six months later. There were no significant differences in "Autonomous-management" or "Peerassisted" after the intervention, although the latter did increase significantly six months later.

Conclusion:

The work balance model could significantly increase clinical nurses' menstruation attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation. Nursing managers need to consider how they can show respect for nurses suffering from dysmenorrhea and create a friendly nursing environment for them.

Title:

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Keywords:

dysmenorrhea, work balance model and work satisfaction

References:

- Chiu, M. H., Hsieh, H. F., Yang, Y. H., Chen, H. M., Hsu, S. C., & Wang, H. H. (2017). Influencing factors of dysmenorrhoea among hospital nurses: a questionnaire survey in Taiwan. *BMJ Open*, 7(12), e017615. doi:10.1136/bmjopen-2017-017615
- Chiu, M. H., Wang, H. H., Hsu, S. C., & Liu, I. P. (2013). Dysmenorrhoea and self-care behaviours among hospital nurses: a questionnaire survey. *Journal of Clinical Nursing*, 22(21-22), 3130-3140. doi:10.1111/jocn.12240
- Baydoun, M., Dumit, N., & Daouk-Oyry, L. (2016). What do nurse managers say about nurses' sickness absenteeism? A new perspective. *Journal of Nursing Management*, 24(1), 97-104. doi:10.1111/jonm.12277
- Prochaska, J. O., DiClemente, C. C., Velicer, W. F. & Rossi, J. S. (1993). Standardized, individualized, unteractive, and personlized self-help programs for smoking cessation. *Health Psycology*, 12(5), 399-405.
- WHO. (1986). Ottawa Charter for Health Promotion. Retrieved from http://www.euro.who.int/AboutWHO/Policy/20010827

Abstract Summary:

To explore the effectiveness of a work balance model intervention with hospital nurses with dysmenorrhea. The model was based on the Trans-theoretical Model and Ottawa Charter for Health Promotion. It could be used to maintain clinical manpower.

Content Outline:

- Background:
- 1. In Taiwan, 97.43% of hospital nurses are women.
- 2. The prevalence rate of dysmenorrhea among them is 74%.
 - Purposes:

- 1. Identify dysmenorrhea knowledge, menstrual attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation among nurses.
- 2. Compare the differences in dysmenorrhea knowledge, menstrual attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation between acceptable and unacceptable work balance model interventions.
- 3. Explore the effectiveness of the work balance model in improving hospital nurses' dysmenorrhea knowledge, menstrual attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation.
 - Results
- 1. The MAS scores improved significantly after the intervention.
- 2. There was a significant difference between the immediate and later effects for DSCBS scores six months later.
- 3. There were no immediate changes in MWSS scores, but there was a significant increase six months later.
 - Conclusions:

The work balance model could significantly increase clinical nurses' menstruation attitudes, dysmenorrhea self-care behaviors, and work satisfaction during menstruation.

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