

Climacteric experiences in nurses: Bases for feminine care in the light of Joan Scott

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Resumen

El *climaterio* es una etapa fisiológica en la mujer que se caracteriza por una serie de cambios morfológicos, funcionales, psicológicos y emocionales de vivencias basados en el cuidado en la condición femenina. Objetivos describir y analizar las vivencias de las enfermeras basado en la teoría de Joan Scott (2009), y considerar las bases para el cuidado. Estudio cualitativo mediante historia de vida cuya población estuvo conformada diez enfermeras se utilizó la entrevista a profundidad con preguntas abiertas. Resultados: Se evidencio las siguientes categorías: (1) Vivenciando el climaterio con alteraciones físicas y psicológicas, (2) Vivenciando sentimientos de inferioridad sexual, separación e incomprensión con la pareja, (3) Redes sociales de ayuda: la familia, ayuda profesional, ayuda entre pares, y (4) Trascender desde las experiencias y las bases para el logro de una vida plena hacia un modelo de cuidado integral a la mujer en edad de climaterio. Se concluye que las vivencias incómodas del climaterio, compromete las interacciones familiares y laborales. En la vida conyugal, la fragilidad emocional y la incomprensión todavía es un obstáculo para algunas mujeres; el apoyo familiar provee ayuda eficaz aún en los momentos más difíciles, cuando la sintomatología es muy intensa, la mujer solicita ayuda profesional. Para Scott, la mujer establece vínculos de identidad cultural, sociales con diferencias de género poco comprendidas. Por tanto, la enfermera(o) debe brindar cuidados integrales y únicos, donde la mujer logre una vida plena, construyendo un "Modelo de cuidado donde se desarrollen estrategias de acción dirigidas a la mujer en todas sus esferas".

Palabras clave: Climaterio, Cuidado en la condición femenina, enfermeras

Abstract

The climacteric is a physiological stage in women that is characterized by a series of morphological, functional, psychological and emotional changes of experiences based on the care in the feminine condition. Objectives to describe and analyze the experiences of nurses based on Joan Scott's theory and to consider the basis for care. Qualitative study by means of a life history whose population consisted of ten nurses, an in-depth interview with open questions was used. Results: The following categories were evidenced: (1) Experiencing the climacteric with physical and psychological alterations, (2) Experiencing feelings of sexual inferiority, separation and incomprehension with the couple, (3) Help social networks: family, professional help, peer help, and (4) Transcend from the experiences and the bases for the achievement of a full life towards a model of integral care for women of climacteric age. It is concluded that the uncomfortable experiences of the climacteric compromises family and work interactions. In conjugal life, emotional fragility and incomprehension is still an obstacle for some women; family support provides effective help even in the most difficult moments, when the symptomatology is very intense, the woman requests professional help. For Scott, the woman establishes bonds of cultural identity, social with little understood gender differences. Therefore, the nurse must provide comprehensive and unique care, where the woman achieves a full life, building a "Model of care where strategies of action are developed directed at women in all its spheres."

Keywords: Climacterium, Care in female condition, nurses

1. Introduction

Climacteric syndrome is the cessation of a woman's menstrual periods for an average of 12 consecutive months where signs and symptoms of hot flashes, mood alterations, osteoporosis; increased cardiovascular risks, genitourinary and emotional alterations [1]. Likewise, climacteric is a natural and physiological process in a woman's life in which physical, psychological and social changes occur, extending from the onset of reproductive maturity decline to the onset of old age. Not all women present a characteristic clinical picture, but each woman is affected differently. These discomforts are influenced by hereditary and environmental factors, which explain the individual variations. In practical terms, this period ranges from 35 to 65 years of age and includes the last menstruation or menopause [2].

The study arises from the interest generated from dialogues with women in the climacteric stage; conversations carried out from the family nucleus listening to phrases related to this stage of the woman's life such as: "it is the woman's critical age", "it is the woman's life change", "it is the woman's difficult age", "it is a period where the woman ages and suffers some characteristic but very uncomfortable symptoms". In this regard Travelbee (1969), mentions the importance of communication to maintain a healthy emotional state in the face of the changes that people experience at different times of life [3].

