

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This chapter provides study conclusions based on research findings. Implications and recommendations for health care system, nursing practice, and nursing research are presented.

Conclusion

The purposes of this research study were to provide insiders' accounts of professional women's perceived meanings of health and to uncover the women's experiences of health care during their midlife years. A qualitative research design informed by general principles of feminist inquiry was employed as a method of inquiry in this study because it provides a way of generating knowledge that is based on women's perspective within their social context. Feminist research also allows the researcher, as well as participants, to describe and analyze actions, hidden assumptions, and gender roles that underpin the women's behaviors. The aim was to represent women's perspectives on the meanings of health and their activities to pursue their health. The two research questions were: 1) What is the meaning of health among midlife professional women in Chiang Mai? 2) What do midlife professional women do to take care of their health?

Twenty women both teachers and nurses from two schools and a hospital were chosen to participate in in-depth interviews. Their ages ranged from 40-59 years, with a mean age of 50 years. All women were Buddhist and most of them had completed Bachelor degrees. An in-depth face-to-face interview was the most important data-gathering technique for this study. Several other methods for gathering data were employed to achieve the study's objectives; these included field notes, and a reflective journal. Analysis of data began as soon as possible following each interview. Analysis and synthesis were accomplished by the process of coding, categorizing, and conceptualizing, as set out by Morse and Richards in their analytical method (2002).

The two themes which emerged from data analysis were 'Being able to maintain normality' and 'Rearranging their way of life'. Health was defined by the women as the person being capable of managing multiple roles productively and being capable of having a normal state of physical functioning and emotional stability. Being capable of having a normal state of physical functioning was described as having physical fitness and cognitive potential and as not having preventable or uncontrollable chronic illness and menopausal symptoms. Being capable of maintaining emotional stability was described as the individual's capacity to manage or control their emotion and to solve problems in a positive manner in order to maintain a peaceful mind and serenity while facing undesirable situations or stress.

As a result of recognizing themselves as a 'health risk group' or of having health problems and being faced with multiple roles and responsibilities, these women started to adopt various activities that they considered 'good' for maximizing their health functioning. They had rearranged their way of life as they adopted healthier life styles, including readjusting one's eating styles, initiating consumption of nutrients

and vitamin supplements, making an effort to have more exercise, taking precautions against risk of accidents, and modifying known ways of reducing stress.

The findings of this study support the notion that the social expectation of Thai women's roles and responsibilities underpinned or were embedded in their meaning of health and the health care activities of the women. They recognized the interrelated components within their lives and an interdependence that emphasizes the self as fundamentally interrelated with others. The women relied heavily on self-management based on knowledge they had accessed through various sources, mostly from health professionals who were either peers or relatives. The women actively sought knowledge of health and health care during midlife years and tried to do the best in their situations to rearrange their lives, to make day-to-day attempts to restore, maintain, or achieve health. They did not deny their roles and responsibilities as professionals and as caregivers so that they had to maintain their personal resources or their health to effectively accomplish those roles and responsibilities.

Limitations of the Study

The aims of this study were to describe in rich detail to understand and uncover the professional women's meanings of health and their experiences of their health care during their midlife years. There were limitations within the approach. Data represented a description of midlife professional women who were teachers and nurses in the government bureaucracy during a period of extensive reorganization of their work processes. Further data were more representative of the Buddhist women in urban Chiang Mai. Therefore, this study could not provide a generalization to other

professional midlife women from other cultural groups, such as rural Thai women, who may have different meanings and interpretations of their experiences.

Implications and Recommendations

Findings of this study provide rich information for recommendation in health care system and for nursing practice. They also contribute to recommend further nursing research.

Implications for Health Care System and Nursing Practice

The findings from this study demonstrate a need for the health care system to provide holistic care that is culturally sensitive to midlife professional women who are balancing multiple roles. The findings from this study support the notion that health is not a separate issue in women's lives. Health is a comprehensive concept that emphasizes the interrelations among perceived important components in lives of the women, primarily their professional and family roles. A self-management improvement program should be integrated into health development programs so that the women can work effectively toward a healthier life style.

Moreover, findings reveal that the women's lifestyles and their health care practices may conflict with the health services schedules of health promoting programs provided by workplaces or public organizations. This conflict suggests a need for creating support and healthy environments such as facilities for their comfort, flexible

schedules at work, friendly gathering places which serve as a resource for health information, and support group programs in the workplace.

The meaning of health among professional midlife women as being able to maintain normality and the health care focus of the women on rearranging their way of life provide valuable information for guiding health care providers' practices. Study findings should encourage health care professionals, especially nurses, to try to promote the women's growth toward their potential by focusing on their capability to be productive, acknowledging needs for a supportive environment, and by collaborating with the women in their way of life. Specifically, nurses should attempt to do two-way information sharing with the women on the topic of health care practices during midlife. Nurses' roles as facilitators, advocates, and partners for the women in health promotion and health protection should be emphasized.

Recommendations for Future Research

A qualitative research design informed by general principles of feminist inquiry is confirmed as an appropriate method for the discovery and disclosure of women's meanings of health and their health care activities. The application of feminist inquiry as an approach to nursing research should be taken into consideration for further study among women in order to enhance understanding of women's health. The nature of the research design, the specificity of the context, limited the generalizability of research 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 meaning of health and health care practices to guide nursing practice and to build comprehensive knowledge of midlife women's health.

Findings from the current study have yielded preliminary data about the nature of women's health and health care practices among midlife professional women, nurses and teachers employed in the government sector and residing in Chiang Mai. There is a need to develop rigorous instruments such as health indicators and health care practice scales to allow for the collection of more comprehensive evidence and the acquisition of insight into women's health behaviors and the impact of their society on health experiences. Moreover, future studies might use additional research methodologies such as grounded theory to explore and to understand women's decision making about their health practices.