Another experience that marks the concern for this issue was to interact with nurses and most expressed discomfort in the climacteric stage. They show tiredness, sadness, irritability, worry, slow learning in some subjects, low tolerance, consumption of food with high caloric content, low water consumption, reference to little exercise practice, few hours of sleep and rest, among others, also perceiving varied attitudes and feelings, as emotional vulnerability to the little tolerance perceived in their daily experience. Parallel to this experience are added the problems of older adulthood, as well as the family burden, workload, the influence of social and cultural stigmas, in addition to the hormonal deficit that characterizes this stage and affects the health of women in this period of life. The shared experience was valuable to realize that, in professional and social development, these events are part of a woman's life and it is necessary to know how to lead it through a healthy lifestyle [1, 4, 5].

The life expectancy of women has increased in recent years in the world. In the middle of the 20th century, life expectancy reached 50 years and in South America, at the beginning of this century, it exceeded 70 years. On the other hand, in Latin America it is estimated that 37 million women are in the climacteric stage, representing 8% of the total population [6]. The life expectancy of Peruvian women for 2015 was 72 years and their perspective is to reach 75 years by 2020. These figures indicate that Peruvian women will live more than a third of their lives in post-menopause. The INEI mentions that in our country there are approximately 2.1 million or its equivalent, 17.4% of the female population in this stage of life [7]. Socio-demographic trends highlight population aging as an outstanding change that has occurred in the structure of the world and national population in recent decades, with the female population being the largest.

It is currently considered that more than 90 per cent of women in developed countries go through the climacteric stage. Given the achievements of Public Health, it is expected that 6 million Peruvian women will reach 75 years of age by 2020, a situation that explains the existence of groups concerned about the physical and psychosocial manifestations derived from the changes in this period of the human life cycle and their impact on health [6].

According to Rogers (1994) considers that women are unique and individual beings who live a complex and multidimensional process. It should be noted that in nursing each person, each group or subgroup has its own practices, beliefs, values and traditions. It is not possible to try to homogenize the care and think that what is proper of one culture is valid for the others. Although the climacteric is a normal process and not a disease, it is accompanied by negative social connotations and many women experience the loss of reproductive function as a process of mourning, which profoundly affects their femininity. Some models of care, have begun to glimpse the importance of comprehensive care for women, based on health promotion and disease prevention. Consequently, Dorotea Orem (2001), considers self-care behaviors to be of vital importance at this stage of life, emphasizing that it is an activity learned by people and directed toward themselves, to regulate the factors that affect women for the benefit of their health and well-being [3]. Likewise, to encourage self-care in women is to raise awareness, make decisions to assume healthy behaviors during the climacterium is to contribute to the overall welfare and development of women at this stage of life [8].

The purpose of this research is to describe the experiences of nurses in the climacterium as well as the bases for care in the female condition, highlighting the strengthening, empowerment and gender equality of women in accordance with the objectives of the millennium that seek gender equity, as well as the knowledge obtained from the depths of the stories of nurses who experience the climacterium, provide specific information from the context of life and work in a society in permanent change and where, nevertheless, beliefs and myths are maintained regarding femininity/masculinity; Sexual roles and work performance, linked to gender conceptions, which can modify the well-being and self-esteem of the woman facing this stage [9,10].

2. Materials and Methods

Research study of qualitative and social focus; in order to know by means of methodological and epistemological resources the heart of the dynamism of the individual life with all its richness of meanings that overflow of it to reveal aspects of the subjectivity related to the experiences of the nurses during the climaterio and the bases for the care in its feminine condition [11,12,13,14]. By its social nature it tries to understand from the subjectivity of the subjects the sense of social life, their experiences, values, attitudes, beliefs, habits, experiences and stereotypes and, from this daily life and socially generated human phenomena to understand, analyze and interpret their reality with the objective of developing knowledge through the understanding of the needs of nurses in climaterium and to direct in an efficient way the best way to take care of them [11,12].

The life story, based on the ideas of the French philosopher and sociologist Bertaux Daniel, was used. In order to preserve coherence with the object of study the construction of a life story is the way in which the subject represents the aspects of his past that he considers relevant to the current situation. The purpose of this type of study is to understand and understand life accurately as it is reported and interpreted by the actor himself [13]. In the present research we are interested in knowing the experiences of nurses in the climacteric phase narrated by themselves, analyzing their discourses and proposing the bases for the care in their gender condition. For Glat, the difference between the life history method and other methodological approaches is the respect that the researcher has for the opinion of the subject. The researcher gives his opinion on the subject. And the latter is not seen as a passive object of study. On the contrary, the researcher and the subject are complementary and mutually modify their dynamic and dialectical relationship [14,15].

For the collection of data, the in-depth interview was used, with a duration of 30 to 50 minutes, coordinating in advance the time and place to conduct the interview, which was conducted privately, being recorded with the prior written consent of the interviewee. The interview was open

and the person was invited to talk about her experiences as a nurse in the climaterium, through the guiding question: Tell me about her life that is related to the climaterium. In order to delimit the sample, the technique of "Snowball" was used, or also defined as "saturation", which refers to the fact that the investigation would culminate when the interviews begin to be repeated in their content [12, 15].

The article "Gender: a useful category for historical analysis" was used to describe and analyse the experiences of nurses based on the theory of Joan Scott (2009). The author proposed an interpretation that succeeded in unifying apparently incompatible positions on gender issues. The model also enriches the gender perspective. Therefore, the interviewee, who answers the guiding questions or used short phrases, proceeded to reiterate them as "What else", "I continued"; in such a way that it allowed to arrive at the apprehension of the meaning or unveiling of the phenomenon. The interviews were conducted individually, recorded in a voice recorder. The testimonies were transcribed as they were narrated in the speeches. Later, the analysis of the stories, the thematic reduction and interpretation of the data were carried out. Once the data were organized, the units of meaning were created, the coding of the thematic units was carried out; and all the thematic units coded with numbers were merged, each participating nurse was identified with the name of a "precious stone", then the thematic units were grouped and the categories were constructed at this stage. At all times during the research, the corresponding ethical aspects were assumed [16,17].

3. Results

The results allowed a greater approach to the women, to know what they feel at this stage with the purpose of obtaining their vision of the world, feelings and behavior of them.

3.1. Experiencing the climacteric with physical and psychological alterations.

The speeches of the participating nurses reveal from the depth of their feelings the experiences lived by the menstrual irregularities, the impotence before the social world that surrounds them, by the loss of the fertility, sensation of aging, gain of weight, anxiety by the physical and psychoemotional changes lived, by the uncomfortable hot flashes, sweats, hot flushes and fatigue, as they are appreciated in the following testimonies:

(...) "The climacterium manifested itself through hot flashes and waves of fire, I thought that they were devils that got into my body, my whole body lit up, it was horrible, horrible" (Diamond).

(...) "I had very distant periods, my menstruation began to stop little by little and my vitality diminished" (Moonstone).

(...) "I was ashamed that they knew I was "over 40" and that my reproductive life was over" (Amethyst).

(...) "I feel sad about the loss of vitality, I felt that I was getting old" (Jade).

(...) "My physical tiredness is more pronounced... I realized that I was getting fat (Jade).

(...) "I could not bear it, I began to take Alprazolam, interdiary, even for 5 to 6 days later only when it was necessary, then I have not taken any more, because the doctor indicated hormones to me, which helped me a lot and relieved all the unpleasant symptomatology" (Amethyst).

The climacteric is a physiological stage in the life of women, neither "critical" nor pathological, as are childhood and adolescence, with their characteristics, risks and problems proper to the evolution of women's lives [15]. However, Tarrés (2012), points out that the reproductive life of women has been strongly affected in all societies, influencing their state of health, their well-being, their comfort, their professional, academic, family and social performance, to such an extent that some women resort to medicalization to balance their hormonal differences [16].

Other authors, such as Scott (2009), refer that the deep knowledge of the factors that condition gender inequalities related to health, allows to understand women from a human conception, with their conducts, behaviors, feelings, emotions, considering that they are product of the hormonal declines proper to women in this period of life, characteristics that in no way represent inequality. On the other hand, many times the same woman tries to hide her experiences in this stage of life, not by her own decision but by the social beliefs and attitudes that assign her to this stage as "an image not very acceptable for the dignity of women" [17].

Feeling the physical discomfort of the hormonal change and that "the body does not give more" are not motives for sarcasm or mockery. The woman as well as the man lacks a code that indicates that the arrival of a stage of life has changes in its value.

3.2. Experiencing feelings of sexual inferiority, separation and incomprehension with the couple.

The sexual alterations derived from this phase of the woman's life are uncomfortable because they have repercussions in the relationship and even in the rejection of the woman in the intimacy, thus, the conjugal relations can generate anguish and anxiety, being that they expect to find respect, companionship and love in their partner. The speeches of the interviewed reveal that in some cases the woman is rejected by the couple when she perceives the declines of the climacterium, in other cases, misunderstood when they do not notice what she is experiencing. This shows us that many times the woman has been an invisible part in the processes of attention and understanding, as shown in the following speeches:

(...) "In my conjugal relationship I felt a little inferior because my menstruation withdrew very early and I... felt less like a woman" (Perla).

(...) "I was separated from my husband, they took away a leadership, I felt that the world was falling" (Diamond).

(...) "The others do not understand us and many times I remain silent because I do not like to be looked at diminished" (Jade).

(...) "Many of the colleagues in the service, right in this stage of the climacterium, are getting divorced or some of them no longer understand each other well with their husbands, they are separating from someone who was with them for a long time, this accentuates unfavorably in them the symptomatology of the climacterium" (Coral).

For women, life as a couple and love is an attitude that goes beyond the space of genitality and is based on the meaning of the other in each moment of life, to know it, understand it, respect it and accept that people change considering that their essence and value endures over time. Unfortunately, the culture of our country relates sex directly to the reproductive function of women; and when menopause is established, women have the sensation of having reached the stage of a "mission accomplished"; limiting themselves and even denying clearly expressing their sexual desires and needs [18].

3.3. Social networks for a healthy climate:

- Subcategory: The family

The main functions of social support networks include companionship, emotional support, cognitive guidance, advice, access to new contacts, and they can be as small as family or as large as professionals and friends from society as a whole. Thus we have in the following subcategory the testimonies that support it:

(...) "What helped me through this process was my mother's first thing... That's right, "that's the way the symptoms are, you're going to get through it when you get to that age" I told my sisters... and I've had at least the support at home" (Amethyst).

(...) "I have had a lot of support from my family, thank God we are very united; my husband knew about the stage I was going through and gave me a lot of support" (Esmeralda).

(...) "My husband helps me a lot, he tells me, if you can't do this or that, relax, rest, sleep" (Topaz).

In Romero's (2004), statements, the family is a fundamental source of support when people present serious health problems or marginal conditions for different reasons [18]. In the same way, Novel (2007), refers that people who have an effective family support system are better able to withstand life's crises. The family is valued by the woman in climacteric, as the closest support network, to obtain cautious, spontaneous and opportune advice [19].

- Subcategory: Professional help

When well-being is at stake and discomfort persists, there is no point in trying to resolve the situation individually. Matud et al (2002), express that networks have to do with the resources they may have in the face of felt human needs, this means that in some cases professional support networks are indispensable [20]. In this sense we have the following texts:

(...) "Well, because I was having these uncomfortable symptoms, I went to my gynecologist to see how I could control all this" (Amethyst).

(...) "This took me to my doctor who advised me to take care of myself" (Jade).

(...) "I looked for a reliable doctor, he helped me a lot, he advised me and gave me a symptomatic treatment" (Moonstone).

From this type of relationship, when the close support network does not meet expectations, it is necessary to seek professional help. For the present study we consider important in the woman's life; the professional help she receives, the more help she receives, the less risk of deterioration she will experience and will be on her way to building a quality life.

- Subcategory: Helping Yourself Between Peers

In practice, in most societies, it is possible to count on the availability of friends. For the present study dealing with a professional group such as nurses, it is expected the existence of communication links and social support between peers, however, let's see the experiences narrated by the interviewees:

When I see other colleagues less fortunate than myself, I empathize with them and put myself in their place to understand and help them. The symptomatology they present is very aggressive, some ask them to open the windows or want to be seated near the door, while the young women do not understand them because they have not yet gone through this stage" (Jade).

(...) "What you see at work is that people are marginalized and they say "such a person of such an age is very special", so I would like them to understand me, that they have a warm, welcoming atmosphere" (Esmeralda).

(...) "My advice would be to be in solidarity with them, to try to support them, because something bad is happening and they don't want to tell us, they are afraid that everyone will find out, that's why they don't ask for help" (Rubí).

(...) "The fact of going through what I have gone through has made me more sensitive to understand other colleagues, I can advise them and I ask other colleagues to understand them" (Diamond).

The convergences found reveal that gender solidarity consciousness is often absent in the proactive and integrating life of "being a woman". In some cases the nurses in the climacterium do not manage to count on the sympathetic support of their peers, which is necessary to overcome the discomfort experienced; being a group of peers to whom the knowledge about the climacterium and its effects is no stranger. The support of their peers, constitutes a special network of friends that possesses attributes to offer solidary and reciprocal support.

Novel (2007), ask: will it be by gender that nurses, not being able to go against other groups with whom they share the work, attack by omission or by fact the members of their own profession, as if it were a form of oppressed violence? [19]

Peer support is transcendental; they share beliefs, ideologies, values, resources, as well as nuisances and concerns. According to Carvalho (2013), a helping relationship is an interactive process between two people, helper and helped [21]. Helping another nurse encourages him to achieve behaviors compatible with self-sufficiency and self-determination in the face of life's problems and challenges.

3.4. Transcending from experiences and building the foundations for care and the achievement of a full life: towards a model of comprehensive care for women in climacteric conditions.

The knowledge, the experience gained in his trajectory, the search for social support, the evaluation of the meaning of the self-realization achieved, are some of the transcendent aspects at the moment of realizing the presence of physical and emotional changes and the new needs of adaptation. Le Mone and Burke (2009), state that just as there are crises in other stages of life, the climacteric for some women configures a situational crisis [22] as stated:

(...) "I am going through this stage -smile- already more experienced, more altered. Hum! (Amethyst).

(...) "I need to adapt, to learn to live little by little with this stage of life" (Jade).

(...) "When I perceive that some of them are going through that, I understand them and feel what I went through and I say to them "just relax", it's going to happen to you, they are "things of age" (Pearl).

Experience allows the human being to be supportive. For Heidegger (1962), affirms that the human being as far as "being there in the world together with others" shares the joys and the difficulties, is the solidary sense that leads us to offer calm and calmness to our pairs [23]. In the same way the testimonies are explained by Scott, in the sense that the own climacteric stage of the woman, it is possible to transcend it in equity and satisfaction.

- Subcategory: The bases of care for the achievement of a full life

The experiences expressed by the nurses in this study are the product not only of the learning proper to the stage of professional training, but also constitute a fusion of knowledge of the socio-cultural, political, philosophical and ethical context, whose learning is present in the totality of human existence:

(...) "I do my annual check-ups as a routine, because I have relatives who at some point have had cancer, I would recommend to colleagues, that they have a routine life, because at this stage of climacteric breast cancer has a very high incidence" (Esmeralda).

(...) "All the women in the country need to be listened to, they need to be oriented, they need to have a pass from a stage that is going to be intermediate between the final stage because many times women do not know how to face that stage. Product of a bad attention in that stage is that the problems come for example cardiovascular, come the rheumatic problems, come the pain of bones, climaterio is a right of every woman" (Amethyst).

The self-care of the climacteric woman, being an intrinsic necessity to this lived stage, is rooted in Collière's (1993), perspective, as an act and process of promoting one's own life towards higher quality levels, transcending physiological discomforts and social stereotypes, eager to accentuate the equivalence between gender differences and low-powered behaviour and therefore resignation or submission, so distant from the purpose that leads to a full life [24].

- Subcategory: The health care model for women of climacteric age.

The model of care implies a set of actions that seek to promote the effective, timely and comprehensive care of women, considered in their physical and mental integrity as social

and adaptable to their physical and socio-cultural environment. It includes aspects related to people's lifestyles, self-esteem and the helping hand between nurses, as revealed by the following testimonies:

(...) "I take care of myself and my children, we consume a lot of vegetables and fruit, in my house you don't drink soda, the best way to teach is by example, if you want to teach about lifestyle you have to practice it" (Topaz).

(...) "Nurses should start to value themselves as people, keep in mind that they are not work machines and that they are not machines that solve the problems of the home, that both have the same rights, not because one is a woman is worth less...". (Topaz).

(...) "The ideal is that as nurses we take care of our colleagues, we understand them, we give them affection and understanding, a holistic care, to help them through difficult times. Many times a nurse needs the help of another nurse to get ahead. (Esmeralda).

Although the experiences of women show the existence of ailments and limitations in personal and social life, they also reveal the need to leave this reality as a right of every human being, where gender cannot be an obstacle. Scott (2009), strengthens with much conviction the preponderant equity of women in all human space and therefore the duty to fight individually and collectively to achieve a full life of health, satisfaction and personal fulfillment. This duty is to reach nurses as peers. Care as a social responsibility, predominantly feminine, is the responsibility of the nurse with respect to her peers, not as an obligation but as an expression of the deep sense of solidarity that represents sharing the same purpose and belonging to the same discipline [17,25,26].

4. Discussion and Conclusions

The climacteric stage is lived differently by each woman, the concept of climacteric obeys the way each woman experiences, lives and gives its own meaning to this period of life, and this depends greatly on a particular profile, a history of life, beliefs and customs, the social context, as well as their personal expectations. The experiences of the climacteric with its uncomfortable manifestations and alteration of the physical and emotional well-being, together with sensations of inexplicable tiredness, changes in the sense of humor, discomfort and even irritability or sadness that compromises the family and work interactions. In married life, emotional fragility and incomprehension is still an obstacle for some women. In all societies, a woman's life is strongly affected by her reproductive life, which has a clear and direct influence on her state of health, on her well-being and comfort, as well as on her professional performance, in her working, academic, family and social life [16].

According to Scott (2010) considers that it is necessary to understand the conditions of women in the biological, social, cultural, political factors among others. In order to be able to transform customs considered as a product of a backwardness of the female population that would overcome by understanding the justice implicit in the equality of the sexes [27]. It is striking that in the 21st century, feelings of shame persist due to the changes in the pattern of the menstrual cycle and its effects not only on thermal sensations but also on the unjustified tiredness experienced by women. Scott (2009), fought forcefully for female equality, so it is possible to say that the woman herself has not yet accepted this condition, influenced by sociocultural traits and stereotypes [17].

With respect to social networks of support for a healthy climate, the family is called upon to provide the necessary support and support for a harmonious life for women. However, the experiences of the interlocutors let us feel that the family support is not always carried out as expected; some experienced partial or definitive abandonment of the spouse motivating in them experiences of pain and loneliness, but also gratifying situations are revealed where the woman is understood

and supported by the spouse and other members of the family. Social interaction with co-workers is manifested in terms of little understanding, lack of reciprocity and a sense of solidarity.

For Scott (2010), The deep knowledge of the factors that condition gender inequalities related to health, allows to understand women from a human conception, with their behaviors, behaviors, feelings, emotions, the same ones that are product of the hormonal declines proper to women in this period of life; conceiving her as a being that like childhood or adolescence, comes passing through one more stage of her life with her own feelings and emotions in this period [27].

When the symptomatology of this stage is intense, the woman does not hesitate to seek professional help, because the physical and emotional discomfort exceeds the limits of human tolerance. The climacteric experienced by the female nurse does not differ from the experience common to all females, the privilege of belonging to a professional team where the essence is care, allows us to reflect on the opportunity that study represents for the understanding of herself and her peers. However, the expectation of the climacteric woman is frustrated by the fact that the age, socio-labour condition and attitude of the peers do not privilege interest in the feelings of their companions, who seem to think that the climacteric will never reach them.

On the other hand, Carvalho (2013), emphasizes that a helping relationship is an interactive process that takes place between two people, where one of the parties tries to promote in the other a growth, development, maturity, better functioning and a greater capacity to face life, In other words, helping another nurse helps her achieve behaviors compatible with self-sufficiency and self-determination in the face of life's problems and challenges, a fact that makes valuable the help that a nurse can give to another nurse, especially if she is going through the discomfort of the climate she needs to overcome [21].

According to the experiences of the climacteric with its symptomatology, the life in couple and the socio-familial support, it is imposed the creation and implementation of bases for the care of the woman in climacteric age for the achievement of a full life, capable of allowing the self-realization with quality of life that incorporates the development of strategies of sensitization from the earliest ages, in the field of the education in gender, and in the formation. The bases for care require a Care Model where action strategies are developed in terms of promotion of healthy lifestyles, emotional support, assertive communication and self-esteem.

Women, as natural caregivers and life managers, deserve the best care from the society in which they live, from their peers and, of course, from taking care of themselves, it is their way of promoting their own lives in order to continue giving life. Care as a social responsibility, predominantly feminine, is the responsibility of the nurse with respect to her peers, not as an obligation but as an expression of the deep sense of solidarity that represents sharing the same purpose and belonging to it [25].

The nursing professional, according to the common of all women, also lives the reproductive life as all women who have been full of silences, taboos, myths and evident prejudices. What we have sought with this research is to try to demystify this period of the life of adult women and older adults, so that it is carried out in a more pleasant, pleasant and gratifying way for them. Therefore, what do you think if we "welcome" the climacteric and menopause in our lives. We conclude that women above all nurses struggle to live the climacterium in a more constructive and vital natural way, based on self-care, high self-esteem and respect for women's rights from a gender perspective. Solidarity, affection and respect strengthen women in this natural period of life.

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